

California

3 Tier with Specialty

Drug List

California Small and Large Group Members

The 3 Tier with Specialty 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 All previous versions are no longer in effect.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 *Plan documents* for specific cost share information.

California Small and Large Group members

Go to

[Drug List](#) -- Use the “3 Tier with Specialty” Formulary.

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.

Small Group

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

Hours of Operation

8:00am – 6:00pm Monday through Friday

Large Group

If you have questions about your pharmacy coverage, call Customer Service at **1-800-522-0088**

Hours of Operation

8:00am – 6:00pm Monday through Friday

Updated May 1, 2024



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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 categorical or therapeutic categories. If you know what therapeutic category and class 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	Tier	Requirements/ Limits
MAVYRET (<i>glecaprevir-pibrentasvir</i>) TABS	3	PA
<i>phentermine hcl caps</i>	1	PA

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

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

If a generic equivalent for a brand name drug is available and both the brand name and the generic drug are covered, the generic drug will be listed separately from the brand name drug in ***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, 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. The copayment or coinsurance for each tier is defined in your Summary of Benefits or other plan documents.

Drug Class	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 Met	\$500	30 Days

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

Tier Descriptions

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

<i>Tier</i>	<i>Description</i>
1	Tier one shall consist of most generic drugs and low-cost preferred brand 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 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	Tier 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. To get a brand drug that has a generic equivalent available, your doctor must request prior authorization to show medical necessity. If we approve the request, the drug may be covered at a higher copayment. Refer to your plan documents.
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Are there any limits on my drug coverage?

Some drugs have limits or restrictions 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	These oral cancer drugs have a maximum \$250 copayment for a one-month supply, before any deductible has been met, per state law (or \$750 maximum for a three-month supply through mail order, if applicable).
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons: <ul style="list-style-type: none"> • 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
PA	Prior Authorization	This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Preventive Drugs	Preventive Health Drugs are Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers all self-administered hormonal contraceptives on the Formulary, up to a 12-month supply when dispensed at one time.

RX/OTC	Prescription & Over-the-Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan, except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.
ST	Step Therapy	Step therapy is when you are required to use one drug before another in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

How often does the Drug List change?

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

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

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

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

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

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

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

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

If a drug is not on the drug list, and is not specifically excluded from coverage, your doctor can ask for an exception. To request an exception, your doctor can submit a prior authorization request along with a supporting statement explaining why you need the drug. Requests for prior authorization may be submitted electronically or by telephone or fax.

If we approve an exception for a drug that is not on the drug list, the non-preferred brand drug tier (Tier 3) or Tier 4 (Specialty) copayment applies.

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

Step Therapy Exception

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

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

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

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

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

- The member is stable on a prescription drug selected by the member's prescribing provider for the medical condition under consideration while covered by their current or previous health coverage.

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization.

The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs.

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

When information necessary for the health plan to make a determination is not included with the 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 are covered?

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

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

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

Are preventive drugs covered?

Yes, preventive drugs on the Drug List, with "A" and "B" grade recommendations of the U.S. Preventive Services Task Force (USPSTF) are covered. Included are contraceptives, 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 covered 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 near you](#) 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 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 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 health care provider 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.

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.

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

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	3	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	7	QL(2 ea daily; 90 Day(s) limit)
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	7	
<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>amphetamine-dextroamphetamine TABS</i>	1	
DESOXYN (<i>methamphetamine hcl</i>)	7	PA
DEXEDRINE CP24 (<i>dextroamphetamine sulfate</i>)	7	
<i>dextroamphetamine sulfate CP24</i>	1	
<i>dextroamphetamine sulfate SOLN</i>	3	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 ea daily)
<i>lisdexamfetamine dimesylate CHEW</i>	1	QL(1 ea daily)
<i>methamphetamine hcl</i>	3	PA
VYVANSE CAPS	2	QL(1 ea daily)
Analeptics		
<i>caffeine citrate SOLN OR</i>	1	
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (<i>phentermine hcl</i>)	7	Check plan documents for coverage; PA
<i>phentermine hcl CAPS</i>	4	Check plan documents for coverage; PA
QSYMIA	4	Check plan documents for coverage; QL(1 ea daily); PA
Anti-Obesity Agents		
CONTRAVE	4	Check plan documents for coverage; PA
<i>orlistat</i>	4	Check plan documents for coverage; PA
SAXENDA	4	QL(0.5 ml daily); PA
XENICAL (<i>orlistat</i>)	7	Check plan documents for coverage; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 ea daily)
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 ea daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 ea daily)
INTUNIV (<i>guanfacine hcl (adhd)</i>)	7	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
STRATTERA 60 MG, 80 MG, 100 MG (<i>atomoxetine hcl</i>)	7	QL(1 ea daily)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (<i>atomoxetine hcl</i>)	7	QL(2 ea daily)
Stimulants - Misc.		
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	7	QL(1 ea daily)
<i>armodafinil</i>	1	ST; PA
DAYTRANA PTCH (<i>methylphenidate</i>)	7	
<i>dexmethylphenidate hcl</i> CP24	3	QL(1 ea daily)
<i>dexmethylphenidate hcl</i> TABS	1	QL(2 ea daily)
FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	7	QL(1 ea daily)
FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	7	QL(2 ea daily)
METADATE CD CPCR (<i>methylphenidate hcl</i>)	7	QL(1 ea daily)
METHYLIN SOLN (<i>methylphenidate hcl</i>)	7	
<i>methylphenidate hcl</i> CHEW	3	
<i>methylphenidate hcl</i> CP24	1	QL(1 ea daily)
<i>methylphenidate hcl</i> CP24 60 MG	3	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate hcl</i> CP24 10 MG, 20 MG, 30 MG, 40 MG	3	
<i>methylphenidate hcl</i> CPCR	1	QL(1 ea daily)
<i>methylphenidate hcl</i> SOLN	1	
<i>methylphenidate hcl</i> TABS 20 MG	1	QL(3 ea daily)
<i>methylphenidate hcl</i> TABS 5 MG, 10 MG	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> TB24 36 MG	1	QL(2 ea daily; 180 ea per fill retail)
<i>methylphenidate hcl</i> TB24 18 MG, 27 MG, 54 MG	1	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate hcl</i> TBCR 10 MG	1	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate hcl</i> TBCR 54 MG	1	QL(2 ea daily)
<i>methylphenidate hcl</i> TBCR 18 MG, 27 MG, 36 MG	1	QL(1 ea daily)
<i>methylphenidate hcl</i> TBCR 20 MG	1	QL(1 ea daily; 90 Day(s) limit)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG	3	QL(1 ea daily)
<i>methylphenidate</i> PTCH	3	
<i>modafinil</i>	3	QL(1 ea daily); ST
NUVIGIL (<i>armodafinil</i>)	7	ST; PA
PROVIGIL (<i>modafinil</i>)	7	QL(1 ea daily); ST
QUILLICHEW ER CHER	3	PA
QUILLIVANT XR SRER	3	ST; QL(12 ml daily); PA
RITALIN LA CP24 (<i>methylphenidate hcl</i>)	7	
RITALIN TABS 20 MG (<i>methylphenidate hcl</i>)	7	QL(3 ea daily)
RITALIN TABS 5 MG, 10 MG (<i>methylphenidate hcl</i>)	7	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	4	PA
BETHKIS NEBU (<i>tobramycin</i>)	7	PA
HUMATIN	2	
KITABIS PAK NEBU (<i>tobramycin</i>)	7	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin sulfate TABS</i>	1	
TOBI PODHALER CAPS	4	PA
TOBI NEBU (<i>tobramycin</i>)	7	PA
<i>tobramycin NEBU</i>	4	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; PA
XELJANZ XR TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA
XELJANZ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA
XELJANZ TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	ST; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	4	ST; PA

Drug Name	Drug Tier	Requirements/Limits
RASUVO SOAJ 20 MG/0.4ML	4	ST; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-ADAZ SOAJ	4	QL(0.143 ml daily); PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.143 ml daily); PA
HADLIMA PUSHTOUCH SOAJ	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
HADLIMA SOSY	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 ea per 365 days retail); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	Check plan documents for coverage; QL(2 ea per 365 days retail); PA
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(1 ea per 365 days retail); SP; PA
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	Check plan documents for coverage; QL(4 ea per 365 days retail); SP; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PNKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(0.072 ea daily; 2 ea per 28 days retail); SP; PA	KEVZARA SOAJ	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
HUMIRA PEN PNKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA	KEVZARA SOSY	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
HUMIRA PEN PNKT 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA			
HUMIRA PEN-PS/UV STARTER PNKT	4	Check plan documents for coverage; QL(3 ea per 365 days retail); PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
HUMIRA PEN-PS/UV STARTER PNKT	4	Check plan documents for coverage; QL(0.143 ea daily); PA	(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG	3	
HUMIRA PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
HUMIRA PSKT	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA	(Indomethacin) INDOCIN SUPP	3	
Gold Compounds			(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)
RIDAURA	2		(Nabumetone) RELAFEN 500 MG	1	QL(4 ea daily)
Interleukin-1 Blockers			ANAPROX DS TABS (<i>naproxen sodium</i>)	7	
ARCALYST	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	ARTHROTEC 50 TBEC (<i>diclofenac w/ misoprostol</i>)	7	
Interleukin-6 Receptor Inhibitors			ARTHROTEC 75 TBEC (<i>diclofenac w/ misoprostol</i>)	7	
			CELEBREX 50 MG, 100 MG, 200 MG (<i>celecoxib</i>)	7	QL(2 ea daily)
			CELEBREX 400 MG (<i>celecoxib</i>)	7	QL(2 ea daily); PA
			<i>celecoxib</i> 400 MG	1	QL(2 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 ea daily)
DAYPRO TABS (<i>oxaprozin</i>)	7	
<i>diclofenac potassium TABS 50 MG</i>	3	
<i>diclofenac sodium TB24</i>	3	
<i>diclofenac sodium TBEC</i>	1	
<i>diclofenac w/ misoprostol TBEC</i>	3	
<i>etodolac CAPS</i>	1	
<i>etodolac TABS</i>	1	
<i>etodolac TB24</i>	1	QL(2 ea daily)
FELDENE CAPS 10 MG (<i>piroxicam</i>)	7	
FELDENE CAPS 20 MG (<i>piroxicam</i>)	7	QL(1 ea daily)
<i>fenoprofen calcium CAPS 400 MG</i>	3	
<i>fenoprofen calcium CAPS 200 MG</i>	1	
FENOPROFEN CALCIUM CAPS 200 MG	2	
<i>fenoprofen calcium TABS</i>	1	
<i>flurbiprofen TABS</i>	1	
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
INDOCIN SUSP (<i>indomethacin</i>)	7	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
<i>indomethacin CPCR</i>	1	
<i>indomethacin SUPP</i>	3	
<i>indomethacin SUSP</i>	1	
<i>ketoprofen CP24</i>	3	
<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per fill retail)
LODINE TABS (<i>etodolac</i>)	7	
<i>meclofenamate sodium CAPS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mefenamic acid CAPS</i>	3	
<i>meloxicam CAPS 5 MG</i>	3	ST; PA
<i>meloxicam CAPS 10 MG</i>	3	PA
<i>meloxicam TABS 15 MG</i>	1	QL(1 ea daily)
<i>meloxicam TABS 7.5 MG</i>	1	QL(2 ea daily)
<i>nabumetone 500 MG</i>	1	QL(4 ea daily)
<i>nabumetone 750 MG</i>	1	QL(3 ea daily)
NALFON TABS (<i>fenoprofen calcium</i>)	7	
NAPROSYN SUSP (<i>naproxen</i>)	7	
NAPROSYN TABS 500 MG (<i>naproxen</i>)	7	
<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 20 MG</i>	1	QL(1 ea daily)
<i>piroxicam CAPS 10 MG</i>	1	
<i>sulindac TABS 200 MG</i>	1	
<i>sulindac TABS 150 MG</i>	1	QL(2 ea daily)
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(2 ea daily); PA
OTEZLA TBPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 ea per 365 days retail); PA
Pyrimidine Synthesis Inhibitors		
ARAVA 10 MG (<i>leflunomide</i>)	7	QL(2 ea daily)
ARAVA 20 MG (<i>leflunomide</i>)	7	QL(1 ea daily)
<i>leflunomide 10 MG</i>	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide 20 MG</i>	1	QL(1 ea daily)	(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	3	
Soluble Tumor Necrosis Factor Receptor Agents			(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	3	
ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ml daily); SP; PA	(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG	1	
ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA	(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	
ENBREL SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	3	
ENBREL SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.286 ea daily); SP; PA	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1	
ENBREL SOSY 50 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ml daily); SP; PA	<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	
ENBREL SOSY 25 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ml daily); SP; PA	<i>butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG</i>	3	
			<i>butalbital-aspirin-caffeine CAPS</i>	1	
			ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	7	
			FIORICET CAPS (<i>butalbital-acetaminophen-caffeine</i>)	7	
			Salicylates		
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions					
Analgesic Combinations					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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	5	PV	(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	5	PV
			<i>aspirin CHEW</i>	5	PV
			<i>aspirin TBEC 81 MG</i>	5	PV
			<i>diffunisal TABS</i>	3	
			<i>salsalate</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
			(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	1	
			(Methadone Hcl) METHADOSE TBSO	1	

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Drug Name	Drug Tier	Requirements/Limits
ACTIQ LPOP 1600 MCG (<i>fentanyl citrate</i>)	7	ST; QL(4 ea daily); PA
ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (<i>fentanyl citrate</i>)	7	ST; PA
<i>codeine sulfate TABS</i>	1	
CONZIP CP24 (<i>tramadol hcl</i>)	7	
DILAUDID LIQD (<i>hydromorphone hcl</i>)	7	
DILAUDID TABS (<i>hydromorphone hcl</i>)	7	
<i>fentanyl citrate LPOP 1600 MCG</i>	1	ST; QL(4 ea daily); PA
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	1	ST; PA
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 ea daily)
<i>fentanyl 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>hydrocodone bitartrate CP12</i>	3	PA
<i>hydrocodone bitartrate T24A</i>	3	PA
<i>hydromorphone hcl LIQD</i>	1	
<i>hydromorphone hcl TABS</i>	1	
<i>hydromorphone hcl TB24 32 MG</i>	3	QL(2 ea daily)
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	3	QL(4 ea daily)
HYSINGLA ER T24A	3	PA
<i>levorphanol tartrate TABS</i>	3	ST; PA
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1	
<i>meperidine hcl TABS 50 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl CONC</i>	1	
<i>methadone hcl SOLN OR</i>	1	
<i>methadone hcl TABS</i>	1	QL(12 ea daily)
<i>methadone hcl TBSO</i>	1	
METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	7	
METHADOSE CONC (<i>methadone hcl</i>)	7	
<i>morphine sulfate beads</i>	1	QL(1 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)
<i>morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	
<i>morphine sulfate SUPP</i>	1	
<i>morphine sulfate TABS</i>	1	
<i>morphine sulfate TBCR</i>	1	QL(3 ea daily)
MS CONTIN TBCR (<i>morphine sulfate</i>)	7	QL(3 ea daily)
OXAYDO TABS 5 MG	2	
<i>oxycodone hcl CAPS</i>	1	
<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
<i>oxycodone hcl SOLN</i>	1	
<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 ea daily)
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
<i>oxymorphone hcl TABS 5 MG</i>	3	
<i>oxymorphone hcl TABS 10 MG</i>	3	QL(8 ea daily)
<i>oxymorphone hcl TB12</i>	1	QL(2 ea daily)
ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	7	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ROXICODONE TABS 5 MG, 15 MG (<i>oxycodone hcl</i>)	7		<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 ea daily)
SUBSYS LIQD 1200 MCG, 1600 MCG	4	PA	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	QL(12 ea daily)
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	3		<i>butalbital-acetaminophen-caffeine w/ codeine</i>	3	
<i>tramadol hcl TABS 100 MG</i>	1		<i>butalbital-aspirin-caffeine w/cod</i>	3	
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 ea daily)	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	7	
<i>tramadol hcl TB24</i>	3		<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	
<i>tramadol hcl TB24 100 MG</i>	3	QL(3 ea daily)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 ea per fill retail)
<i>tramadol hcl TB24 200 MG</i>	3	QL(1 ea daily)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	
ULTRAM TABS (<i>tramadol hcl</i>)	7	QL(8 ea daily)	<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 ea daily)
Opioid Combinations			<i>hydrocodone-ibuprofen 10 MG-200 MG</i>	1	Not available through mail order
(Acetaminophen-Caff-Dihydrocod) TREZIX CAPS 30 MG-320.5 MG-16 MG	3	QL(12 ea daily)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG</i>	1	
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	3		LORTAB ELIX	3	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	3		OXYCODONE AND ACETAMINOPHEN TABS	3	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 ea daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	3	QL(4 ea daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	3	QL(4 ea daily)			
<i>acetaminophen w/ codeine SOLN</i>	1				
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1				

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<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	3		<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>	3	QL(4 ea per 28 days retail)
<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 ea daily)	<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR</i>	3	Limited to 4 patches per month; QL(4 ea per 28 days retail)
OXYCODONE/ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG	3		<i>buprenorphine PTWK 15 MCG/HR</i>	3	Limit 4 patches per 28 days; QL(4 ea per 28 days retail)
PERCOCET TABS 325 MG-5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(6 ea daily)	<i>butorphanol tartrate NA 10 MG/ML</i>	3	Limit 7.5mls per month; QL(0.25 ml daily)
PERCOCET TABS 325 MG-2.5 MG (<i>oxycodone w/ acetaminophen</i>)	7		<i>pentazocine w/ naloxone hcl</i>	3	
PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(4 ea daily)	SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(2 ea daily)
PROLATE TABS	3		SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(3 ea daily)
<i>tramadol-acetaminophen</i>	3	QL(8 ea daily)	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
ULTRACET (<i>tramadol-acetaminophen</i>)	7	QL(8 ea daily)	Anabolic Steroids		
Opioid Partial Agonists					
<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>	1	
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily)	<i>oxandrolone 10 MG</i>	1	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 ea daily)	Androgens		
<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 ea daily)	(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ml per fill retail)
<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 ea daily)	ANDROGEL PUMP GEL TD 1.62 % (<i>testosterone</i>)	7	Limited to 300 gms per month; QL(10 gm daily)
<i>buprenorphine PTWK 20 MCG/HR</i>	3	Limit 4 patches per month; QL(4 ea per 28 days retail)	ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (<i>testosterone</i>)	7	Limited to 300 gms per month; QL(10 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>danazol CAPS</i>	1	
FORTESTA GEL TD (<i>testosterone</i>)	7	QL(4 gm daily)
METHITEST TABS	2	
<i>methyltestosterone CAPS</i>	1	
TESTIM GEL TD (<i>testosterone</i>)	7	QL(10 gm daily); PA
<i>testosterone cypionate SOLN IM</i>	1	QL(10 ml per fill retail)
<i>testosterone enanthate SOLN IM</i>	1	
<i>testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	1	Limited to 300 gms per month; QL(10 gm daily)
<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	1	Limit 300gms per month; QL(10 gm daily)
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 gm daily)
VOGELXO GEL TD (<i>testosterone</i>)	7	QL(10 gm daily); PA
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	3	ST; PA
CORTENEMA (<i>hydrocortisone (intrarectal)</i>)	7	QL(60 ml daily)
CORTIFOAM EX 10 %	2	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ml daily)
UCERIS (<i>budesonide (intrarectal)</i>)	7	ST; 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>)	7	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	3	
RECTIV (<i>nitroglycerin (intra-anal)</i>)	7	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	3	QL(4 ea per fill retail)
ALBENZA (<i>albendazole</i>)	7	QL(4 ea per fill retail)
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE (<i>praziquantel</i>)	7	
<i>ivermectin</i>	1	QL(5 ea per fill retail); PA
<i>praziquantel</i>	1	
STROMECTOL (<i>ivermectin</i>)	7	QL(5 ea per fill retail); PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG (<i>ranolazine</i>)	7	
RANEXA TB12 500 MG (<i>ranolazine</i>)	7	QL(4 ea daily)
<i>ranolazine TB12 1000 MG</i>	3	
<i>ranolazine TB12 500 MG</i>	3	QL(4 ea daily)
Nitrates		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	7		<i>alprazolam TB24</i>	1	
<i>isosorbide dinitrate TABS</i>	1		<i>alprazolam TBDP</i>	1	
<i>isosorbide mononitrate TABS</i>	1		ATIVAN TABS (<i>lorazepam</i>)	7	
<i>isosorbide mononitrate TB24</i>	1		<i>chlordiazepoxide hcl CAPS</i>	1	
NITRO-BID OINT	2		<i>clorazepate dipotassium TABS</i>	1	
NITRO-DUR PT24 (<i>nitroglycerin</i>)	7	QL(1 ea daily)	<i>diazepam CONC</i>	1	
NITRO-DUR PT24	2	QL(1 ea daily)	<i>diazepam SOLN OR 5 MG/5ML</i>	1	
<i>nitroglycerin PT24</i>	1	QL(1 ea daily)	<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1		<i>diazepam TABS 10 MG</i>	1	QL(4 ea daily)
<i>nitroglycerin SUBL</i>	1		<i>lorazepam CONC</i>	1	
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	7		<i>lorazepam TABS</i>	1	
NITROSTAT SUBL (<i>nitroglycerin</i>)	7		<i>oxazepam CAPS 30 MG</i>	1	QL(2 ea daily)
ANTIANSXIETY AGENTS - Drugs to Treat Anxiety			<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
Antianxiety Agents - Misc.			TRANXENE T TABS 7.5 MG (<i>clorazepate dipotassium</i>)	7	
<i>buspirone hcl</i>	1		VALIUM TABS 10 MG (<i>diazepam</i>)	7	QL(4 ea daily)
<i>hydroxyzine hcl SYRP</i>	1		VALIUM TABS 2 MG, 5 MG (<i>diazepam</i>)	7	
<i>hydroxyzine hcl TABS</i>	1		XANAX XR TB24 (<i>alprazolam</i>)	7	
<i>hydroxyzine pamoate CAPS</i>	1		XANAX TABS (<i>alprazolam</i>)	7	
VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	7		ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Benzodiazepines			Antiarrhythmics Type I-A		
(Alprazolam) ALPRAZOLAM XR TB24	1		<i>disopyramide phosphate CAPS</i>	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1		NORPACE CR CP12	2	
(Lorazepam) LORAZEPAM INTENSOL CONC	1		NORPACE CAPS (<i>disopyramide phosphate</i>)	7	
ALPRAZOLAM INTENSOL CONC	3		<i>quinidine gluconate TBCR</i>	1	
<i>alprazolam TABS</i>	1		Antiarrhythmics Type I-B		

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Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	1	
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 ea daily)
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 ea daily)
RYTHMOL SR CP12 (<i>propafenone hcl</i>)	7	
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	1	
TIKOSYN (<i>dofetilide</i>)	7	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	PA;AC; Must use Acaria Specialty (844) 538-4661; PA
NUCALA SOAJ	4	PA; Must use Acaria Specialty (844) 538-4661; PA
NUCALA SOLR	4	PA; Must use Acaria Specialty (844) 538-4661; SP; PA
NUCALA SOSY 100 MG/ML	4	PA; Must use Acaria Specialty (844) 538-4661; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	
Bronchodilators - Anticholinergics		

Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	7	QL(1 ea daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 gm daily)
<i>tiotropium bromide monohydrate CAPS</i>	1	QL(1 ea daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily)
<i>montelukast sodium PACK</i>	1	QL(1 ea daily)
<i>montelukast sodium TABS</i>	1	QL(1 ea daily)
SINGULAIR CHEW (<i>montelukast sodium</i>)	7	QL(1 ea daily)
SINGULAIR PACK (<i>montelukast sodium</i>)	7	QL(1 ea daily)
SINGULAIR TABS (<i>montelukast sodium</i>)	7	QL(1 ea daily)
<i>zileuton TB12</i>	3	ST
ZYFLO TABS	3	ST
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (<i>roflumilast</i>)	7	QL(1 ea daily)
<i>roflumilast</i>	1	QL(1 ea daily)
Steroid Inhalants		
ARNUITY ELLIPTA	2	QL(1 ea daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ml daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ml daily)	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 ea daily)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ml daily)	ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	7	QL(2 ea daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 ea daily)	<i>albuterol sulfate AERS</i>	1	QL(1.2 gm daily)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 ea daily)	<i>albuterol sulfate AERS</i>	1	QL(0.47 gm daily)
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 ea daily)	<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1	
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 gm daily)	ALBUTEROL SULFATE NEBU	2	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 gm daily)	<i>albuterol sulfate SYRP</i>	1	
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 ea daily)	<i>albuterol sulfate TABS</i>	1	
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 ea daily)	ANORO ELLIPTA	2	QL(2 ea daily)
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(2 ml daily)	<i>arformoterol tartrate</i>	1	QL(4 ml daily)
PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(4 ml daily)	BREZTRI AEROSPHERE	2	QL(0.36 gm daily)
PULMICORT SUSP 0.25 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(8 ml daily)	BROVANA (<i>arformoterol tartrate</i>)	7	QL(4 ml daily)
QVAR REDHALER 80 MCG/ACT	2	QL(0.72 gm daily)	<i>budesonide-formoterol fumarate dihydrate</i>	1	
Sympathomimetics			COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 gm daily)
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1		<i>fluticasone furoate-vilanterol</i>	1	QL(2 ea daily)
			<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 ea daily)
			<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>formoterol fumarate NEBU</i>	1	QL(4 ml daily)
<i>ipratropium-albuterol SOLN</i>	1	
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	QL(0.5 gm daily)
PERFORMIST NEBU (<i>formoterol fumarate</i>)	7	QL(4 ml daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 ea daily)
SEREVENT DISKUS	2	QL(2 ea daily)
STIOLTO RESPIMAT	2	QL(0.14 gm daily)
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	7	
<i>terbutaline sulfate TABS</i>	1	
TRELEGY ELLIPTA	2	QL(2 ea daily)
XOPENEX (<i>levalbuterol hcl</i>)	7	
XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>)	7	
Xanthines		
(Theophylline) ELIXOPHYLLIN ELIX	3	
THEO-24 CP24	2	
<i>theophylline ELIX</i>	3	
<i>theophylline SOLN</i>	3	
<i>theophylline TB12 450 MG</i>	1	QL(1 ea daily)
<i>theophylline TB12 300 MG</i>	1	QL(2 ea daily)
<i>theophylline TB24</i>	1	QL(1 ea daily)
ANTICOAGULANTS - Blood Thinners		

Drug Name	Drug Tier	Requirements/Limits
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN TABS	1	
<i>warfarin sodium TABS</i>	1	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	2	QL(74 ea per 30 days retail)
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 days retail)
XARELTO SUSR	2	QL(900 ml per 30 days retail)
XARELTO TABS 10 MG	2	QL(2 ea daily)
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA 10 MG/0.8ML (<i>fondaparinux sodium</i>)	7	QL(6 ml per 90 days retail)
ARIXTRA 5 MG/0.4ML (<i>fondaparinux sodium</i>)	7	QL(3 ml per 90 days retail)
ARIXTRA 2.5 MG/0.5ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	7	QL(4 ml per 90 days retail)
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(42 ml per 7 days retail)
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	1	QL(5.6 ml per 7 days retail)
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	1	QL(11.2 ml per 7 days retail)
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1	
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(14 ml per 7 days retail)
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	1	QL(8.4 ml per 7 days retail)
<i>fondaparinux sodium 2.5 MG/0.5ML, 7.5 MG/0.6ML</i>	4	QL(4 ml per 90 days retail)
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(6 ml per 90 days retail)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3 ml per 90 days retail)	Anticonvulsants - Benzodiazepines		
FRAGMIN SOLN 95000 UNIT/3.8ML	4	PA	<i>clobazam SUSP</i>	3	
FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	QL(1 ml per 90 days retail)	<i>clobazam TABS 10 MG</i>	3	QL(1 ea daily)
FRAGMIN SOSY 18000 UNT/0.72ML	4	QL(5 ml per 90 days retail)	<i>clobazam TABS 20 MG</i>	3	QL(2 ea daily)
FRAGMIN SOSY 10000 UNIT/ML	4	QL(7 ml per 90 days retail)	<i>clonazepam TABS</i>	1	
FRAGMIN SOSY 12500 UNIT/0.5ML, 15000 UNIT/0.6ML	4	QL(4 ml per 90 days retail)	<i>clonazepam TBDP</i>	1	
FRAGMIN SOSY 7500 UNIT/0.3ML	4	QL(2 ml per 90 days retail)	DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>)	7	Limit 4 per month; QL(0.14 ea daily)
LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	7	QL(42 ml per 7 days retail)	DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	7	Limit 4 per month; QL(0.14 ea daily)
LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	7		<i>diazepam (anticonvulsant) GEL</i>	3	Limit 4 per month; QL(0.14 ea daily)
LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	7	QL(5.6 ml per 7 days retail)	KLONOPIN TABS (<i>clonazepam</i>)	7	
LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	7	QL(14 ml per 7 days retail)	NAYZILAM	4	QL(10 ea per 30 days retail); PA
LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	7	QL(8.4 ml per 7 days retail)	ONFI SUSP (<i>clobazam</i>)	7	
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	7	QL(11.2 ml per 7 days retail)	ONFI TABS 20 MG (<i>clobazam</i>)	7	QL(2 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures			ONFI TABS 10 MG (<i>clobazam</i>)	7	QL(1 ea daily)
AMPA Glutamate Receptor Antagonists			Anticonvulsants - Misc.		
FYCOMPA SUSP	3	QL(24 ml daily)	(Carbamazepine) EPITOL TABS	1	
FYCOMPA TABS 4 MG	3	QL(3 ea daily)	(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST
FYCOMPA TABS 6 MG	3	QL(2 ea daily)	(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST
FYCOMPA TABS 2 MG	3	QL(6 ea daily)	(Lamotrigine) SUBVENITE TABS	1	
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily)			

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(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 ea daily)	KEPPRA XR TB24 <i>(levetiracetam)</i>	7	QL(4 ea daily)
APTIOM	3	QL(1 ea daily); ST	KEPPRA SOLN OR 100 MG/ML <i>(levetiracetam)</i>	7	
BANZEL SUSP <i>(rufinamide)</i>	7		KEPPRA TABS 1000 MG <i>(levetiracetam)</i>	7	QL(3 ea daily)
BANZEL TABS 400 MG <i>(rufinamide)</i>	7	QL(8 ea daily)	KEPPRA TABS 250 MG, 500 MG, 750 MG <i>(levetiracetam)</i>	7	QL(6 ea daily)
BANZEL TABS 200 MG <i>(rufinamide)</i>	7		<i>lacosamide SOLN OR 10 MG/ML</i>	1	QL(40 ml daily)
BRIVIACT SOLN OR 10 MG/ML	3	ST; PA	<i>lacosamide TABS</i>	1	QL(2 ea daily)
BRIVIACT TABS 100 MG	3	ST; QL(2 ea daily); PA	LAMICTAL CHEWABLE DISPERSIBLE CHEW <i>(lamotrigine)</i>	7	
BRIVIACT TABS 25 MG, 50 MG, 75 MG	3	PA	LAMICTAL ODT KIT <i>(lamotrigine)</i>	7	ST; PA
BRIVIACT TABS 10 MG	3	ST; PA	LAMICTAL ODT KIT	3	ST; PA
<i>carbamazepine CHEW</i>	1		LAMICTAL ODT TBDP <i>(lamotrigine)</i>	7	PA
<i>carbamazepine CP12</i>	1		LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT <i>(lamotrigine)</i>	7	ST
<i>carbamazepine SUSP</i>	1		LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT <i>(lamotrigine)</i>	7	ST
<i>carbamazepine TABS</i>	1		LAMICTAL STARTER/TAKING VALPROATE KIT <i>(lamotrigine)</i>	7	ST
<i>carbamazepine TB12 200 MG</i>	1	QL(8 ea daily)	LAMICTAL XR KIT	3	ST; PA
<i>carbamazepine TB12 100 MG</i>	1		LAMICTAL XR TB24 250 MG <i>(lamotrigine)</i>	7	PA
<i>carbamazepine TB12 400 MG</i>	1	QL(4 ea daily)	LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG <i>(lamotrigine)</i>	7	QL(1 ea daily); PA
CARBATROL CP12 <i>(carbamazepine)</i>	7		LAMICTAL XR TB24 300 MG <i>(lamotrigine)</i>	7	QL(2 ea daily); PA
DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA	LAMICTAL TABS <i>(lamotrigine)</i>	7	
DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA			
DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA			
DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA			
EPIDIOLEX	4	ST; PA			
<i>gabapentin CAPS</i>	1				
<i>gabapentin SOLN</i>	1				
<i>gabapentin TABS 600 MG, 800 MG</i>	1				

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<i>lamotrigine CHEW</i>	1		OXTELLAR XR TB24 600 MG	3	QL(4 ea daily); ST
<i>lamotrigine KIT</i>	3	ST; PA	<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	ST; QL(3 ea daily); PA
<i>lamotrigine KIT 25 MG</i>	1	ST	<i>pregabalin CAPS 225 MG, 300 MG</i>	3	ST; QL(2 ea daily); PA
<i>lamotrigine TABS</i>	1		<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA
<i>lamotrigine TB24 300 MG</i>	3	QL(2 ea daily); PA	<i>primidone 50 MG, 250 MG</i>	1	
<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	3	QL(1 ea daily); PA	QUDEXY XR CS24 100 MG, 150 MG, 200 MG (<i>topiramate</i>)	7	QL(1 ea daily); PA
<i>lamotrigine TB24 250 MG</i>	3	PA	QUDEXY XR CS24 25 MG, 50 MG (<i>topiramate</i>)	7	QL(2 ea daily); PA
<i>lamotrigine TBDP</i>	3	PA	<i>rufinamide SUSP</i>	1	
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1		<i>rufinamide TABS 200 MG</i>	1	
<i>levetiracetam TABS 1000 MG</i>	1	QL(3 ea daily)	<i>rufinamide TABS 400 MG</i>	1	QL(8 ea daily)
<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 ea daily)	SPRITAM TB3D	3	PA
<i>levetiracetam TB24</i>	1	QL(4 ea daily)	TEGRETOL SUSP (<i>carbamazepine</i>)	7	
LYRICA CAPS 225 MG, 300 MG (<i>pregabalin</i>)	7	ST; QL(2 ea daily); PA	TEGRETOL TABS (<i>carbamazepine</i>)	7	
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>pregabalin</i>)	7	ST; QL(3 ea daily); PA	TEGRETOL-XR TB12 200 MG (<i>carbamazepine</i>)	7	QL(8 ea daily)
LYRICA SOLN (<i>pregabalin</i>)	7	QL(30 ml daily); PA	TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	7	
MYSOLINE (<i>primidone</i>)	7		TEGRETOL-XR TB12 400 MG (<i>carbamazepine</i>)	7	QL(4 ea daily)
NEURONTIN CAPS (<i>gabapentin</i>)	7		TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	7	
NEURONTIN SOLN (<i>gabapentin</i>)	7		TOPAMAX TABS 25 MG (<i>topiramate</i>)	7	
NEURONTIN TABS (<i>gabapentin</i>)	7		TOPAMAX TABS 200 MG (<i>topiramate</i>)	7	QL(2 ea daily)
<i>oxcarbazepine SUSP</i>	1	QL(40 ml daily)	TOPAMAX TABS 100 MG (<i>topiramate</i>)	7	QL(4 ea daily)
<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 ea daily)	TOPAMAX TABS 50 MG (<i>topiramate</i>)	7	QL(8 ea daily)
<i>oxcarbazepine TABS 150 MG</i>	1		<i>topiramate CP24 25 MG</i>	3	ST; PA
<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 ea daily)			
OXTELLAR XR TB24 150 MG, 300 MG	3	ST			

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Drug Name	Drug Tier	Requirements/Limits
<i>topiramate CP24 50 MG, 100 MG</i>	3	PA
<i>topiramate CP24 200 MG</i>	3	QL(2 ea daily); PA
<i>topiramate CPSP</i>	1	
<i>topiramate CS24 25 MG, 50 MG</i>	3	QL(2 ea daily); PA
<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	3	QL(1 ea daily); PA
<i>topiramate TABS 25 MG</i>	1	
<i>topiramate TABS 100 MG</i>	1	QL(4 ea daily)
<i>topiramate TABS 200 MG</i>	1	QL(2 ea daily)
<i>topiramate TABS 50 MG</i>	1	QL(8 ea daily)
TRILEPTAL SUSP (<i>oxcarbazepine</i>)	7	QL(40 ml daily)
TRILEPTAL TABS 150 MG (<i>oxcarbazepine</i>)	7	
TRILEPTAL TABS 600 MG (<i>oxcarbazepine</i>)	7	QL(4 ea daily)
TRILEPTAL TABS 300 MG (<i>oxcarbazepine</i>)	7	QL(8 ea daily)
TROKENDI XR CP24 50 MG, 100 MG (<i>topiramate</i>)	7	PA
TROKENDI XR CP24 25 MG (<i>topiramate</i>)	7	ST; PA
TROKENDI XR CP24 200 MG (<i>topiramate</i>)	7	QL(2 ea daily); PA
VIMPAT SOLN OR 10 MG/ML (<i>lacosamide</i>)	7	QL(40 ml daily)
VIMPAT TABS (<i>lacosamide</i>)	7	QL(2 ea daily)
ZONEGRAN CAPS 100 MG (<i>zonisamide</i>)	7	QL(6 ea daily)
ZONEGRAN CAPS 25 MG (<i>zonisamide</i>)	7	
<i>zonisamide CAPS 25 MG, 50 MG</i>	1	
<i>zonisamide CAPS 100 MG</i>	1	QL(6 ea daily)
Carbamates		
<i>felbamate SUSP</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate TABS</i>	1	
FELBATOL SUSP (<i>felbamate</i>)	7	
FELBATOL TABS (<i>felbamate</i>)	7	
GABA Modulators		
(Vigabatrin) VIGADRONE, VIGODER PACK	4	QL(6 ea daily)
(Vigabatrin) VIGADRONE TABS	4	
GABITRIL (<i>tiagabine hcl</i>)	7	
SABRIL PACK (<i>vigabatrin</i>)	7	QL(6 ea daily)
SABRIL TABS (<i>vigabatrin</i>)	7	
<i>tiagabine hcl</i>	3	
<i>vigabatrin PACK</i>	4	QL(6 ea daily)
<i>vigabatrin TABS</i>	4	
Hydantoins		
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN 30 MG	2	
DILANTIN (<i>phenytoin sodium extended</i>)	7	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	7	
DILANTIN-125 SUSP (<i>phenytoin</i>)	7	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
<i>phenytoin CHEW</i>	1	
<i>phenytoin SUSP</i>	1	
Succinimides		
CELONTIN (<i>methsuximide</i>)	7	
<i>ethosuximide CAPS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide SOLN</i>	1	
<i>methsuximide</i>	1	
ZARONTIN CAPS (<i>ethosuximide</i>)	7	
ZARONTIN SOLN (<i>ethosuximide</i>)	7	
Valproic Acid		
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	7	
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	7	
DEPAKOTE TBEC (<i>divalproex sodium</i>)	7	
<i>divalproex sodium CSDR</i>	1	
<i>divalproex sodium TB24</i>	1	
<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>)	7	
REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	7	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1	
<i>bupropion hcl TB12</i>	1	
<i>bupropion hcl TB24 450 MG</i>	3	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>)	7	QL(1 ea daily); ST
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	7	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 ea daily)
MARPLAN	3	
NARDIL (<i>phenelzine sulfate</i>)	7	
PARNATE (<i>tranylcypromine sulfate</i>)	7	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	4	PA
SPRAVATO 84MG DOSE	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS (<i>citalopram hydrobromide</i>)	7	QL(1 ea daily)
<i>citalopram hydrobromide SOLN</i>	3	QL(20 ml daily)
<i>citalopram hydrobromide TABS</i>	1	QL(1 ea daily)
<i>escitalopram oxalate SOLN</i>	1	
<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 ea daily)
<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 ea daily)
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1	
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 ea daily)
<i>fluoxetine hcl CPDR</i>	3	
<i>fluoxetine hcl SOLN</i>	1	QL(15 ml daily)
<i>fluoxetine hcl TABS 60 MG</i>	3	QL(1 ea daily)
<i>fluoxetine hcl TABS 10 MG</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl TABS 20 MG</i>	1	QL(1 ea daily)	VIIBRYD STARTER PACK KIT	3	
FLUOXETINE HYDROCHLORIDE TABS (<i>fluoxetine hcl</i>)	7	QL(1 ea daily)	VIIBRYD TABS 20 MG (<i>vilazodone hcl</i>)	7	QL(2 ea daily)
<i>fluvoxamine maleate CP24 100 MG</i>	1	QL(3 ea daily)	VIIBRYD TABS 10 MG, 40 MG (<i>vilazodone hcl</i>)	7	
<i>fluvoxamine maleate CP24 150 MG</i>	1		<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 ea daily)	<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 ea daily)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1		Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
LEXAPRO TABS 10 MG, 20 MG (<i>escitalopram oxalate</i>)	7	QL(1 ea daily)	CYMBALTA CPEP (<i>duloxetine hcl</i>)	7	QL(2 ea daily)
LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	7	QL(2 ea daily)	<i>desvenlafaxine succinate</i>	1	QL(1 ea daily)
<i>paroxetine hcl SUSP</i>	1		<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 ea daily)
<i>paroxetine hcl TABS</i>	1		EFFEXOR XR CP24 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	7	QL(1 ea daily)
<i>paroxetine hcl TB24</i>	1		EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	7	QL(2 ea daily)
PAXIL CR TB24 (<i>paroxetine hcl</i>)	7		FETZIMA TITRATION PACK C4PK	3	ST
PAXIL SUSP (<i>paroxetine hcl</i>)	7		FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 ea daily); ST
PAXIL TABS (<i>paroxetine hcl</i>)	7		FETZIMA CP24 20 MG	3	QL(2 ea daily); ST
PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	7		PRISTIQ (<i>desvenlafaxine succinate</i>)	7	QL(1 ea daily)
PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	7	QL(1 ea daily)	<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 ea daily)
<i>sertraline hcl CONC</i>	1		<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 ea daily)
<i>sertraline hcl TABS</i>	1	QL(2 ea daily)	<i>venlafaxine hcl TABS</i>	1	
ZOLOFT CONC (<i>sertraline hcl</i>)	7		<i>venlafaxine hcl TB24 225 MG</i>	1	
ZOLOFT TABS (<i>sertraline hcl</i>)	7	QL(2 ea daily)	<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 ea daily)
Serotonin Modulators			Tricyclic Agents		
<i>nefazodone hcl</i>	3		<i>amitriptyline hcl TABS</i>	1	
<i>trazodone hcl TABS</i>	1				
TRINTELLIX	3	ST			

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxapine</i>	1	
ANAFRANIL (<i>clomipramine hcl</i>)	7	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i> TABS	1	
<i>doxepin hcl</i> CAPS	1	
<i>doxepin hcl</i> CONC	1	
<i>imipramine hcl</i> TABS 50 MG	1	QL(4 ea daily)
<i>imipramine hcl</i> TABS 10 MG, 25 MG	1	
<i>imipramine pamoate</i>	3	
NORPRAMIN TABS 10 MG, 25 MG (<i>desipramine hcl</i>)	7	
<i>nortriptyline hcl</i> CAPS	1	
<i>nortriptyline hcl</i> SOLN	2	
PAMELOR CAPS (<i>nortriptyline hcl</i>)	7	
<i>protriptyline hcl</i>	3	
<i>trimipramine maleate</i> CAPS	3	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	
<i>miglitol</i>	3	
PRECOSE (<i>acarbose</i>)	7	
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	7	
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	7	
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)
JANUMET TABS	2	QL(2 ea daily)
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl</i> TABS	1	
<i>saxagliptin-metformin hcl</i>	1	QL(1 ea daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 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		
<i>metformin hcl</i> SOLN	1	
<i>metformin hcl</i> TABS 500 MG, 850 MG, 1000 MG	1	
<i>metformin hcl</i> TB24 500 MG, 750 MG	1	
RIOMET SOLN (<i>metformin hcl</i>)	7	
Diabetic Other		
<i>diazoxide</i>	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	QL(1 ea per fill retail; 2 ea per 30 days retail)
PROGLYCEM (<i>diazoxide</i>)	7	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i> 25 MG	1	QL(1 ea daily)

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<i>alogliptin benzoate 6.25 MG, 12.5 MG</i>	1		HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
JANUVIA	2	QL(1 ea daily)	HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
<i>saxagliptin hcl</i>	1	QL(1 ea daily)	HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
Incretin Mimetic Agents			HUMULIN N SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
OZEMPIC SOPN	2	Not available through Mail Order.; PA	HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ml daily)
RYBELSUS TABS 7 MG, 14 MG	2	PA	HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ml daily)
RYBELSUS TABS 3 MG	2	Not available through mail order; PA	HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
TRULICITY	2	Not available through mail order; PA	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
VICTOZA	2	Not available through mail order; PA	LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
Insulin			LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)	TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	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 KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ml daily)	TRESIBA FLEXTOUCH SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	TRESIBA SOLN	2	QL(1.5 ml daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ml daily)	Insulin Sensitizing Agents		
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	ACTOS 15 MG (<i>pioglitazone hcl</i>)	7	
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)	ACTOS 30 MG, 45 MG (<i>pioglitazone hcl</i>)	7	QL(1 ea daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily)			
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)			

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<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 ea daily)
<i>pioglitazone hcl 15 MG</i>	1	
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>)	7	
<i>glimepiride</i>	1	
<i>glipizide TABS</i>	1	
<i>glipizide TB24</i>	1	
GLUCOTROL XL TB24 (<i>glipizide</i>)	7	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS</i>	1	
GLYNASE (<i>glyburide micronized</i>)	7	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 ea daily); PA
Antiperistaltic Agents		

Drug Name	Drug Tier	Requirements/Limits
(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	3	RX/OTC
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
IMODIUM A-D CAPS (<i>loperamide hcl</i>)	7	RX/OTC
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	7	
<i>loperamide hcl CAPS</i>	3	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	PA
<i>deferiprone TABS 500 MG</i>	4	
FERRIPROX SOLN	4	Not available through mail order
FERRIPROX TABS 500 MG (<i>deferiprone</i>)	7	
JADENU SPRINKLE PACK (<i>deferasirox</i>)	7	PA
JADENU TABS (<i>deferasirox</i>)	7	PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	4	PA
VISTOGARD	4	
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>)	7	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	ST; QL(2 ea per fill retail); PA
<i>granisetron hcl TABS</i>	3	ST; 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	QL(20 ea per fill retail)
<i>ondansetron TBDP</i>	1	QL(20 ea per fill retail)
SANCUSO PTCH	4	QL(1 ea per 21 days retail); PA

Antiemetics - Anticholinergic

ANTIVERT TABS 50 MG (<i>meclizine hcl</i>)	7	
<i>meclizine hcl TABS 50 MG</i>	1	
<i>scopolamine</i>	3	
TRANSDERM-SCOP (<i>scopolamine</i>)	7	
<i>trimethobenzamide hcl CAPS</i>	1	

Antiemetics - Miscellaneous

AKYNZEO	3	QL(2 ea per 28 days retail)
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	7	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>doxylamine-pyridoxine TBEC</i>	3	QL(4 ea daily)
<i>dronabinol CAPS 2.5 MG</i>	3	ST; PA
<i>dronabinol CAPS 10 MG</i>	3	PA
<i>dronabinol CAPS 5 MG</i>	3	PA
MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	7	ST; PA

Substance P/Neurokinin 1 (NK1) Receptor Antagonists

<i>aprepitant CAPS 80 MG, 125 MG</i>	3	QL(1 ea per fill retail; 1 ea per 30 days retail)
<i>aprepitant CAPS</i>	3	Limit 3 per month; QL(0.1 ea daily)
<i>aprepitant CAPS 40 MG</i>	3	Limit 2 per month; QL(0.07 ea daily)
<i>aprepitant MISC</i>	3	Limit 3 per month; QL(0.1 ea daily)
EMEND TRIPACK CAPS (<i>aprepitant</i>)	7	Limit 3 per month; QL(0.1 ea daily)
EMEND CAPS 80 MG (<i>aprepitant</i>)	7	QL(1 ea per fill retail; 1 ea per 30 days retail)
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>)	7	
<i>flucytosine</i>	3	
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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>)	7	
DIFLUCAN TABS (<i>fluconazole</i>)	7	
<i>fluconazole SUSR</i>	1	
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1	ST; PA
<i>itraconazole SOLN</i>	1	PA
<i>ketoconazole</i>	1	
NOXAFIL SUSP (<i>posaconazole</i>)	7	
NOXAFIL TBEC (<i>posaconazole</i>)	7	
<i>posaconazole SUSP</i>	3	
<i>posaconazole TBEC</i>	3	
SPORANOX PULSEPAK CAPS (<i>itraconazole</i>)	7	ST; PA
SPORANOX CAPS (<i>itraconazole</i>)	7	ST; PA
SPORANOX SOLN (<i>itraconazole</i>)	7	PA
TOLSURA CAPS	4	PA
VFEND SUSR (<i>voriconazole</i>)	7	
VFEND TABS (<i>voriconazole</i>)	7	QL(2 ea daily)
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	QL(2 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbinoxamine maleate TABS</i>	3	
CARBINOXAMINE MALEATE TABS	3	
<i>clemastine fumarate SYRP</i>	1	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
KARBINAL ER SUER	3	
RYVENT TABS	3	
Antihistamines - Non-Sedating		
CLARINEX TABS (<i>desloratadine</i>)	7	ST; QL(1 ea daily); PA
<i>desloratadine TABS</i>	3	ST; QL(1 ea daily); PA
<i>desloratadine TBDP 2.5 MG</i>	3	ST; PA
<i>desloratadine TBDP 5 MG</i>	3	PA
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1	
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	1	QL(3 ea daily)
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1	
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 ea daily)
<i>promethazine hcl TABS 12.5 MG</i>	1	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 ea daily)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1	
<i>cyproheptadine hcl TABS</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		

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Drug Name	Drug Tier	Requirements/Limits
Antihyperlipidemics - Combinations		
EZETIMIBE/ATORVASTA TIN	2	QL(1 ea daily)
<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)
VYTORIN (<i>ezetimibe-simvastatin</i>)	7	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	2	PA
LOVAZA (<i>omega-3-acid ethyl esters</i>)	7	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	
<i>cholestyramine light PACK</i>	1	
<i>cholestyramine light POWD</i>	1	
<i>cholestyramine PACK</i>	1	
<i>cholestyramine POWD</i>	1	
<i>colesevelam hcl PACK</i>	1	QL(1 ea daily)
<i>colesevelam hcl TABS</i>	1	QL(7 ea daily)
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	7	
COLESTID FLAVORED PACK (<i>colestipol hcl</i>)	7	
COLESTID GRAN (<i>colestipol hcl</i>)	7	
COLESTID PACK (<i>colestipol hcl</i>)	7	
COLESTID TABS (<i>colestipol hcl</i>)	7	
<i>colestipol hcl GRAN</i>	1	
<i>colestipol hcl PACK</i>	1	
<i>colestipol hcl TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	7	
QUESTRAN PACK (<i>cholestyramine</i>)	7	
QUESTRAN POWD (<i>cholestyramine</i>)	7	
WELCHOL PACK (<i>colesevelam hcl</i>)	7	QL(1 ea daily)
WELCHOL TABS (<i>colesevelam hcl</i>)	7	QL(7 ea daily)
Fibric Acid Derivatives		
ANTARA 30 MG	3	
<i>choline fenofibrate 45 MG</i>	1	
<i>choline fenofibrate 135 MG</i>	1	QL(1 ea daily)
<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 ea daily)
<i>fenofibrate micronized 30 MG, 90 MG</i>	3	
<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
<i>fenofibrate CAPS</i>	3	
<i>fenofibrate TABS 54 MG</i>	1	QL(2 ea daily)
<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 ea daily)
<i>fenofibrate TABS 48 MG</i>	1	
FENOFIBRATE TABS	2	QL(1 ea daily)
FIBRICOR (<i>fenofibric acid</i>)	7	
<i>gemfibrozil TABS</i>	1	
LIPOFEN CAPS (<i>fenofibrate</i>)	7	
LOPID TABS (<i>gemfibrozil</i>)	7	
TRICOR TABS 145 MG (<i>fenofibrate</i>)	7	QL(1 ea daily)
TRICOR TABS 48 MG (<i>fenofibrate</i>)	7	
TRILIPIX 135 MG (<i>choline fenofibrate</i>)	7	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRILIPIX 45 MG (<i>choline fenofibrate</i>)	7		JUXTAPID 10 MG, 20 MG, 30 MG	4	PA
HMG CoA Reductase Inhibitors			JUXTAPID 5 MG	4	ST; PA
<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily)	Nicotinic Acid Derivatives		
CRESTOR TABS (<i>rosuvastatin calcium</i>)	7	QL(1 ea daily)	(Niacin (Antihyperlipidemic)) NIACOR TABS	3	
<i>fluvastatin sodium CAPS</i>	1	QL(1 ea daily)	<i>niacin (antihyperlipidemic) TABS</i>	3	
<i>fluvastatin sodium TB24</i>	1	QL(1 ea daily)	<i>niacin (antihyperlipidemic) TBCR</i>	1	
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	7	QL(1 ea daily)	NIASPAN TBCR (<i>niacin (antihyperlipidemic)</i>)	7	
LIPITOR TABS (<i>atorvastatin calcium</i>)	7	QL(1 ea daily)	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
<i>lovastatin TABS 40 MG</i>	1	\$0 copay for Generic only, age 40 to 75; QL(2 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); SL; PV	PRALUENT SOAJ	4	PA
<i>lovastatin TABS 10 MG, 20 MG</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); PV	ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	1	QL(1 ea daily)	ACE Inhibitors		
<i>pravastatin sodium 40 MG</i>	1	QL(2 ea daily)	ACCUPRIL (<i>quinapril hcl</i>)	7	
<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily)	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	7	QL(2 ea daily)
<i>simvastatin TABS</i>	1	QL(1 ea daily)	<i>benazepril hcl</i>	1	
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	7	QL(1 ea daily)	<i>captopril</i>	1	
Intestinal Cholesterol Absorption Inhibitors			<i>enalapril maleate TABS</i>	1	QL(2 ea daily)
<i>ezetimibe</i>	1		<i>fosinopril sodium</i>	1	
ZETIA (<i>ezetimibe</i>)	7		<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors			<i>lisinopril TABS 40 MG</i>	1	QL(2 ea daily)
			LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	7	
			<i>moexipril hcl</i>	1	
			<i>perindopril erbumine</i>	1	
			QBRELIS SOLN	3	QL(5 ml daily)
			<i>quinapril hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ramipril CAPS</i>	1	QL(2 ea daily)	<i>losartan potassium</i>	1	
<i>trandolapril</i>	1		MICARDIS 80 MG (<i>telmisartan</i>)	7	QL(1 ea daily)
VASOTEC TABS (<i>enalapril maleate</i>)	7	QL(2 ea daily)	MICARDIS 20 MG, 40 MG (<i>telmisartan</i>)	7	
ZESTRIL TABS 40 MG (<i>lisinopril</i>)	7	QL(2 ea daily)	<i>olmesartan medoxomil 40 MG</i>	1	QL(1 ea daily)
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (<i>lisinopril</i>)	7		<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
Agents for Pheochromocytoma			<i>telmisartan 80 MG</i>	1	QL(1 ea daily)
DEMSER (<i>metyrosine</i>)	7		<i>telmisartan 20 MG, 40 MG</i>	1	
DIBENZYLIN (<i>phenoxybenzamine hcl</i>)	7	Not available through mail	<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1	
<i>metyrosine</i>	3		<i>valsartan TABS 160 MG</i>	1	QL(2 ea daily)
<i>phenoxybenzamine hcl</i>	1	Not available through mail	Antiadrenergic Antihypertensives		
Angiotensin II Receptor Antagonists			CARDURA (<i>doxazosin mesylate</i>)	7	
ATACAND 32 MG (<i>candesartan cilexetil</i>)	7	QL(1 ea daily)	<i>clonidine hcl TABS</i>	1	
ATACAND 4 MG, 8 MG, 16 MG (<i>candesartan cilexetil</i>)	7		<i>clonidine hcl TB24</i>	3	
AVAPRO (<i>irbesartan</i>)	7		<i>doxazosin mesylate</i>	1	
BENICAR 40 MG (<i>olmesartan medoxomil</i>)	7	QL(1 ea daily)	<i>guanfacine hcl</i>	1	
BENICAR 5 MG, 20 MG (<i>olmesartan medoxomil</i>)	7		<i>methyldopa TABS</i>	1	
<i>candesartan cilexetil 32 MG</i>	1	QL(1 ea daily)	MINIPRESS CAPS (<i>prazosin hcl</i>)	7	
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1		NEXICLON XR TB24 (<i>clonidine hcl</i>)	7	
COZAAR (<i>losartan potassium</i>)	7		<i>prazosin hcl CAPS</i>	1	
DIOVAN TABS 40 MG, 80 MG, 320 MG (<i>valsartan</i>)	7		<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1	
DIOVAN TABS 160 MG (<i>valsartan</i>)	7	QL(2 ea daily)	<i>terazosin hcl 10 MG</i>	1	QL(2 ea daily)
EDARBI 80 MG	3	QL(1 ea daily)	Antihypertensive Combinations		
EDARBI 40 MG	3		ACCURETIC 25 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	7	QL(1 ea daily)
<i>irbesartan</i>	1		ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	7	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1		EDARBYCLOR	3	QL(1 ea daily)
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 ea daily)	<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1		EXFORGE 10 MG-160 MG (<i>amlodipine besylate-valsartan</i>)	7	QL(1 ea daily)
<i>amlodipine besylate-valsartan 10 MG-160 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>)	7	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1		EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	7	
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	7		<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>atenolol & chlorthalidone</i>	1		HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	7	
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	7		<i>irbesartan-hydrochlorothiazide</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1		<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)
BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7	QL(1 ea daily)	<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
BENICAR HCT 12.5 MG-20 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7		<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1		LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	7	
<i>candesartan cilexetil-hydrochlorothiazide</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>)	7	QL(1 ea daily)
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>)	7		<i>metoprolol & hydrochlorothiazide TABS</i>	1	
DIOVAN HCT 25 MG-160 MG (<i>valsartan-hydrochlorothiazide</i>)	7	QL(1 ea daily)	MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	7	

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily)
TEKTURNA HCT	3	ST
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	7	
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	7	
<i>trandolapril-verapamil hcl</i>	3	
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	7	ST
<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 ea daily)
<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	7	
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
ZESTORETIC 25 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	QL(2 ea daily)
ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	7	
Antihypertensives - Misc.		
VECAMYL	4	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	3	
TEKTURNA (<i>aliskiren fumarate</i>)	7	
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	
INSPRA (<i>eplerenone</i>)	7	
Vasodilators		
<i>hydralazine hcl TABS</i>	1	
<i>minoxidil 2.5 MG, 10 MG</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL CAPS (<i>metronidazole</i>)	7	
IMPAVIDO	4	
<i>metronidazole CAPS</i>	1	
<i>metronidazole TABS</i>	1	
NEBUPENT IN (<i>pentamidine isethionate</i>)	7	
<i>pentamidine isethionate IN</i>	1	
<i>tinidazole 250 MG</i>	3	ST; PA
<i>tinidazole 500 MG</i>	3	ST
<i>trimethoprim TABS</i>	1	
XIFAXAN 550 MG	3	QL(2 ea daily); PA

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XIFAXAN 200 MG	3	Limit 9 per month; QL(9 ea per fill retail); PA	CLEOCIN (<i>clindamycin hcl</i>)	7	
Anti-infective Misc. - Combinations			CLEOCIN PEDIATRIC GRANULES (<i>clindamycin palmitate hydrochloride</i>)	7	
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1		<i>clindamycin hcl</i>	1	
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	7		<i>clindamycin palmitate hydrochloride</i>	3	
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	7		Oxazolidinones		
<i>sulfamethoxazole-trimethoprim SUSP</i>	1		<i>linezolid SUSR</i>	1	QL(210 ml per 90 days retail)
<i>sulfamethoxazole-trimethoprim TABS</i>	1		<i>linezolid TABS</i>	1	QL(20 ea per 90 days retail)
Antiprotozoal Agents			SIVEXTRO TABS	2	QL(6 ea per 90 days retail)
ALINIA SUSR	3		ZYVOX SUSR (<i>linezolid</i>)	7	QL(210 ml per 90 days retail)
ALINIA TABS (<i>nitazoxanide</i>)	7		ZYVOX TABS (<i>linezolid</i>)	7	QL(20 ea per 90 days retail)
<i>atovaquone</i>	1		Urinary Anti-infectives		
MEPRON (<i>atovaquone</i>)	7		<i>fosfomycin tromethamine</i>	3	
<i>nitazoxanide TABS</i>	3		HIPREX (<i>methenamine hippurate</i>)	7	
Glycopeptides			MACROBID (<i>nitrofurantoin monohyd macro</i>)	7	
FIRVANQ SOLR OR (<i>vancomycin hcl</i>)	7	PA	MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	7	
VANCOGIN CAPS 125 MG (<i>vancomycin hcl</i>)	7	PA	<i>methenamine hippurate</i>	3	
<i>vancomycin hcl CAPS 125 MG</i>	1	PA	<i>methenamine mandelate 0.5 GM, 1 GM</i>	1	
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	3	PA	MONUROL (<i>fosfomycin tromethamine</i>)	7	
Leprostatics			<i>nitrofurantoin</i>	1	
<i>dapsone 25 MG</i>	1		<i>nitrofurantoin macrocrystal</i>	1	
<i>dapsone 100 MG</i>	1	QL(4 ea daily)	<i>nitrofurantoin monohyd macro</i>	1	
Lincosamides			ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
			Antimalarial Combinations		

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Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone-proguanil hcl</i>	3	
COARTEM	2	Limit 24 per month; QL(0.8 ea daily)
MALARONE (<i>atovaquone-proguanil hcl</i>)	7	
Antimalarials		
<i>chloroquine phosphate TABS</i>	1	
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1	QL(6 ea per fill retail)
PLAQUENIL (<i>hydroxychloroquine sulfate</i>)	7	
<i>primaquine phosphate TABS</i>	1	
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	7	
QUALAQUIN CAPS (<i>quinine sulfate</i>)	7	QL(2 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	3	QL(2 ea daily); PA
SOVUNA 200 MG	2	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	ST; PA
MESTINON TIMESPAN TBCR (<i>pyridostigmine bromide</i>)	7	
MESTINON SOLN OR (<i>pyridostigmine bromide</i>)	7	PA
MESTINON TABS (<i>pyridostigmine bromide</i>)	7	
<i>pyridostigmine bromide SOLN OR</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	3	
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	7	
MYCOBUTIN (<i>rifabutin</i>)	7	
PASER PACK	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin CAPS</i>	1	
TRECATOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (<i>melfhalan</i>)	7	AC
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC
LEUKERAN	2	AC
<i>melfhalan</i>	1	AC
MYLERAN TABS	2	AC
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (<i>temozolomide</i>)	7	AC
<i>temozolomide CAPS</i>	1	AC
Antimetabolites		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>capecitabine 150 MG</i>	4	AC	LENVIMA 14 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
<i>capecitabine 500 MG</i>	4	AC			
<i>mercaptopurine TABS</i>	1	AC	LENVIMA 18 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	4				
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC	LENVIMA 20 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
ONUREG TABS	4	AC; PA			
PURIXAN SUSP	2	AC	LENVIMA 24 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
TABLOID	2	AC			
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC	LENVIMA 4 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
XATMEP SOLN	4	AC; PA			
XELODA 500 MG (<i>capecitabine</i>)	7	AC	LENVIMA 8 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
XELODA 150 MG (<i>capecitabine</i>)	7	AC			
Antineoplastic - Angiogenesis Inhibitors			Antineoplastic - Anti-HER2 Agents		
INLYTA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TUKYSA	4	PA; AC; AC; PA
LENVIMA 10 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	Antineoplastic - BCL-2 Inhibitors		
LENVIMA 12MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	VENCLEXTA STARTING PACK TBPK	4	PA; AC; AC; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 50 MG	4	PA; AC; AC; PA	<i>anastrozole</i>	5	QL(1 ea daily); PV; AC
VENCLEXTA TABS 100 MG	4	PA; AC; QL(4 ea daily); AC; PA	ARIMIDEX (<i>anastrozole</i>)	7	QL(1 ea daily); PV; AC
VENCLEXTA TABS 10 MG	4	PA; AC; QL(2 ea daily); AC; PA	AROMASIN (<i>exemestane</i>)	7	PV; AC
Antineoplastic - EGFR Inhibitors			<i>bicalutamide</i>	1	QL(1 ea daily); AC
<i>erlotinib hcl</i>	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	CASODEX (<i>bicalutamide</i>)	7	QL(1 ea daily); AC
<i>gefitinib</i>	4	AC; AC	ELIGARD SC	3	PA
GILOTRIF	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA	EMCYT	2	AC
IRESSA (<i>gefitinib</i>)	7	AC; AC	ERLEADA 60 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TAGRISMO	4	SP; AC; PA	ERLEADA 240 MG	4	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
TARCEVA (<i>erlotinib hcl</i>)	7	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	EULEXIN	2	AC
VIZIMPRO	4	PA; AC; AC; PA	<i>exemestane</i>	1	PV; AC
Antineoplastic - Hedgehog Pathway Inhibitors			FARESTON (<i>toremifene citrate</i>)	7	AC
DAURISMO	4	PA	FEMARA (<i>letrozole</i>)	7	AC
ERIVEDGE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>flutamide</i>	1	AC
ODOMZO	4	AC	<i>letrozole</i>	1	AC
Antineoplastic - Hormonal and Related Agents			<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	3	PA
<i>abiraterone acetate</i>	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	LUPRON DEPOT (1-MONTH) KIT IM	2	covered w-gender transformation diagnosis; PA required for other diagnosis
			LYSODREN	2	AC
			<i>megestrol acetate SUSP</i>	1	AC
			<i>megestrol acetate TABS</i>	1	AC
			NILANDRON (<i>nilutamide</i>)	7	AC
			<i>nilutamide</i>	1	AC

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NUBEQA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	INQOVI	4	PA
SOLTAMOX SOLN	5	PV; AC	KISQALI FEMARA 200 DOSE	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA
<i>tamoxifen citrate TABS</i>	5	PV; AC	KISQALI FEMARA 400 DOSE	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA
<i>toremifene citrate</i>	1	AC	KISQALI FEMARA 600 DOSE	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA
XTANDI CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	LONSURF	4	AC; PA
XTANDI TABS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	Antineoplastic Enzyme Inhibitors		
YONSA	4	PA; AC; AC; PA	AFINITOR DISPERZ TBSO (<i>everolimus</i>)	7	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
ZYTIGA (<i>abiraterone acetate</i>)	7	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	AFINITOR TABS (<i>everolimus</i>)	7	QL(1 ea daily); SP; AC; PA
Antineoplastic - Immunomodulators			ALECENSA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
POMALYST	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	ALUNBRIG TABS	4	PA; AC; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors			ALUNBRIG TBPK	4	PA; AC; AC; PA
AYVAKIT 25 MG, 50 MG	4	QL(1 ea daily); SP; AC; PA	BALVERSA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
AYVAKIT 100 MG, 200 MG, 300 MG	4	PA; AC; QL(1 ea daily); SP; PA	BOSULIF CAPS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
Antineoplastic - XPO1 Inhibitors					
XPOVIO	4	AC; PA			
XPOVIO 80 MG TWICE WEEKLY	4	PA; AC; PA			
Antineoplastic Combinations					

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BOSULIF TABS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	<i>everolimus</i> TABS	4	QL(1 ea daily); SP; AC; PA
BRAFTOVI 75 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	<i>everolimus</i> TBSO	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
BRUKINSA	4	PA; AC; AC; PA	FARYDAK	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA
CABOMETYX TABS 40 MG	4	QL(2 ea daily); AC; PA	IBRANCE CAPS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
CABOMETYX TABS 20 MG, 60 MG	4	QL(1 ea daily); AC; PA	IBRANCE TABS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
CALQUENCE	4	QL(2 ea daily); AC; PA	ICLUSIG 10 MG, 30 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
CALQUENCE	4	QL(2 ea daily); AC; PA	ICLUSIG 15 MG, 45 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
CAPRELSA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	IDHIFA	4	PA; AC; AC; PA
COMETRIQ KIT	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4662; AC; PA	<i>imatinib mesylate</i> 400 MG	1	QL(2 ea daily); AC; PA
COMETRIQ KIT	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4663; AC; PA	<i>imatinib mesylate</i> 100 MG	1	QL(3 ea daily); PA
COMETRIQ KIT	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA	IMBRUVICA CAPS	4	PA; AC; AC; PA
COPIKTRA	4	PA; AC; AC; PA	IMBRUVICA TABS	4	PA; AC; QL(1 ea daily); AC; PA
COTELLIC	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA	INREBIC	4	PA; AC; AC; PA

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JAKAFI	4	PA; AC; QL(2 ea daily); AC; PA
KISQALI	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
KOSELUGO	4	PA; AC; PA
<i>lapatinib ditosylate</i>	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
LORBRENA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
LYNPARZA TABS	4	QL(4 ea daily); SP; AC; PA
MEKINIST TABS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
MEKTOVI	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
NERLYNX	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA
NEXAVAR (<i>sorafenib tosylate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA

Drug Name	Drug Tier	Requirements/Limits
NINLARO	4	PA;AC Must use Exactus Specialty Rx 1-866-458-9246; QL(0.1 ea daily); AC; PA
<i>pazopanib hcl</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
PIQRAY 200MG DAILY DOSE	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
PIQRAY 250MG DAILY DOSE	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
PIQRAY 300MG DAILY DOSE	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
QINLOCK	3	PA; AC; AC; PA
RETEVMO	4	AC; PA
ROZLYTREK CAPS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
RUBRACA	4	PA; AC; AC; PA
RYDAPT	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>sorafenib tosylate</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA

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SPRYCEL	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TASIGNA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
STIVARGA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	TAZVERIK	4	PA; AC; PA
<i>sunitinib malate 25 MG</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	TIBSOVO	4	PA; AC; AC; PA
<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	TURALIO 200 MG	4	PA; AC; AC; PA
SUTENT 12.5 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	TYKERB (<i>lapatinib ditosylate</i>)	7	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
SUTENT 25 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	VERZENIO	4	QL(2 ea daily); AC; PA
TABRECTA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	VITRAKVI CAPS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; PA
TAFINLAR CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	VITRAKVI CAPS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
TALZENNA 0.25 MG, 1 MG	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	VITRAKVI SOLN	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; PA
			VOTRIENT (<i>pazopanib hcl</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
			VOTRIENT	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
			XALKORI CAPS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA

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XOSPATA	4	PA; AC; AC; PA
ZEJULA CAPS	4	PA; AC; AC; PA
ZEJULA TABS	4	PA
ZELBORAF	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
ZOLINZA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
ZYDELIG	3	PA; AC; AC; PA
ZYKADIA TABS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
Antineoplastics Misc.		
ACTIMMUNE	4	PA
ALFERON N	4	PA
<i>bexarotene</i>	4	SP; AC; PA
HYDREA (<i>hydroxyurea</i>)	7	AC
<i>hydroxyurea</i>	1	AC
INTRON A SOLR	4	PA
MATULANE	4	AC
TARGRETIN (<i>bexarotene</i>)	7	SP; AC; PA
<i>tretinoin (chemotherapy)</i>	1	AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium TABS</i>	1	AC
MESNEX TABS	3	AC
Mitotic Inhibitors		
<i>etoposide CAPS</i>	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA

Drug Name	Drug Tier	Requirements/Limits
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	4	AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	3	
LODOSYN (<i>carbidopa</i>)	7	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN (<i>entacapone</i>)	7	
<i>entacapone</i>	3	
TASMAR (<i>tolcapone</i>)	7	
<i>tolcapone</i>	3	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>amantadine hcl TABS</i>	1	
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>carbidopa-levodopa TABS</i>	1	
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 ea daily)
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
<i>carbidopa-levodopa TBDP</i>	3	
DHIVY TABS	2	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DUOPA SUSP	3	PA	RYTARY CPR 95 MG-23.75 MG	3	ST; QL(10 ea daily); PA
INBRIJA CAPS	3	PA	RYTARY CPR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	3	QL(10 ea daily); PA
KYNMOBI TITRATION KIT KIT	3	PA	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	7	
KYNMOBI FILM	3	PA	STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	7	
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>)	7		Antiparkinson Monoamine Oxidase Inhibitors		
MIRAPEX ER TB24 3 MG (<i>pramipexole dihydrochloride</i>)	7	QL(1 ea daily)	AZILECT (<i>rasagiline mesylate</i>)	7	
NEUPRO	3		<i>rasagiline mesylate</i>	1	
PARLODEL CAPS (<i>bromocriptine mesylate</i>)	7		<i>selegiline hcl CAPS</i>	1	QL(2 ea daily)
PARLODEL TABS (<i>bromocriptine mesylate</i>)	7		<i>selegiline hcl TABS</i>	1	QL(2 ea daily)
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 ea daily)	ZELAPAR TBDP	3	
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 ea daily)	ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1		Antimanic Agents		
<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</i>	3		<i>lithium</i>	1	
<i>pramipexole dihydrochloride TB24 3 MG</i>	3	QL(1 ea daily)	<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>ropinirole hydrochloride TABS</i>	1		<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 ea daily)
<i>ropinirole hydrochloride TB24 12 MG</i>	3	QL(2 ea daily)	<i>lithium carbonate TABS</i>	1	
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	3		<i>lithium carbonate TBCR</i>	1	
			LITHOBID TBCR (<i>lithium carbonate</i>)	7	
			Antipsychotics - Misc.		
			EQUETRO	3	
			GEODON 60 MG, 80 MG (<i>ziprasidone hcl</i>)	7	QL(2 ea daily)
			GEODON 20 MG, 40 MG (<i>ziprasidone hcl</i>)	7	
			LATUDA (<i>lurasidone hcl</i>)	7	
			<i>lurasidone hcl</i>	1	
			NUPLAZID CAPS	4	QL(1 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NUPLAZID TABS 10 MG	4	QL(1 ea daily); PA	<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
VRAYLAR CAPS	4	SP	<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 ea daily)
VRAYLAR CPPK	4	SP	<i>olanzapine TBDP</i>	3	
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 ea daily)	<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1	
<i>ziprasidone hcl 20 MG, 40 MG</i>	1		<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 ea daily)
Benzisoxazoles			<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 ea daily)
INVEGA (<i>paliperidone</i>)	7		<i>quetiapine fumarate TB24 150 MG, 200 MG, 300 MG, 400 MG</i>	3	PA
<i>paliperidone</i>	3		<i>quetiapine fumarate TB24 50 MG</i>	3	ST; PA
RISPERDAL SOLN (<i>risperidone</i>)	7		SAPHRIS (<i>asenapine maleate</i>)	7	
RISPERDAL TABS 3 MG (<i>risperidone</i>)	7	QL(2 ea daily)	SAPHRIS 5 MG	3	
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (<i>risperidone</i>)	7		SEROQUEL XR TB24 150 MG, 200 MG, 300 MG, 400 MG (<i>quetiapine fumarate</i>)	7	PA
<i>risperidone SOLN</i>	1		SEROQUEL XR TB24 50 MG (<i>quetiapine fumarate</i>)	7	ST; PA
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1		SEROQUEL TABS 200 MG (<i>quetiapine fumarate</i>)	7	QL(4 ea daily)
<i>risperidone TABS 3 MG</i>	1	QL(2 ea daily)	SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	7	QL(2 ea daily)
<i>risperidone TBDP 0.25 MG</i>	3		SEROQUEL TABS 25 MG, 50 MG, 100 MG (<i>quetiapine fumarate</i>)	7	
<i>risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	1		VERSACLOZ SUSP	3	QL(18 ml daily)
Butyrophenones			ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	7	
<i>haloperidol lactate CONC</i>	1		ZYPREXA TABS 15 MG, 20 MG (<i>olanzapine</i>)	7	QL(1 ea daily)
<i>haloperidol TABS</i>	1		ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (<i>olanzapine</i>)	7	
Dibenzapines			Phenothiazines		
<i>asenapine maleate</i>	3				
<i>clozapine TABS</i>	1				
<i>clozapine TBDP 12.5 MG, 25 MG, 100 MG</i>	3				
CLOZARIL TABS (<i>clozapine</i>)	7				
<i>loxapine succinate</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
(Prochlorperazine) COMPRO	1	QL(2 ea daily)
<i>chlorpromazine hcl TABS</i>	1	
<i>fluphenazine hcl CONC</i>	3	
<i>fluphenazine hcl ELIX</i>	1	
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	QL(2 ea daily)
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>thioridazine hcl 50 MG</i>	1	QL(4 ea daily)
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		
ABILIFY TABS 20 MG (<i>aripiprazole</i>)	7	QL(1 ea daily)
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (<i>aripiprazole</i>)	7	
ABILIFY TABS 15 MG (<i>aripiprazole</i>)	7	QL(2 ea daily)
<i>aripiprazole SOLN OR</i>	1	
<i>aripiprazole TABS 20 MG</i>	1	QL(1 ea daily)
<i>aripiprazole TABS 15 MG</i>	1	QL(2 ea daily)
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
<i>aripiprazole TBDP</i>	3	PA
REXULTI	3	
Thioxanthenes		
<i>thiothixene</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	

Drug Name	Drug Tier	Requirements/Limits
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
APTIVUS CAPS	2	
<i>atazanavir sulfate CAPS</i>	1	
BIKTARVY 200 MG-50 MG-25 MG	2	
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
CIMDUO	2	
COMBIVIR (<i>lamivudine-zidovudine</i>)	7	
COMPLERA	2	
<i>darunavir TABS</i>	1	
DELSTRIGO	2	
DESCOVY 200 MG-25 MG	5	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>	5	QL(1 ea daily); PV

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMTRIVA CAPS (<i>emtricitabine</i>)	7		NORVIR TABS (<i>ritonavir</i>)	7	
EMTRIVA SOLN	2		ODEFSEY	2	
EPIVIR SOLN (<i>lamivudine</i>)	7		PIFELTRO	2	
EPIVIR TABS (<i>lamivudine</i>)	7		PREZCOBIX	2	
EPZICOM (<i>abacavir sulfate-lamivudine</i>)	7		PREZISTA SUSP	2	
<i>etravirine</i>	1		PREZISTA TABS 75 MG, 150 MG	2	
EVOTAZ	2		PREZISTA TABS (<i>darunavir</i>)	7	
<i>fosamprenavir calcium TABS</i>	1		RETROVIR CAPS (<i>zidovudine</i>)	7	
FUZEON SOLR	4	ST; PA	RETROVIR SYRP (<i>zidovudine</i>)	7	
GENVOYA	2		REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	7	
INTELENCE (<i>etravirine</i>)	7		REYATAZ PACK	2	
INTELENCE 25 MG	2		<i>ritonavir TABS</i>	1	
ISENTRESS HD TABS	2		RUKOBIA	4	
ISENTRESS CHEW	2		SELZENTRY SOLN	2	
ISENTRESS TABS	2		SELZENTRY TABS 25 MG, 75 MG	2	
JULUCA	2		SELZENTRY TABS (<i>maraviroc</i>)	7	
KALETRA SOLN (<i>lopinavir-ritonavir</i>)	7		<i>stavudine CAPS</i>	1	
KALETRA TABS (<i>lopinavir-ritonavir</i>)	7		STRIBILD	2	
<i>lamivudine SOLN</i>	1		SUSTIVA CAPS (<i>efavirenz</i>)	7	
<i>lamivudine TABS</i>	1		SUSTIVA TABS (<i>efavirenz</i>)	7	
<i>lamivudine-zidovudine</i>	1		SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	7	
LEXIVA SUSP	2		SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	7	
LEXIVA TABS (<i>fosamprenavir calcium</i>)	7		SYMTUZA	2	
<i>lopinavir-ritonavir SOLN</i>	1		<i>tenofovir disoproxil fumarate TABS</i>	1	
<i>lopinavir-ritonavir TABS</i>	1		TIVICAY TABS	2	
<i>maraviroc TABS</i>	1		TRIUMEQ PD TBSO	2	
<i>nevirapine SUSP</i>	1				
<i>nevirapine TABS</i>	1				
<i>nevirapine TB24</i>	1				
NORVIR PACK	2				
NORVIR SOLN	2				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ TABS	2		<i>valganciclovir hcl SOLR</i>	1	QL(21 ml daily)
TRIZIVIR	2		<i>valganciclovir hcl TABS</i>	1	
TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	7	QL(1 ea daily); PV	Hepatitis Agents		
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	7	QL(1 ea daily)	<i>adefovir dipivoxil</i>	1	
TYBOST	2		BARACLUDE TABS (<i>entecavir</i>)	7	
VIRACEPT TABS	2		<i>entecavir TABS</i>	1	
VIREAD POWD	2		EPCLUSA PACK	2	SP; PA
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	7		EPCLUSA TABS 100 MG-400 MG	2	Use Brand Eplusa; SP; PA
VIREAD TABS 150 MG, 200 MG, 250 MG	2		EPCLUSA TABS 50 MG-200 MG	2	SP; PA
ZIAGEN SOLN (<i>abacavir sulfate</i>)	7		EPIVIR HBV TABS (<i>lamivudine (hbv)</i>)	7	
ZIAGEN TABS (<i>abacavir sulfate</i>)	7		HEPSERA (<i>adefovir dipivoxil</i>)	7	
<i>zidovudine CAPS</i>	1		<i>lamivudine (hbv) TABS</i>	3	
<i>zidovudine SYRP</i>	1		MAVYRET TABS	4	PA: Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
<i>zidovudine TABS</i>	1		PEGASYS SOLN	4	PA
Antiviral Combinations			VEMLIDY	4	SP; ST
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)	VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PAXLOVID 100 MG-150 MG	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 12 yrs old); PV	Herpes Agents		
CMV Agents			<i>acyclovir CAPS</i>	1	
VALCYTE SOLR (<i>valganciclovir hcl</i>)	7	QL(21 ml daily)	<i>acyclovir SUSP</i>	1	
VALCYTE TABS (<i>valganciclovir hcl</i>)	7		<i>acyclovir TABS OR 400 MG</i>	1	
			<i>acyclovir TABS OR 800 MG</i>	1	QL(5 ea daily)
			<i>famciclovir</i>	1	
			SITAVIG TABS BU	3	PA
			<i>valacyclovir hcl 500 MG</i>	1	QL(8 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(4 ea daily)
VALTREX 500 MG (<i>valacyclovir hcl</i>)	7	QL(8 ea daily)
VALTREX 1 GM (<i>valacyclovir hcl</i>)	7	QL(4 ea daily)
ZOVIRAX SUSP (<i>acyclovir</i>)	7	
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1	QL(10 ea per fill retail)
<i>oseltamivir phosphate SUSR</i>	1	QL(75 ml daily; 5 Day(s) limit)
RELENZA DISKHALER	3	QL(20 ea per fill retail)
<i>rimantadine hydrochloride TABS</i>	3	
TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	7	QL(10 ea per fill retail)
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	7	QL(75 ml daily; 5 Day(s) limit)
Misc. Antivirals		
LAGEVRIO	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 18 yrs old); PV
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
TPOXX SOLN	5	PV
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 3.125 MG</i>	1	QL(2 ea daily)
<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1	
<i>carvedilol phosphate</i>	1	
COREG 6.25 MG, 12.5 MG, 25 MG (<i>carvedilol</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
COREG 3.125 MG (<i>carvedilol</i>)	7	QL(2 ea daily)
COREG CR (<i>carvedilol phosphate</i>)	7	
<i>labetalol hcl TABS</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 ea daily)
BYSTOLIC (<i>nebivolol hcl</i>)	7	
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	7	
<i>metoprolol succinate TB24</i>	1	
<i>metoprolol tartrate TABS</i>	1	
<i>nebivolol hcl</i>	1	
TENORMIN TABS (<i>atenolol</i>)	7	
TOPROL XL TB24 (<i>metoprolol succinate</i>)	7	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	1	
BETAPACE AF (<i>sotalol hcl (afib/afll)</i>)	7	
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	7	
CORGARD TABS 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	7	
HEMANGEOL SOLN OR	3	PA
INDERAL LA CP24 (<i>propranolol hcl</i>)	7	
INDERAL XL	3	
INNOPRAN XL	3	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	
<i>pindolol TABS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl CP24</i>	1		CARDIZEM CD CP24 (<i>diltiazem hcl coated beads</i>)	7	QL(1 ea daily)
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1		CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	7	
<i>propranolol hcl TABS</i>	1		CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	7	
<i>sotalol hcl (afib/af)</i>	1		<i>diltiazem hcl coated beads CP24</i>	1	QL(1 ea daily)
<i>sotalol hcl TABS</i>	1		<i>diltiazem hcl extended release beads</i>	1	
<i>timolol maleate TABS 10 MG</i>	1	QL(6 ea daily)	<i>diltiazem hcl CP12</i>	1	
<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 ea daily)	<i>diltiazem hcl CP24</i>	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure					
Calcium Channel Blockers					
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 ea daily)	<i>diltiazem hcl TABS</i>	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1		<i>diltiazem hcl TB24</i>	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1		<i>felodipine 2.5 MG, 5 MG</i>	1	
(Diltiazem Hcl) DILT-XR CP24	1		<i>felodipine 10 MG</i>	1	QL(1 ea daily)
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1		<i>isradipine CAPS</i>	1	
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 ea daily)	<i>nicardipine hcl CAPS</i>	1	
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)	<i>nifedipine CAPS</i>	1	
CALAN SR TBCR 180 MG, 240 MG (<i>verapamil hcl</i>)	7	QL(2 ea daily)	<i>nifedipine TB24</i>	1	QL(1 ea daily)
CALAN SR TBCR 120 MG (<i>verapamil hcl</i>)	7		<i>nifedipine TB24 30 MG, 60 MG</i>	1	
			<i>nimodipine CAPS</i>	1	
			<i>nisoldipine</i>	1	
			NORVASC TABS 5 MG, 10 MG (<i>amlodipine besylate</i>)	7	QL(1 ea daily)
			NORVASC TABS 2.5 MG (<i>amlodipine besylate</i>)	7	QL(2 ea daily)
			PROCARDIA XL TB24 (<i>nifedipine</i>)	7	QL(1 ea daily)
			SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	7	
			TIAZAC (<i>diltiazem hcl extended release beads</i>)	7	
			<i>verapamil hcl CP24 180 MG</i>	1	QL(2 ea daily)

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<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1		<i>amlodipine besylate-atorvastatin calcium</i>	3	PA
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily)	<i>BIDIL (isosorbide dinitrate-hydralazine hcl)</i>	7	
<i>verapamil hcl TABS</i>	1		<i>CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium)</i>	7	PA
<i>verapamil hcl TBCR 120 MG</i>	1		<i>ENTRESTO</i>	3	QL(2 ea daily); PA
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 ea daily)	<i>isosorbide dinitrate-hydralazine hcl</i>	1	
<i>VERELAN PM CP24 (verapamil hcl)</i>	2		Impotence Agents		
<i>VERELAN CP24 360 MG (verapamil hcl)</i>	2	QL(1 ea daily)	<i>CIALIS 2.5 MG (tadalafil)</i>	7	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA
<i>VERELAN CP24 180 MG (verapamil hcl)</i>	7	QL(2 ea daily)	<i>CIALIS 5 MG, 10 MG, 20 MG (tadalafil)</i>	7	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
<i>VERELAN CP24 120 MG, 240 MG (verapamil hcl)</i>	7		<i>sildenafil citrate</i>	4	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm			<i>tadalafil 5 MG, 10 MG, 20 MG</i>	4	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
Cardiac Glycosides			<i>tadalafil 2.5 MG</i>	4	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA
<i>(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG</i>	1				
<i>(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG</i>	1				
<i>digoxin SOLN OR 0.05 MG/ML</i>	1				
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1				
<i>LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)</i>	7				
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions					
Cardiovascular Agents Misc. - Combinations					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VIAGRA (<i>sildenafil citrate</i>)	7	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA	LETAIRIS (<i>ambrisentan</i>)	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA
Prostaglandin Vasodilators			OPSUMIT	4	ST; PA
ORENITRAM TBCR	4	PA	TRACLEER TABS 62.5 MG (<i>bosentan</i>)	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
TYVASO DPI INSTITUTIONALKIT POWD	4	QL(4 ea daily); PA	TRACLEER TABS 125 MG (<i>bosentan</i>)	7	ST; PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(8 ea daily); PA	TRACLEER TBSO	4	ST; PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 ea daily); PA	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
TYVASO DPI TITRATION KIT POWD	4	QL(9 ea daily); PA	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
TYVASO DPI TITRATION KIT POWD	4	QL(7 ea daily); PA	ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	7	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
TYVASO REFILL SOLN IN	4	PA	REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	7	PA
TYVASO STARTER SOLN IN	4	PA	REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	7	QL(3 ea daily); PA
TYVASO SOLN IN	4	PA	<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	PA
VENTAVIS	4	PA	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	QL(3 ea daily); PA
Pulmonary Hypertension - Endothelin Receptor Antagonists					
<i>ambrisentan</i>	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA			
<i>bosentan TABS 125 MG</i>	4	ST; PA			
<i>bosentan TABS 62.5 MG</i>	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA			

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Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil (pulmonary hypertension) TABS</i>	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPK	4	ST; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
UPTRAVI TABS 200 MCG	4	ST; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ml daily); ST
CORLANOR TABS	3	QL(2 ea daily); ST
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 ea daily); PA
VYNDAQEL	4	QL(4 ea daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cephalexin CAPS 250 MG, 500 MG</i>	1	
<i>cephalexin CAPS 750 MG</i>	3	
<i>cephalexin SUSR</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	3	
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1	
<i>cefprozil SUSR</i>	1	
<i>cefprozil TABS</i>	1	
<i>cefuroxime axetil TABS</i>	1	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	
<i>cefdinir SUSR</i>	1	
<i>cefixime CAPS</i>	1	
<i>cefixime SUSR</i>	1	
<i>cefpodoxime proxetil SUSR</i>	1	
<i>cefpodoxime proxetil TABS</i>	1	
SUPRAX CAPS (<i>cefixime</i>)	7	
SUPRAX SUSR 100 MG/5ML (<i>cefixime</i>)	7	
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	5	PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV

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(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN	5	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 35 MCG-1 MG	5	PV	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 50 MCG-1 MG	5	PV			

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(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSSE 0.03 MG-0.15 MG	5	PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	5	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSSE	5	PV	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	PV	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	PV
(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAX	5	PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG	5	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	5	PV			

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(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	5	PV	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1 MG-20 MCG	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG	5	PV	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG	5	PV	(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG	5	PV	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	5	PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG-30 MCG	5	PV	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	PV
			(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV
			BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	7	PV

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BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	7	PV	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	PV
<i>desogestrel & ethinyl estradiol</i>	5	PV	<i>norethindrone & ethinyl estradiol-fe</i>	5	PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	PV	<i>norethindrone acet & eth estra</i>	5	PV
<i>drospirenone-ethinyl estradiol</i>	5	PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	PV	<i>norgestimate-ethinyl estradiol</i>	5	PV
<i>ethynodiol diacet & eth estrad</i>	5	PV	<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV
GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	7	PV	QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	7	PV
<i>levonorgestrel & eth estradiol TABS</i>	5	PV	SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	7	PV
<i>levonorgestrel-eth estradiol (triphasic)</i>	5	PV	SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	7	PV
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	PV	TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	7	PV
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	PV	TYBLUME CHEW	5	PV
<i>levonorgestrel-ethinyl estradiol-iron</i>	5	PV	YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	7	PV
LO LOESTRIN FE TABS	5	PV	YAZ (<i>drospirenone-ethinyl estradiol</i>)	7	PV
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	7	PV	Combination Contraceptives - Transdermal		
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	7	PV	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	7	PV	<i>norelgestromin-ethinyl estradiol</i>	5	PV
NATAZIA	5	PV	TWIRLA	5	PV
NEXTSTELLIS	5	PV	Combination Contraceptives - Vaginal		
<i>norethin acet & estrad-fe CAPS</i>	5	PV	(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV
<i>norethin acet & estrad-fe CHEW</i>	5	PV			

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ANNOVERA	5	PV
<i>etonogestrel-ethinyl estradiol</i>	5	PV
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	7	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	5	PV
ELLA	5	PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV
PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	7	PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PEF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA	5	PV
<i>norethindrone (contraceptive)</i>	5	PV
OPILL	5	PV

Drug Name	Drug Tier	Requirements/Limits
SLYND	5	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	4	SP; PA
<i>budesonide CPEP</i>	1	QL(3 ea daily)
<i>budesonide TB24</i>	3	PA
CORTEF TABS (<i>hydrocortisone</i>)	7	
<i>deflazacort TABS</i>	4	PA
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
EMFLAZA SUSP	4	PA
EMFLAZA TABS (<i>deflazacort</i>)	7	PA
<i>hydrocortisone TABS</i>	1	
MEDROL DOSEPAK TBPK (<i>methylprednisolone</i>)	7	
MEDROL TABS 4 MG, 8 MG, 16 MG (<i>methylprednisolone</i>)	7	
MEDROL TABS	2	
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBPK</i>	1	
ORAPRED ODT TBDP (<i>prednisolone sodium phosphate</i>)	7	
PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>)	7	
<i>prednisolone sodium phosphate SOLN 25 MG/5ML</i>	3	

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<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML</i>	1		(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP	1	
<i>prednisolone sodium phosphate TBDP</i>	3		(Phenylephrine-Brompheniramine-DM) PRESGEN B, TUSSIPRES B LIQD 10 MG/5ML-20 MG/5ML-4 MG/5ML	3	
PREDNISONO INTENSOL CONC	2		(Phenylephrine-Chlorphen-DM) ED AHIST DM, NOHIST-DM LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	3	
<i>prednisone SOLN</i>	1		(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	3	
<i>prednisone TABS</i>	1		(Pseudoephedrine-Guaifenesin) AMBI 40PSE/400GFN, MUCUS RELIEF D, QC MUCUS SINUS RELIEF D TABS 400 MG-40 MG	3	
<i>prednisone TABS</i>	1		(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAXIMUM STRENGTH ER, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, MUCUS D, MUCUS D MAXIMUM STRENGTH, MUCUS RELIEF D, MUCUS RELIEF D 12 HOUR EXTENDED RELEASE, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAXIMUMSTRENGTH, SM	3	
<i>prednisone TBPK</i>	1		GUAIFENESIN/PSEUDOEPHEDRINE HYDROCHLORIDE TB12 1200 MG-120 MG		
UCERIS TB24 (<i>budesonide</i>)	7	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 100 MG, 200 MG</i>	1				
<i>benzonatate 150 MG</i>	3				
HYCODAN SOLN (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	7				
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1				
Cough/Cold/Allergy Combinations					
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1				

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(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAXIMUM STRENGTH ER, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, MUCUS D, MUCUS D MAXIMUM STRENGTH, MUCUS RELIEF D, MUCUS RELIEF D 12 HOUR EXTENDED RELEASE, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAXIMUMSTRENGTH, SM GUAIFENESIN/PSEUDOEPHEDRINE HYDROCHLORIDE TB12 600 MG-60 MG	1		MAXI-TUSS PE MAX LIQD	3	
ACTINEL PEDIATRIC LIQD	3		M-CLEAR WC SOLN	3	
BIO-DTUSS DMX LIQD	3		M-END PE LIQD	3	
CAPCOF SYRP	3		MUCINEX D MAXIMUM STRENGTH TB12 (<i>pseudoephedrine-guaifenesin</i>)	7	
CHLOPHEDIANOL/DEXC HLOPHENIRAMINE./PSEUDOEPHEDRINE	3		MUCINEX D TB12 (<i>pseudoephedrine-guaifenesin</i>)	7	
CODITUSSIN AC LIQD	3		NINJACOF-XG LIQD	3	
ED BRON GP LIQD	3		<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ml daily)
GILTUSS COUGH & COLD TABS	3		<i>promethazine w/codeine SOLN</i>	1	QL(30 ml daily)
GILTUSS SINUS & CONGESTION TABS	3		<i>promethazine w/codeine SYRP</i>	1	QL(30 ml daily)
GLENMAX PEB LIQD	3		<i>promethazine-dm SYRP</i>	1	QL(30 ml daily)
<i>guaifenesin-codeine SOLN</i>	1		<i>promethazine-phenylephrine-codeine</i>	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1		PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
LOHIST-DM SYRP	3		<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	3	
MAR-COF BP	3		<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG</i>	3	
MAR-COF CG EXPECTORANT LIQD	3		<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	1	
			RYDEX	3	
			TUSNEL C SYRP	3	
			TUSNEL PEDIATRIC LIQD 50 MG/5ML-5 MG/5ML-15 MG/5ML	3	
			TUSNEL TABS	3	
			VANACOF	3	
			Expectorants		

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(Guaifenesin) CHEST CONGESTION RELIEF, CVS CHEST CONGESTION RELIEF, FT CHEST CONGESTION RELIEF, GNP MUCUS RELIEF, GNP TAB TUSSIN, GOODSENSE MUCUS RELIEF, HM CHEST CONGESTION RELIEF, KLS MUCUS RELIEF CHEST, MUCOSA, MUCUS RELIEF, MUCUS RELIEF CHEST CONGESTION, PHARBINEX, QC MEDIFIN 400, REFENESEN 400, SB MUCUS RELIEF, SM CHEST CONGESTION RELIEF, XPECT TABS 400 MG	3	
guaifenesin TABS 400 MG	3	
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	3	
HYPERSAL NEBU	3	
HYPERSAL NEBU (<i>sodium chloride (inhalant)</i>)	7	
NEBUSAL NEBU	3	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>	1	
<i>sodium chloride (inhalant) NEBU 7 %</i>	3	
Mucolytics		
acetylcysteine SOLN	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		

Drug Name	Drug Tier	Requirements/Limits
Acne Products		
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	QL(45 gm per fill retail); RX/OTC
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	3	
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	3	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
(Erythromycin (Acne Aid)) ERY PADS	3	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 ea daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	QL(2 ea daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	QL(4 ea daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 ea daily; 150 Day(s) limit)
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	3	
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
(Tretinoin) AVITA CREA 0.025 %	1	

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(Tretinoin) AVITA GEL 0.025 %	1		CLINDAGEL GEL (clindamycin phosphate (topical))	7	
ABSORICA 10 MG, 25 MG (isotretinoin)	7	QL(4 ea daily; 150 Day(s) limit)	clindamycin phosphate (topical) FOAM	3	
ABSORICA 35 MG, 40 MG (isotretinoin)	7	QL(2 ea daily; 150 Day(s) limit)	clindamycin phosphate (topical) GEL	1	
ABSORICA 20 MG (isotretinoin)	7	QL(5 ea daily; 150 Day(s) limit)	clindamycin phosphate (topical) LOTN	1	
ABSORICA 30 MG (isotretinoin)	7	QL(3 ea daily; 150 Day(s) limit)	clindamycin phosphate (topical) SOLN	1	
ACZONE 5 % (dapson (topical))	7	ST; PA	clindamycin phosphate (topical) SWAB	3	
ACZONE 7.5 % (dapson (topical))	7	ST; QL(2 gm daily); PA	clindamycin phosphate-benzoyl peroxide (refrigerate)	1	
adapalene-benzoyl peroxide GEL 2.5 %-0.3 %	3	ST; Limited 45gms per month; QL(1.5 gm daily); PA	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	3	
adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	1	Limit 45gms per month; QL(1.5 gm daily)	clindamycin phosphate-tretinoin	3	QL(1 gm daily)
adapalene CREA	1	QL(45 gm per fill retail)	dapsone (topical) 7.5 %	3	ST; QL(2 gm daily); PA
adapalene GEL 0.3 %	1	QL(45 gm per fill retail; 135 per fill mail)	dapsone (topical) 5 %	3	ST; PA
adapalene GEL 0.1 %	1	QL(45 gm per fill retail); RX/OTC	DIFFERIN CREA (adapalene)	7	QL(45 gm per fill retail)
ATRALIN GEL (tretinoin)	7	Limit 45gms per month; QL(1.5 gm daily)	DIFFERIN GEL 0.1 % (adapalene)	7	QL(45 gm per fill retail); RX/OTC
AZELEX	3		DIFFERIN GEL 0.3 % (adapalene)	7	QL(45 gm per fill retail; 135 per fill mail)
BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	7	QL(2 gm daily)	DIFFERIN LOTN	3	Limit 59mls per month; QL(1.97 ml daily)
benzoyl peroxide-erythromycin GEL	1	QL(2 gm daily)	EPIDUO FORTE GEL (adapalene-benzoyl peroxide)	7	ST; Limited 45gms per month; QL(1.5 gm daily); PA
CLEOCIN-T LOTN (clindamycin phosphate (topical))	7		EPIDUO GEL (adapalene-benzoyl peroxide)	7	Limit 45gms per month; QL(1.5 gm daily)
			ERYGEL GEL (erythromycin (acne aid))	7	

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<i>erythromycin (acne aid) GEL</i>	1		RETIN-A GEL (<i>tretinoin</i>)	7	
<i>erythromycin (acne aid) SOLN</i>	1		SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3	
EVOCLIN FOAM (<i>clindamycin phosphate (topical)</i>)	7		<i>sulfacetamide sodium (acne)</i>	1	
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily)	<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	3	
<i>isotretinoin 35 MG, 40 MG</i>	1	QL(2 ea daily; 150 Day(s) limit)	<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	3	
<i>isotretinoin 30 MG</i>	1	QL(3 ea daily; 150 Day(s) limit)	<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	3	
<i>isotretinoin 20 MG</i>	1	QL(5 ea daily; 150 Day(s) limit)	<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(30 gm per fill retail)
<i>isotretinoin 10 MG, 25 MG</i>	1	QL(4 ea daily; 150 Day(s) limit)	TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
KLARON (<i>sulfacetamide sodium (acne)</i>)	7		<i>tretinoin microsphere 0.04 %, 0.1 %</i>	1	Limit 20gms per month; QL(0.67 gm daily)
PLEXION CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	7		<i>tretinoin microsphere 0.08 %</i>	3	ST; PA
PLEXION CREA (<i>sulfacetamide sodium w/ sulfur</i>)	7		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
PLEXION LOTN (<i>sulfacetamide sodium w/ sulfur</i>)	7		<i>tretinoin GEL 0.05 %</i>	3	Limit 45gms per month; QL(1.5 gm daily)
RETIN-A MICRO (<i>tretinoin microsphere</i>)	7	Limit 20gms per month; QL(0.67 gm daily)	<i>tretinoin GEL 0.01 %, 0.025 %</i>	1	
RETIN-A MICRO PUMP 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	7	Limit 20gms per month; QL(0.67 gm daily)	VELTIN (<i>clindamycin phosphate-tretinoin</i>)	7	QL(1 gm daily)
RETIN-A MICRO PUMP 0.08 % (<i>tretinoin microsphere</i>)	7	ST; PA	ZIANA (<i>clindamycin phosphate-tretinoin</i>)	7	QL(1 gm daily)
RETIN-A CREA (<i>tretinoin</i>)	7		Agents for External Genital and Perianal Warts		
			VEREGEN	3	QL(30 gm per fill retail)
			Antibiotics - Topical		
			ALTABAX	3	
			CENTANY OINT	2	

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<i>gentamicin sulfate (topical) CREA</i>	1		<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)
<i>gentamicin sulfate (topical) OINT</i>	1		<i>ketoconazole (topical) FOAM</i>	3	
<i>mupirocin OINT</i>	1		<i>ketoconazole (topical) SHAM 2 %</i>	1	
Antifungals - Topical			LOPROX SHAMPOO SHAM (<i>ciclopirox</i>)	7	
(Ciclopirox) CICLODAN SOLN	3		LOPROX CREA (<i>ciclopirox olamine</i>)	7	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	3		LOPROX SUSP (<i>ciclopirox olamine</i>)	7	
(Ketoconazole (Topical)) KETODAN FOAM	3		<i>luliconazole</i>	3	PA
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1		LUZU (<i>luliconazole</i>)	7	PA
<i>ciclopirox olamine CREA</i>	1		<i>naftifine hcl CREA</i>	3	
<i>ciclopirox olamine SUSP</i>	1		<i>naftifine hcl GEL 2 %</i>	3	
<i>ciclopirox GEL</i>	1		NAFTIN GEL 2 % (<i>naftifine hcl</i>)	7	
<i>ciclopirox SHAM</i>	3		<i>nystatin (topical) CREA</i>	1	
<i>ciclopirox SOLN</i>	3		<i>nystatin (topical) OINT</i>	1	
<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 45gms per month; QL(1.5 gm daily)	<i>nystatin (topical) POWD EX</i>	1	
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ml daily)	<i>nystatin-triamcinolone CREA</i>	1	
<i>econazole nitrate CREA</i>	1		<i>nystatin-triamcinolone OINT</i>	1	
ECOZA FOAM	3	Limit 70gms per month; QL(2.34 gm daily)	<i>oxiconazole nitrate CREA</i>	3	
ERTACZO	4	PA	OXISTAT CREA (<i>oxiconazole nitrate</i>)	7	
EXELDERM CREA (<i>sulconazole nitrate</i>)	7		OXISTAT LOTN	3	
EXELDERM SOLN	2		<i>sulconazole nitrate CREA</i>	3	
EXODERM	3		<i>sulconazole nitrate SOLN</i>	1	
EXTINA FOAM (<i>ketoconazole (topical)</i>)	7		VYTONE 1.9 %-1 % (<i>iodoquinol-hydrocortisone in aloe vehicle</i>)	7	
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	3		Anti-inflammatory Agents - Topical		

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(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC SODIUM, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC	<i>fluorouracil (topical) SOLN</i>	1	
			PANRETIN	3	PA
			TARGRETIN (<i>bexarotene (topical)</i>)	7	
			VALCHLOR	4	ST; PA
			Antipsoriatics		
			(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)
			<i>acitretin 25 MG</i>	3	QL(2 ea daily)
			<i>acitretin 17.5 MG</i>	3	
			<i>acitretin 10 MG</i>	3	QL(1 ea daily)
			<i>calcipotriene CREA</i>	1	QL(5 gm daily)
			<i>calcipotriene FOAM</i>	3	QL(4 gm daily)
			CALCIPOTRIENE FOAM	3	QL(4 gm daily)
			<i>calcipotriene OINT</i>	1	QL(5 gm daily)
			<i>calcipotriene SOLN</i>	1	
			<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.34 gm daily)
<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC	COSENTYX SENSOREADY PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ml daily)			
VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	7	RX/OTC	COSENTYX UNOREADY SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA
Antineoplastic or Premalignant Lesion Agents - Topical					
<i>bexarotene (topical)</i>	1		COSENTYX SOSY 75 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.18 ml daily); PA
CARAC CREA (<i>fluorouracil (topical)</i>)	2	QL(1 gm daily)			
<i>diclofenac sodium (actinic keratoses) EX</i>	3	PA			
EFUDEX CREA (<i>fluorouracil (topical)</i>)	7				
<i>fluorouracil (topical) CREA 5 %</i>	1				

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COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA	STELARA SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); SP; PA
COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ml daily); PA	<i>tazarotene CREA</i>	1	QL(1 gm daily)
DOVONEX CREA (<i>calcipotriene</i>)	7	QL(5 gm daily)	<i>tazarotene GEL</i>	1	QL(1 gm daily)
<i>methoxsalen rapid</i>	1		TAZORAC CREA	2	QL(1 gm daily)
SKYRIZI PEN SOAJ	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA	TAZORAC CREA (<i>tazarotene</i>)	7	QL(1 gm daily)
SKYRIZI PSKT	4	Check plan documents for coverage; QL(1 ea per 84 days retail); PA	TAZORAC GEL (<i>tazarotene</i>)	7	QL(1 gm daily)
SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA	TREMFYA SOPN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA
SORILUX FOAM	3	QL(4 gm daily)	TREMFYA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA
STELARA SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA	VECTICAL (<i>calcitriol topical</i>)	2	Limit 100gms per month; QL(3.34 gm daily)
STELARA SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ml daily); SP; PA	Antiseborrheic Products		
			OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	7	
			OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	7	
			<i>selenium sulfide LOTN 2.5 %</i>	1	
			SODIUM SULFACETAMIDE WASH LIQD	3	
			<i>sulfacetamide sodium LIQD</i>	1	
			Antivirals - Topical		

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<i>acyclovir topical CREA</i>	3	Limit 5gms per month; QL(0.17 gm daily); PA	<i>alclometasone dipropionate OINT</i>	1	
<i>acyclovir topical OINT</i>	1	QL(1 gm daily)	<i>amcinonide CREA</i>	3	
ZOVIRAX CREA (<i>acyclovir topical</i>)	7	Limit 5gms per month; QL(0.17 gm daily); PA	<i>amcinonide LOTN</i>	3	
ZOVIRAX OINT (<i>acyclovir topical</i>)	7	QL(1 gm daily)	<i>amcinonide OINT</i>	3	
Burn Products			APEXICON E CREA	2	
(Silver Sulfadiazine) SSD	1		<i>betamethasone dipropionate (topical) CREA</i>	1	
<i>mafenide acetate PACK</i>	3		<i>betamethasone dipropionate (topical) LOTN</i>	1	
SILVADENE (<i>silver sulfadiazine</i>)	7		<i>betamethasone dipropionate (topical) OINT</i>	1	
<i>silver sulfadiazine</i>	1		<i>betamethasone dipropionate augmented CREA</i>	1	
SULFAMYLON CREA	3		<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	
SULFAMYLON PACK 5 % (<i>mafenide acetate</i>)	7		<i>betamethasone dipropionate augmented LOTN</i>	1	
Corticosteroids - Topical			<i>betamethasone dipropionate augmented OINT</i>	1	
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	1		<i>betamethasone valerate CREA</i>	1	
(Clobetasol Propionate Emulsion) TOVET	3		<i>betamethasone valerate FOAM</i>	3	
(Clobetasol Propionate) CLODAN SHAM	1		<i>betamethasone valerate LOTN</i>	1	
(Desonide) DESRX GEL	3		<i>betamethasone valerate OINT</i>	1	
(Flurandrenolide) NOLIX CREA	3		<i>calcipotriene-betamethasone dipropionate OINT</i>	3	QL(2 gm daily); ST
(Flurandrenolide) NOLIX LOTN	3	PA	<i>calcipotriene-betamethasone dipropionate SUSP</i>	3	QL(2 gm daily); ST
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1		CAPEX SHAM	2	
ALA-SCALP LOTN	3				
<i>alclometasone dipropionate CREA</i>	1				

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<i>clobetasol propionate emollient base 0.05 %</i>	1		DERMA-SMOOTHIE/FS SCALP OIL (<i>fluocinolone acetone</i>)	7	
<i>clobetasol propionate emulsion</i>	3		<i>desonide CREA</i>	1	
<i>clobetasol propionate CREA 0.05 %</i>	1		<i>desonide GEL</i>	3	
<i>clobetasol propionate FOAM</i>	3		<i>desonide LOTN</i>	1	
<i>clobetasol propionate GEL 0.05 %</i>	1		<i>desonide OINT</i>	1	
<i>clobetasol propionate LIQD</i>	3		DESOWEN CREA (<i>desonide</i>)	7	
<i>clobetasol propionate LOTN</i>	3		<i>desoximetasone CREA</i>	1	
<i>clobetasol propionate OINT 0.05 %</i>	1		<i>desoximetasone GEL</i>	1	
<i>clobetasol propionate SHAM</i>	1		<i>desoximetasone LIQD</i>	3	ST
<i>clobetasol propionate SOLN 0.05 %</i>	1		<i>desoximetasone OINT 0.25 %</i>	1	
CLOBEX LIQD (<i>clobetasol propionate</i>)	7		<i>desoximetasone OINT 0.05 %</i>	3	
CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	7		<i>diflorasone diacetate CREA</i>	1	
CLOBEX SHAM (<i>clobetasol propionate</i>)	7		<i>diflorasone diacetate OINT</i>	1	
<i>clocortolone pivalate</i>	3		DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	7	
CLODERM (<i>clocortolone pivalate</i>)	7		EPIFOAM FOAM	3	
CORDRAN CREA (<i>flurandrenolide</i>)	7		<i>fluocinolone acetone CREA</i>	1	
CORDRAN LOTN (<i>flurandrenolide</i>)	7	PA	<i>fluocinolone acetone OIL</i>	1	
CORDRAN OINT	3	PA	<i>fluocinolone acetone OINT</i>	1	
CORDRAN TAPE	3		<i>fluocinolone acetone SOLN</i>	1	
CUTIVATE LOTN (<i>fluticasone propionate</i>)	7		<i>fluocinonide emulsified base</i>	1	
DERMA-SMOOTHIE/FS BODY OIL (<i>fluocinolone acetone</i>)	7		<i>fluocinonide CREA</i>	1	
			<i>fluocinonide GEL</i>	1	
			<i>fluocinonide OINT</i>	1	
			<i>fluocinonide SOLN</i>	1	
			<i>flurandrenolide CREA</i>	3	
			<i>flurandrenolide LOTN</i>	3	PA

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<i>fluticasone propionate</i> CREA 0.05 %	1		<i>mometasone furoate</i> SOLN	1	
<i>fluticasone propionate</i> LOTN	3		OLUX-E (<i>clobetasol propionate emulsion</i>)	7	
<i>fluticasone propionate</i> OINT	1		OLUX FOAM (<i>clobetasol propionate</i>)	7	
<i>halobetasol propionate</i> CREA	1		PRAMOSONE LOTN	3	
<i>halobetasol propionate</i> OINT	1		PRAMOSONE OINT 1 %-1 %	3	
<i>hydrocortisone (topical)</i> CREA 2.5 %	1		PRAMOSONE OINT 2.5 %-1 %	2	
<i>hydrocortisone (topical)</i> LOTN 2.5 %	1		<i>prednicarbate</i> OINT	3	
<i>hydrocortisone (topical)</i> OINT 2.5 %	1		SYNALAR CREA (<i>fluocinolone acetonide</i>)	7	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	3		SYNALAR OINT (<i>fluocinolone acetonide</i>)	7	
<i>hydrocortisone butyrate</i> CREA	1		SYNALAR SOLN (<i>fluocinolone acetonide</i>)	7	
<i>hydrocortisone butyrate</i> LOTN	3	PA	TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>)	7	QL(2 gm daily); ST
<i>hydrocortisone butyrate</i> OINT	1		TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	7	QL(2 gm daily); ST
<i>hydrocortisone butyrate</i> SOLN	3		TEMOVATE CREA (<i>clobetasol propionate</i>)	7	
<i>hydrocortisone valerate</i> CREA	3		TEMOVATE OINT (<i>clobetasol propionate</i>)	7	
<i>hydrocortisone valerate</i> OINT	3		TEXACORT SOLN 2.5 %	3	
KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	7		TOPICORT CREA (<i>desoximetasone</i>)	7	
LOCOID LIPOCREAM	3		TOPICORT GEL (<i>desoximetasone</i>)	7	
LOCOID LOTN (<i>hydrocortisone butyrate</i>)	7	PA	TOPICORT LIQD (<i>desoximetasone</i>)	7	ST
LUXIQ FOAM (<i>betamethasone valerate</i>)	7		TOPICORT OINT (<i>desoximetasone</i>)	7	
<i>mometasone furoate</i> CREA	1		<i>triamcinolone acetonide (topical)</i> AERS	1	
<i>mometasone furoate</i> OINT	1		<i>triamcinolone acetonide (topical)</i> CREA	1	

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<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>)	7	
ULTRAVATE LOTN	3	ST; PA
VANOS CREA (<i>fluocinonide</i>)	7	
Eczema Agents		
DUPIXENT SOPN 300 MG/2ML	4	PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
Enzymes - Topical		
SANTYL OINT	3	
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1	
Immunosuppressive Agents - Topical		
ELIDEL (<i>pimecrolimus</i>)	7	QL(60 gm per fill retail)
<i>pimecrolimus</i>	3	QL(60 gm per fill retail)
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	
BENSAL HP OINT	3	RX/OTC
CONDYLOX GEL (<i>podofilox</i>)	7	
MG217 PSORIASIS MULTI-SYMTOM OINT	3	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PODOCON-25 SOLN	3	
<i>podofilox GEL</i>	1	
<i>podofilox SOLN</i>	1	
SALICYLIC ACID OINT	3	RX/OTC
<i>salicylic acid SHAM 6 %</i>	1	
<i>salicylic acid SOLN 26 %</i>	3	
<i>salicylic acid SOLN 28.5 %</i>	3	PA
SALIMEZ CREA	3	
SALYCIM CREA	3	
ULTRASAL-ER SOLN (<i>salicylic acid</i>)	7	PA
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, TRIDACAINE PTCH 5 %	3	QL(3 ea daily)
<i>lidocaine-prilocaine CREA</i>	3	
<i>lidocaine PTCH 5 %</i>	3	QL(3 ea daily)
LIDODERM PTCH (<i>lidocaine</i>)	7	QL(3 ea daily)
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	ST; Limited to 60 gm per month; QL(2 gm daily); PA
Rosacea Agents		
(Metronidazole (Topical)) ROSADAN CREA	1	
(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	QL(45 gm per fill retail)
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	3	ST; PA
<i>doxycycline (rosacea)</i>	3	ST; QL(1 ea daily); PA
FINACEA FOAM	3	

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Drug Name	Drug Tier	Requirements/Limits
FINACEA GEL (<i>azelaic acid</i>)	7	
<i>ivermectin (rosacea)</i>	3	QL(1.5 gm daily); PA
METROCREAM CREA (<i>metronidazole (topical)</i>)	7	
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	7	
METROLOTION LOTN (<i>metronidazole (topical)</i>)	7	QL(60 ml per fill retail)
<i>metronidazole (topical) CREA</i>	1	
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 gm per fill retail)
<i>metronidazole (topical) GEL 1 %</i>	1	
<i>metronidazole (topical) LOTN</i>	1	QL(60 ml per fill retail)
MIRVASO (<i>brimonidine tartrate (topical)</i>)	7	ST; PA
ORACEA (<i>doxycycline (rosacea)</i>)	7	ST; QL(1 ea daily); PA
RHOFADE	3	ST; PA
SOOLANTRA (<i>ivermectin (rosacea)</i>)	7	QL(1.5 gm daily); PA
Scabicides & Pediculicides		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT	3	RX/OTC
<i>ivermectin (pediculicide)</i>	3	RX/OTC
<i>malathion</i>	3	
NATROBA (<i>spinosad</i>)	7	AL(At least 4 yrs old)
OVIDE (<i>malathion</i>)	7	
<i>permethrin CREA</i>	1	QL(60 gm per fill retail)
SKLICE (<i>ivermectin (pediculicide)</i>)	7	RX/OTC
<i>spinosad</i>	3	AL(At least 4 yrs old)
Wound Care Products		

Drug Name	Drug Tier	Requirements/Limits
REGRANEX	3	QL(15 gm per fill retail)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
KETONE STRP	2	QL(50 ea per fill retail)
KETOSTIX STRP	2	QL(50 ea per fill retail)
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
PRECISION XTRA	2	QL(0.36 ea daily)

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PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC	ALDACTAZIDE	2	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	7	
Digestive Enzymes			<i>amiloride & hydrochlorothiazide</i>	1	
CREON CPEP	2		MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(2 ea daily)
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3		MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(1 ea daily)
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2		<i>spironolactone & hydrochlorothiazide</i>	1	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
Carbonic Anhydrase Inhibitors			<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 ea daily)
<i>acetazolamide CP12</i>	1	QL(2 ea daily)	<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 ea daily)
<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)	Loop Diuretics		
<i>acetazolamide TABS 125 MG</i>	1		<i>bumetanide TABS 2 MG</i>	1	QL(5 ea daily)
<i>methazolamide TABS</i>	1		<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
Diuretic Combinations			BUMEX TABS 0.5 MG (<i>bumetanide</i>)	7	
			EDECIN (<i>ethacrynic acid</i>)	7	ST
			<i>ethacrynic acid</i>	3	ST
			<i>furosemide SOLN OR 10 MG/ML</i>	1	
			<i>furosemide SOLN OR 40 MG/5ML</i>	3	
			<i>furosemide TABS</i>	1	
			LASIX TABS (<i>furosemide</i>)	7	
			SOANZ TABS 20 MG (<i>torseamide</i>)	7	
			<i>torseamide TABS 100 MG</i>	1	QL(2 ea daily)

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<i>torsemide TABS 5 MG, 10 MG, 20 MG</i>	1		<i>calcitonin (salmon) NA</i>	1	
Potassium Sparing Diuretics			<i>calcitonin (salmon) IJ</i>	4	PA
<i>ALDACTONE TABS (spironolactone)</i>	7		FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	7	Limit 4 per 28 days; QL(0.15 ea daily)
<i>amiloride hcl TABS</i>	1		<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 ea daily)
DYRENIUM CAPS (<i>triamterene</i>)	7		MIACALCIN IJ (<i>calcitonin (salmon)</i>)	7	PA
<i>spironolactone TABS</i>	1		NATPARA	4	PA
<i>triamterene CAPS</i>	3		PROLIA SOSY	4	PA
Thiazides and Thiazide-Like Diuretics			<i>risedronate sodium TABS 150 MG</i>	3	Limit 1 per month; QL(0.04 ea daily)
<i>chlorthalidone 25 MG, 50 MG</i>	1		<i>risedronate sodium TABS 5 MG, 30 MG</i>	3	QL(1 ea daily)
DIURIL SUSP	3		<i>risedronate sodium TABS 35 MG</i>	3	Limit 4 for 28 days; QL(0.15 ea daily)
<i>hydrochlorothiazide CAPS</i>	1		TYMLOS	4	PA
<i>hydrochlorothiazide TABS</i>	1		Fertility Regulators		
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1		(Clomiphene Citrate) CLOMID TABS	1	QL(15 ea per 30 days retail)
<i>metolazone</i>	1		<i>clomiphene citrate TABS</i>	1	QL(15 ea per 30 days retail)
THALITONE	2		Growth Hormone Receptor Antagonists		
ENDOCRINE AND METABOLIC AGENTS - MISC.			SOMAVERT		
- Drugs to Treat Bone Disease and Regulate Hormones			Growth Hormone Releasing Hormones (GHRH)		
Bone Density Regulators			EGRIFTA 2 MG	4	PA
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	7	Limit 1 per month; QL(0.04 ea daily)	EGRIFTA SV	4	PA
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	7	Limit 4 for 28 days; QL(0.15 ea daily)	Growth Hormones		
<i>alendronate sodium SOLN</i>	3		HUMATROPE CART IJ	4	Please refer to your plan documents for specific coverage; PA
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	Limit 4 per 28 days; QL(0.15 ea daily)	NORDITROPIN FLEXPRO SOPN	4	Please refer to your plan documents for specific coverage; PA
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)			
BONIVA TABS (<i>ibandronate sodium</i>)	7	Limit 1 per month; QL(0.04 ea daily)			

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SEROSTIM SC 4 MG, 5 MG, 6 MG	4	PA	CARNITOR SOLN OR 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	7	
ZORBTIVE SC	4	PA	CARNITOR TABS (<i>levocarnitine (metabolic modifiers)</i>)	7	
Hormone Receptor Modulators			<i>cinacalcet hcl</i>	3	PA
EVISTA (<i>raloxifene hcl</i>)	7	PV	CYSTADANE (<i>betaine</i>)	7	PA
OSPHENA	3	QL(1 ea daily)	<i>doxercalciferol CAPS</i>	3	
<i>raloxifene hcl</i>	5	PV	GALAFOLD	4	QL(0.5 ea daily); PA
Insulin-Like Growth Factors (Somatomedins)			KUVAN PACK (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX
INCRELEX	4	PA	KUVAN TABS (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX
LHRH/GnRH Agonist Analog Pituitary Suppressants			<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	3	
FENSOLVI SC	3	PA	<i>levocarnitine (metabolic modifiers) TABS</i>	3	
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis	MYALEPT	4	PA
SYNAREL	2		<i>nitisinone CAPS</i>	4	PA
Metabolic Modifiers			ORFADIN CAPS (<i>nitisinone</i>)	7	PA
(Sapropterin Dihydrochloride) JAVYGTOR PACK	4	Specialty Drug refer to Caremark SP RX	ORFADIN SUSP	4	PA
(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	Specialty Drug refer to Caremark SP RX	PALYNZIQ	4	PA
<i>betaine</i>	4	PA	<i>paricalcitol CAPS</i>	3	
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	7	PA	RAVICTI	4	PA
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	7	PA	ROCALTROL CAPS 0.5 MCG (<i>calcitriol</i>)	7	QL(4 ea daily)
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 ea daily)	ROCALTROL CAPS 0.25 MCG (<i>calcitriol</i>)	7	
<i>calcitriol CAPS 0.25 MCG</i>	1		ROCALTROL SOLN OR (<i>calcitriol</i>)	7	
<i>calcitriol SOLN OR</i>	1		<i>sapropterin dihydrochloride PACK</i>	4	Specialty Drug refer to Caremark SP RX
CARNITOR SF SOLN OR (<i>levocarnitine (metabolic modifiers)</i>)	7				

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<i>sapropterin dihydrochloride TABS</i>	4	Specialty Drug refer to Caremark SP RX
SENSIPAR (<i>cinacalcet hcl</i>)	7	PA
<i>sodium phenylbutyrate POWD</i>	4	PA
<i>sodium phenylbutyrate TABS</i>	4	PA
STRENSIQ	4	PA
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	7	
Posterior Pituitary Hormones		
DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)	7	
DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)	7	QL(6 ea daily)
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
DESMOPRESSIN ACETATE SOLN NA	3	
<i>desmopressin acetate TABS 0.1 MG</i>	1	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 ea daily)
STIMATE SOLN NA	3	
Progesterone Receptor Antagonists		
MIFEPREX (<i>mifepristone</i>)	7	PV
<i>mifepristone</i>	5	PV
Prolactin Inhibitors		
<i>cabergoline</i>	1	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	7	PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	4	PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	7	
ANGELIQ	3	
CLIMARA PRO	2	Limit 4 per 28 days; QL(0.15 ea daily)
COMBIPATCH PTTW	3	
DUAVEE	3	
<i>estradiol & norethindrone acetate TABS</i>	1	
FEMHRT (<i>norethindrone acetate-ethinyl estradiol</i>)	7	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
ORIAHNN	4	PA
PREFEST	3	

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Drug Name	Drug Tier	Requirements/Limits
PREMPHASE	2	
PREMPRO 1.5 MG-0.3 MG	2	QL(1 ea daily)
PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG	2	
Estrogens		
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)
ALORA PTTW	2	QL(0.29 ea daily)
CLIMARA PTWK (<i>estradiol</i>)	7	Limit 4 per 28 days; QL(0.15 ea daily)
DELESTROGEN (<i>estradiol valerate</i>)	7	QL(5 ml per fill retail)
DIVIGEL GEL (<i>estradiol</i>)	7	
ELESTRIN GEL	3	
ESTRACE TABS (<i>estradiol</i>)	7	
<i>estradiol valerate</i>	1	QL(5 ml per fill retail)
<i>estradiol GEL</i>	3	
<i>estradiol PTTW</i>	1	QL(0.29 ea daily)
<i>estradiol PTWK</i>	1	Limit 4 per 28 days; QL(0.15 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 per 28 days; QL(0.15 ea daily)
MINIVELLE PTTW (<i>estradiol</i>)	7	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)

Drug Name	Drug Tier	Requirements/Limits
VIVELLE-DOT PTTW (<i>estradiol</i>)	7	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	
CIPRO SUSR	2	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	7	
<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 400 MG</i>	3	QL(28 ea per 90 days retail)
<i>ofloxacin 300 MG</i>	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA 5 MG	4	ST; QL(1 ea daily); PA
OCALIVA 10 MG	4	QL(1 ea daily); PA
Gallstone Solubilizing Agents		
CHENODAL	4	PA
URSO 250 TABS (<i>ursodiol</i>)	7	
URSO FORTE TABS (<i>ursodiol</i>)	7	
<i>ursodiol CAPS</i>	1	
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>lubiprostone</i>)	7	
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	3		SFROWASA ENEM	2	
<i>metoclopramide hcl TABS</i>	1		SKYRIZI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 1 rtl pack lmt per fill; PA
<i>metoclopramide hcl TBDP</i>	3				
REGLAN TABS (<i>metoclopramide hcl</i>)	7		<i>sulfasalazine TABS</i>	1	QL(8 ea daily)
Inflammatory Bowel Agents			<i>sulfasalazine TBEC</i>	1	QL(8 ea daily)
APRISO CP24 (<i>mesalamine</i>)	7	QL(4 ea daily)	Intestinal Acidifiers		
ASACOL HD TBEC (<i>mesalamine</i>)	7		(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	7	QL(8 ea daily)	<i>lactulose (encephalopathy)</i>	1	
AZULFIDINE TABS (<i>sulfasalazine</i>)	7	QL(8 ea daily)	Irritable Bowel Syndrome (IBS) Agents		
<i>balsalazide disodium CAPS</i>	1	QL(9 ea daily; 280 ea per fill retail)	<i>alose tron hcl</i>	3	
CANASA SUPP (<i>mesalamine</i>)	7	QL(1 ea daily)	LINZESS	2	QL(1 ea daily)
COLAZAL CAPS (<i>balsalazide disodium</i>)	7	QL(9 ea daily; 280 ea per fill retail)	LOTRONEX (<i>alose tron hcl</i>)	7	
DELZICOL CPDR (<i>mesalamine</i>)	7	QL(6 ea daily)	VIBERZI	3	PA
DIPENTUM	3		Peripheral Opioid Receptor Antagonists		
LIALDA TBEC (<i>mesalamine</i>)	7	QL(4 ea daily)	<i>alvimopan</i>	3	
<i>mesalamine CP24</i>	1	QL(4 ea daily)	ENTEREG (<i>alvimopan</i>)	7	
<i>mesalamine CPCR</i>	3	QL(8 ea daily); PA	MOVANTIK	3	QL(1 ea daily)
<i>mesalamine CPDR</i>	1	QL(6 ea daily)	Phosphate Binder Agents		
<i>mesalamine ENEM</i>	1	QL(60 ml daily)	(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
<i>mesalamine SUPP</i>	1	QL(1 ea daily)	AURYXIA	3	ST; PA
<i>mesalamine TBEC 800 MG</i>	1		<i>calcium acetate (phosphate binder) CAPS</i>	1	
<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 ea daily)	<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
PENTASA CPCR 250 MG	3	PA	FOSRENOL CHEW 1000 MG (<i>lanthanum carbonate</i>)	7	QL(3 ea daily)
PENTASA CPCR (<i>mesalamine</i>)	7	QL(8 ea daily); PA	FOSRENOL CHEW 500 MG (<i>lanthanum carbonate</i>)	7	

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Drug Name	Drug Tier	Requirements/Limits
FOSRENOL CHEW 750 MG (<i>lanthanum carbonate</i>)	7	QL(4 ea daily)
FOSRENOL PACK	3	
<i>lanthanum carbonate</i> CHEW 500 MG	1	
<i>lanthanum carbonate</i> CHEW 1000 MG	1	QL(3 ea daily)
<i>lanthanum carbonate</i> CHEW 750 MG	1	QL(4 ea daily)
PHOSLYRA SOLN	3	
RENAGEL (<i>sevelamer hcl</i>)	7	QL(16 ea daily); PA
REVELA PACK 0.8 GM (<i>sevelamer carbonate</i>)	7	
REVELA PACK 2.4 GM (<i>sevelamer carbonate</i>)	7	QL(5 ea daily)
REVELA TABS (<i>sevelamer carbonate</i>)	7	
<i>sevelamer carbonate</i> PACK 0.8 GM	1	
<i>sevelamer carbonate</i> PACK 2.4 GM	1	QL(5 ea daily)
<i>sevelamer carbonate</i> TABS	1	
<i>sevelamer hcl</i> 800 MG	3	QL(16 ea daily); PA
<i>sevelamer hcl</i> 400 MG	3	ST; PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	ST; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	4	ST; Not available through mail; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	

Drug Name	Drug Tier	Requirements/Limits
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
ORACIT	3	
ORAL CITRATE	3	
<i>pot & sod citrates w/citric ac</i> SOLN	3	
<i>potassium citrate (alkalinizer)</i> TBCR	1	
<i>potassium citrate-citric acid</i> SOLN	1	RX/OTC
UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
Cystinosis Agents		
CYSTAGON CAPS	4	PA
PROCYSBI CPDR	4	PA
PROCYSBI PACK	4	PA
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 ea daily); PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 ea daily)
AVODART (<i>dutasteride</i>)	7	AL(At least 40 yrs old)
CARDURA XL	3	
<i>dutasteride</i>	1	AL(At least 40 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
<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>)	7	QL(2 ea daily)
JALYN (<i>dutasteride-tamsulosin hcl</i>)	7	
PROSCAR (<i>finasteride</i>)	7	QL(1 ea daily); AL(At least 40 yrs old)
RAPAFLO 8 MG (<i>silodosin</i>)	7	QL(1 ea daily)
<i>silodosin 8 MG</i>	1	QL(1 ea daily)
<i>silodosin 4 MG</i>	1	
<i>tamsulosin hcl</i>	1	QL(2 ea daily)
UROXATRAL (<i>alfuzosin hcl</i>)	7	QL(1 ea daily)
Urinary Stone Agents		
LITHOSTAT	3	
THIOLA EC TBEC (<i>tiopronin</i>)	7	
THIOLA TABS (<i>tiopronin</i>)	7	
<i>tiopronin TABS</i>	3	
<i>tiopronin TBEC</i>	3	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 300 MG</i>	1	QL(2 ea daily)
<i>allopurinol 100 MG</i>	1	QL(3 ea daily)
<i>colchicine CAPS</i>	3	
<i>colchicine TABS</i>	1	
COLCRYS TABS (<i>colchicine</i>)	7	
<i>febuxostat 40 MG</i>	1	QL(2 ea daily)
<i>febuxostat 80 MG</i>	1	QL(1 ea daily)
MITIGARE CAPS (<i>colchicine</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
ULORIC 40 MG (<i>febuxostat</i>)	7	QL(2 ea daily)
ULORIC 80 MG (<i>febuxostat</i>)	7	QL(1 ea daily)
ZYLOPRIM 100 MG (<i>allopurinol</i>)	7	QL(3 ea daily)
ZYLOPRIM 300 MG (<i>allopurinol</i>)	7	QL(2 ea daily)
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	PA
ADYNOVATE 750 UNIT, 1500 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
AFSTYLA	4	PA
ALPHANATE SOLR	4	PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	PA
ALPROLIX 4000 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
ALPROLIX 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	PA
ALTUVIIIIO	4	PA
BENEFIX KIT 500 UNIT, 1000 UNIT	4	PA
COAGADEX	4	PA
CORIFACT	4	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELOCTATE 250 UNIT, 500 UNIT, 750 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	4	PA	WILATE KIT	4	PA
ELOCTATE 4000 UNIT, 5000 UNIT, 6000 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	XYNTHA	4	PA
FEIBA	4	PA	XYNTHA SOLOFUSE	4	PA
FIBRYGA	4	PA	Bradykinin B2 Receptor Antagonists		
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT	3	PA	(Icatibant Acetate) SAJAZIR SOSY	4	PA
HEMOFIL M SOLR 1501 - 2000 UNIT, 1700 UNIT	4	PA	FIRAZYR SOSY (<i>icatibant acetate</i>)	7	PA
HUMATE-P SOLR	4	PA	<i>icatibant acetate SOLN</i>	4	PA
IDELVION	4	PA	<i>icatibant acetate SOSY</i>	4	PA
IXINITY SOLR	4	PA	Complement Inhibitors		
JIVI	4	PA	FABHALTA	4	PA
KCENTRA	4	PA	HAEGARDA SOLR SC	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	PA	Hemataologic - Tyrosine Kinase Inhibitors		
KOATE SOLR	3	PA	TAVALISSE 150 MG	4	PA
KOGENATE FS KIT	4	PA	TAVALISSE 100 MG	4	ST; PA
KOVALTRY	4	PA	Hematorheologic Agents		
NOVOEIGHT	4	PA	<i>pentoxifylline</i>	1	QL(3 ea daily)
NOVOSEVEN RT	4	PA	Human Protein C		
NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	4	Refer to Accredo SP Rx; PA	CEPROTIN	4	PA
NUWIQ SOLR 2500 UNIT, 3000 UNIT, 4000 UNIT	4	SP- Acaria Health; PA	Platelet Aggregation Inhibitors		
OBIZUR	4	PA	AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	7	
PROFILNINE	4	PA	<i>anagrelide hcl</i>	1	
REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	4	PA	<i>aspirin-dipyridamole</i>	1	
RECOMBINATE SOLR	4	PA	BRILINTA	2	QL(2 ea daily)
RIASTAP	4	PA	<i>cilostazol</i>	1	QL(2 ea daily)
RIXUBIS SOLR	4	PA	<i>clopidogrel bisulfate</i>	1	QL(2 ea daily)
TRETTEN	4	PA	<i>dipyridamole</i>	1	
VONVENDI	4	PA	EFFIENT (<i>prasugrel hcl</i>)	7	
			PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	7	QL(2 ea daily)
			<i>prasugrel hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
(Miglustat) YARGESA	4	ST; PA
CERDELGA	4	PA
<i>miglustat</i>	4	ST; PA
ZAVESCA (<i>miglustat</i>)	7	ST; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
SIKLOS TABS 100 MG	4	ST; AC; PA
SIKLOS TABS 1000 MG	4	AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	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	5	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	5	PV

Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>folic acid TABS 1 MG</i>	1	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV
Hematopoietic Growth Factors		
MULPLETA	4	PA
PROMACTA PACK 12.5 MG	4	QL(1 ea daily); PA
PROMACTA PACK 25 MG	4	QL(1 ea daily); PA
PROMACTA TABS	4	QL(1 ea daily); PA
RETACRIT	4	PA
RETACRIT 20000 UNIT/ML	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
ZIEXTENZO	4	PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN OR (<i>aminocaproic acid</i>)	7	
AMICAR TABS (<i>aminocaproic acid</i>)	7	
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	3	
<i>aminocaproic acid TABS</i>	3	
LYSTEDA TABS (<i>tranexamic acid</i>)	7	QL(6 ea daily; 5 Day(s) limit)
<i>tranexamic acid TABS</i>	1	QL(6 ea daily; 5 Day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	7	QL(1 ea daily)
AMBIEN TABS (<i>zolpidem tartrate</i>)	7	QL(1 ea daily)
DORAL (<i>quazepam</i>)	7	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL(1 ea daily)
<i>flurazepam hcl 15 MG</i>	1	QL(2 ea daily)
<i>flurazepam hcl 30 MG</i>	1	QL(1 ea daily)
HALCION 0.25 MG (<i>triazolam</i>)	7	QL(1 ea daily)
LUNESTA (<i>eszopiclone</i>)	7	QL(1 ea daily)
<i>midazolam hcl SYRP</i>	3	
<i>quazepam</i>	3	
RESTORIL 7.5 MG (<i>temazepam</i>)	7	
RESTORIL 15 MG (<i>temazepam</i>)	7	QL(2 ea daily)
RESTORIL 22.5 MG, 30 MG (<i>temazepam</i>)	7	QL(1 ea daily)
<i>temazepam 7.5 MG</i>	1	
<i>temazepam 22.5 MG</i>	3	QL(1 ea daily)
<i>temazepam 30 MG</i>	1	QL(1 ea daily)
<i>temazepam 15 MG</i>	1	QL(2 ea daily)
<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>	3	QL(1 ea daily); ST
ROZEREM (<i>ramelteon</i>)	7	QL(1 ea daily); ST
LAXATIVES - Bowel Treatment Drugs		

Drug Name	Drug Tier	Requirements/Limits
Laxative Combinations		
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE	5	PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	5	QL(4000 ml per fill retail); PV
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	7	QL(4000 ml per fill retail); PV
NULYTELY (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	7	PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	5	QL(4000 ml per fill retail); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	PV
PEG-PREP	5	QL(1 ea per fill retail); PV
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	7	PV
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	

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(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	Limited to 510 Gm 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)	7	Limited to 510 Gm per month; QL(17.6 gm daily)			
<i>polyethylene glycol 3350 POWD</i>	1	Limited to 510 Gm per month; QL(17.6 gm daily)			
Saline Laxatives					
OSMOPREP	5	PV			
Stimulant Laxatives					
			(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	1	Available for members in non- grandfathered plans ages 50- 74; AL(At least 50 yrs old - Up to 74 yrs old); PV

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<i>bisacodyl SUPP</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>azithromycin SUSR</i>	1	
			<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail)
			<i>azithromycin TABS 600 MG</i>	1	QL(10 ea per fill retail)
			<i>azithromycin TABS 500 MG</i>	1	QL(3 ea daily)
<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	ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	7	QL(3 ea daily)
			ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	7	QL(6 ea per fill retail)
			ZITHROMAX PACK (<i>azithromycin</i>)	7	
			ZITHROMAX SUSR (<i>azithromycin</i>)	7	
DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	7	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	7	QL(3 ea daily)
			ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	7	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)
DULCOLAX SUPP (<i>bisacodyl</i>)	7	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	Erythromycins		
			(Erythromycin Base) ERY-TAB TBEC	1	
			(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
			E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	7	
			ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	7	
			ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	7	
			<i>erythromycin base CPEP</i>	1	
			<i>erythromycin base TABS</i>	1	
MACROLIDES - Drugs to Treat Bacterial Infections					
Azithromycin					
<i>azithromycin PACK</i>	1				

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<i>erythromycin base TBEC</i>	1	
<i>erythromycin ethylsuccinate SUSR</i>	1	
Fidaxomicin		
DIFICID TABS	3	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
CAYA DPRH	5	QL(1 ea per 365 days retail); PV
CONDOMS	5	PV
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FANTASY LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FANTASY LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FC2 FEMALE CONDOM	5	PV
FEMCAP DEVI	5	PV
KAMELEON LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO COLORS DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MAXX/LARGE FLARE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)

Drug Name	Drug Tier	Requirements/Limits
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MICRO THIN MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SENSATION LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SPECIAL DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
K-Y ME & YOU INTENSE DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
MAXX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)

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MAXX PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
OMNIFLEX DIAPHRAGM	5	PV	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
PREMIUM CONDOMS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
REALITY LATEX CONDOMS/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX/RIA LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TRUSTEX LUBRICATED EXTRALARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX/RIA NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	5	PV
TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	5	PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	5	PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	5	PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	5	PV
			WIDE-SEAL SILICONE DIAPHRAGM KIT 85	5	PV
			WIDE-SEAL SILICONE DIAPHRAGM KIT 90	5	PV

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WIDE-SEAL SILICONE DIAPHRAGM KIT 95	5	PV	BD NEEDLE/30G X 1/2"	2	RX/OTC
Diabetic Supplies			BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	Available through Mail Order; QL(6.67 ea daily)
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	Available through Mail Order; 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	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	Available through Mail Order; 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	BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	Available through Mail Order; 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	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	Available through Mail Order; QL(6.67 ea daily)
ONETOUCH VERIO REFLECT KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
Parenteral Therapy Supplies			BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD AUTOSHIELD DUO 30G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	RX/OTC			

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BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC
CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	2	RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
			HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC
			POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC

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RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	2	RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	2	RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	2	RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	2	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	2	RX/OTC
ADULT MASK DEVI	2	RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	RX/OTC
AEROBIKA DEVI	2	RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	2	RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	2	RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	2	RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	RX/OTC
AEROCHAMBER MV MISC	2	RX/OTC	AEROCHAMBER PLUS FLOW-VU MISC	2	RX/OTC
			AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	2	RX/OTC
			AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	RX/OTC
			AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	RX/OTC
			AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	RX/OTC

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AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	RX/OTC	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	2	RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	2	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	2	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	2	RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	2	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	2	RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	2	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	2	RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	2	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	2	RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	2	RX/OTC	CO MONITOR DEVI	2	RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	2	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	2	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	2	RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	2	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	2	RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	2	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	2	RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	2	RX/OTC	EASIVENT/MASK-LARGE MISC	2	RX/OTC
BREATHE EASE/LARGE MASK DEVI	2	RX/OTC	EASIVENT/MASK-MEDIUM MISC	2	RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	2	RX/OTC			
BREATHE EASE/SMALL MASK DEVI	2	RX/OTC			
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	2	RX/OTC			

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EASIVENT/MASK-SMALL MISC	2	RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	2	RX/OTC
EASIVENT MISC	2	RX/OTC	INSPIREASE DRUG DELIVERYSYSTEM MISC	2	RX/OTC
EASY FLOW BLACK/BLUE DEVI	2	RX/OTC	MICROCHAMBER DEVI	2	RX/OTC
EASY FLOW BLACK/ORANGE DEVI	2	RX/OTC	MICROCHAMBER MISC	2	RX/OTC
EASY FLOW BLACK/RED DEVI	2	RX/OTC	MICROSPACER MISC	2	RX/OTC
EASY FLOW BLACK/WHITE DEVI	2	RX/OTC	NEBULIZER CUP/TUBING DEVI	2	RX/OTC
EASY FLOW BLACK/YELLOW DEVI	2	RX/OTC	OMBRA TABLE TOP COMPRESSOR DEVI	2	RX/OTC
EASY FLOW WHITE/BLUE DEVI	2	RX/OTC	ONE FLOW FVC MONITORING SPIROMETER DEVI	2	RX/OTC
EASY FLOW WHITE/GREEN DEVI	2	RX/OTC	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	RX/OTC
EASY FLOW WHITE/PINK DEVI	2	RX/OTC	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	RX/OTC
EASY FLOW WHITE/WHITE DEVI	2	RX/OTC	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	RX/OTC
EASY FLOW WHITE/YELLOW DEVI	2	RX/OTC	OPTICHAMBER DIAMOND DEVI	2	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	2	RX/OTC	OPTICHAMBER DIAMOND MISC	2	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	2	RX/OTC	PARI MANUAL INTERRUPTER DEVI	2	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	2	RX/OTC	PARI TREK S COMBO PACK DEVI	2	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	2	RX/OTC	POCKET CHAMBER DEVI	2	RX/OTC
FLEXICHAMBER DEVI	2	RX/OTC	POCKET SPACER DEVI	2	RX/OTC
IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	2	RX/OTC	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	2	RX/OTC
IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	2	RX/OTC	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	2	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	2	RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	2	RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	2	RX/OTC
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	2	RX/OTC
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	2	RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	2	RX/OTC
QUAKE DEVI	2	RX/OTC
RITEFLO DEVI	2	RX/OTC
SPIRO PD DEVI	2	RX/OTC
THRESHOLD PEP DEVI	2	RX/OTC
VERSAPAP/UNIVERSAL TUBING DEVI	2	RX/OTC
VERSAPAP DEVI	2	RX/OTC
VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	2	RX/OTC
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	2	RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	2	RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	2	PA
AJOVY SOSY	2	PA
EMGALITY SOAJ	2	PA

Drug Name	Drug Tier	Requirements/Limits
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>)	7	
<i>ergotamine w/ caffeine TABS</i>	1	
Migraine Products		
D.H.E. 45 SOLN IJ (<i>dihydroergotamine mesylate</i>)	7	PA
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	4	PA
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	3	QL(0.27 ml daily)
ERGOMAR SUBL	2	
MIGRANAL SOLN NA (<i>dihydroergotamine mesylate</i>)	7	QL(0.27 ml daily)
Serotonin Agonists		
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 ea daily)
AMERGE (<i>naratriptan hcl</i>)	7	Limit 9 per month; QL(0.3 ea daily)
<i>eletriptan hydrobromide</i>	3	Limit 6 per month; QL(0.2 ea daily)
FROVA (<i>frovatriptan succinate</i>)	7	Limit 9 per month; QL(0.3 ea daily)
<i>frovatriptan succinate</i>	3	Limit 9 per month; QL(0.3 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IMITREX 20 MG/ACT (<i>sumatriptan</i>)	7	Limit 6 sprayers per month; QL(2 ea daily)	<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)
IMITREX 5 MG/ACT (<i>sumatriptan</i>)	7	Limit 6 per month; QL(0.2 ea daily)	<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 ea daily)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>sumatriptan succinate</i>)	7	ST; PA	<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	4	PA
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>sumatriptan succinate</i>)	7	PA	<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	4	Limit 2 per fill, 4 per month; QL(0.14 ml daily; 2 ml per fill retail); PA
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>sumatriptan succinate</i>)	7	PA	<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	4	ST; PA
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>sumatriptan succinate</i>)	7	Limit 2 per fill, 4 per month; QL(0.14 ml daily; 2 ml per fill retail); PA	<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	4	PA
IMITREX TABS (<i>sumatriptan succinate</i>)	7	Limit 9 per month; QL(2 ea daily)	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	ST; QL(2 ml per 30 days retail); PA
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	7	Limit 12 per month; QL(0.4 ea daily)	<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 ea daily)
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	7	Limit 18 tabs per month; QL(0.6 ea daily)	<i>zolmitriptan SOLN</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 ea daily)	<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 ea daily)
RELPAZ (<i>eletriptan hydrobromide</i>)	7	Limit 6 per month; QL(0.2 ea daily)	<i>zolmitriptan TBDP</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)	ZOMIG SOLN 2.5 MG	2	Limit 6 per month; QL(0.2 ea daily)
<i>rizatriptan benzoate TBDP</i>	1	Limit 12 per month; QL(0.4 ea daily)	ZOMIG SOLN (<i>zolmitriptan</i>)	7	Limit 6 per month; QL(0.2 ea daily)
			ZOMIG TABS 2.5 MG, 5 MG (<i>zolmitriptan</i>)	7	Limit 6 per month; QL(0.2 ea daily)
MINERALS & ELECTROLYTES					
Calcium					
CALCIFOL				3	
CALCIUM-FOLIC ACID PLUS D				3	

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

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<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1		<i>azathioprine TABS 50 MG</i>	1	
<i>potassium chloride TBCR 20 MEQ</i>	3		<i>azathioprine TABS 75 MG, 100 MG</i>	3	
Zinc			CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	7	
GALZIN	3		CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	7	
WILZIN	3		CELLCEPT TABS (<i>mycophenolate mofetil</i>)	7	
MISCELLANEOUS THERAPEUTIC CLASSES					
Chelating Agents					
CUPRIMINE CAPS (<i>penicillamine</i>)	7	PA	<i>cyclosporine modified (for microemulsion) CAPS</i>	1	
DEPEN TITRATABS TABS (<i>penicillamine</i>)	7		<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
<i>penicillamine CAPS</i>	4	PA	<i>cyclosporine CAPS</i>	1	
<i>penicillamine TABS</i>	1		<i>everolimus (immunosuppressant)</i>	1	
SYPRINE (<i>trientine hcl</i>)	7	PA	IMURAN TABS (<i>azathioprine</i>)	7	
<i>trientine hcl 250 MG</i>	4	PA	<i>mycophenolate mofetil CAPS</i>	1	
<i>trientine hcl 500 MG</i>	4	PA	<i>mycophenolate mofetil SUSR</i>	1	
Immunomodulators					
<i>lenalidomide</i>	4	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	<i>mycophenolate mofetil TABS</i>	1	
THALOMID	3	Must use Exactus Specialty Rx 1-866-458-9246; AC	<i>mycophenolate sodium</i>	3	
Immunosuppressive Agents					
(Azathioprine) AZASAN TABS 75 MG, 100 MG	3		MYFORTIC (<i>mycophenolate sodium</i>)	7	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1		NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	7	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1		NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	7	
ASTAGRAF XL CP24	3	PA	PROGRAF CAPS (<i>tacrolimus</i>)	7	
			PROGRAF PACK	4	PA
			RAPAMUNE SOLN (<i>sirolimus</i>)	7	
			RAPAMUNE TABS (<i>sirolimus</i>)	7	
			SANDIMMUNE CAPS (<i>cyclosporine</i>)	7	

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SANDIMMUNE SOLN OR	2	
<i>sirolimus SOLN</i>	3	
<i>sirolimus TABS</i>	3	
<i>tacrolimus CAPS</i>	1	
ZORTRESS (<i>everolimus (immunosuppressant)</i>)	7	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML	1	
LOKELMA	3	QL(1 ea daily); PA
<i>sodium polystyrene sulfonate POWD</i>	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
BENLYSTA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	
Dental Products		
PREVIDENT RINSE SOLN	3	
<i>sodium fluoride (dental) SOLN 0.2 %</i>	3	
Steroids - Mouth/Throat/Dental		

Drug Name	Drug Tier	Requirements/Limits
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	1	
<i>triamcinolone acetonide (mouth)</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl</i>	3	QL(3 ea daily)
EVOXAC (<i>cevimeline hcl</i>)	7	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>)	7	QL(6 ea daily)
SALAGEN 7.5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(4 ea daily)
MULTIVITAMINS		
Ped Multi Vitamins w/VI & FE		
(Ped Multivitamins W/VI & 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	RX/OTC
(Ped Multivitamins W/VI & 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	RX/OTC

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(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRO N SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	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
POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON SUSP	3	RX/OTC	FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			MULTIVITAMIN WITH FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	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	<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	AL(Up to 6 yrs old)
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	POLY-VI-FLOR SUSP	3	
(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old); RX/OTC	QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
			QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
			TRI-VI-FLOR	3	
			TRI-VI-FLORO	3	
			Pediatric Multiple Vitamins & Minerals w/ Fluoride		
			FLORIVA	3	
			Prenatal Vitamins		
			(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
			(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	

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(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	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	
(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	ENBRACE HR	3	
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA	3		FOLIVANE-OB	2	
ATABEX EC TBEC	2		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	
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		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	
CITRANATAL ASSURE	2		NESTABS	3	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3		NESTABS DHA	2	
CITRANATAL BLOOM	3		NESTABS ONE	3	
CITRANATAL BLOOM DHA	2		OB COMPLETE ONE	3	
CITRANATAL ESSENCE	2		OB COMPLETE PETITE	3	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3		OB COMPLETE PREMIER	3	
CITRANATAL MEDLEY	3		OB COMPLETE/DHA	3	
C-NATE DHA CAPS	3		OBSTETRIX DHA MISC	2	
COMPLETENATE CHEW	2		OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	2	
CONCEPT DHA	2		PNV-DHA+DOCUSATE	3	
CONCEPT OB	2		PNV-OMEGA	3	
CVS WOMENS PRENATAL+DHA MISC	3		PREMESISRX	3	
DUET DHA 400 MISC	3		PRENA 1 TRUE	2	
			PRENA1 PEARL	3	
			PRENAISSANCE	3	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRENAISSANCE PLUS 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	
PRENATAL 19 CHEW	2		SE-NATAL 19 CHEW	2	
PRENATAL 19 TABS	3	RX/OTC	SE-NATAL 19 TABS	3	RX/OTC
PRENATAL MULTIVITAMIN PLUS DHA MISC	3		THRIVITE RX TABS	2	RX/OTC
PRENATAL+DHA MISC	3		TRINATAL RX 1 TABS	2	
PRENATAL-U CAPS	2		TRISTART DHA	3	
PRENATE	3		TRISTART ONE	3	
PRENATE AM	3		VINATE DHA RF	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		VINATE ONE TABS	2	
PRENATE ENHANCE	3		VIRT-C DHA	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		VIRT-NATE DHA CAPS	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		VIRT-PN DHA	3	
PRENATE PIXIE	3		VITAFOL GUMMIES	3	
PRENATE RESTORE	3		VITAFOL-NANO	3	
PROVIDA OB	2		VITAFOL-ONE CAPS	3	
RELNATE DHA CAPS	3		VITAMEDMD ONE RX/QUATREFOLIC	3	
SELECT-OB+DHA MISC	3		VITAPEARL	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		VITATRUE	2	
			VIVA DHA CAPS	3	
			VP-PNV-DHA CAPS	3	
			WESCAP-C DHA	2	
			WESNATE DHA CAPS	3	
			WESTGEL DHA	3	
			ZATEAN-PN DHA	3	
			MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
			Central Muscle Relaxants		
			(Carisoprodol) VANADOM TABS 350 MG	1	
			baclofen TABS 10 MG	1	QL(6 ea daily)
			baclofen TABS 20 MG	1	QL(4 ea daily)
			baclofen TABS 5 MG	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>carisoprodol TABS 350 MG</i>	1		(Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	Limit 1 bottle per month; QL(1.2 ml daily); RX/OTC
<i>carisoprodol TABS 250 MG</i>	3		<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 inhaler per month; QL(1.2 ml daily)
<i>chlorzoxazone TABS 500 MG</i>	3		<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	Limit 1 bottle per month; QL(1.2 ml daily); RX/OTC
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1		<i>olopatadine hcl (nasal)</i>	3	
<i>metaxalone 800 MG</i>	3	QL(4 ea daily)	PATANASE (<i>olopatadine hcl (nasal)</i>)	7	
<i>methocarbamol TABS 500 MG, 750 MG</i>	1		Nasal Anticholinergics		
<i>orphenadrine citrate TB12</i>	1		<i>ipratropium bromide (nasal)</i>	1	
SOMA TABS (<i>carisoprodol</i>)	7		Nasal Steroids		
<i>tizanidine hcl CAPS</i>	1		(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPRIONATE, EQL FLUTICASONE PROPRIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPRIONATE, 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(1.07 ml daily); RX/OTC
<i>tizanidine hcl TABS 2 MG</i>	1		Direct Muscle Relaxants		
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 ea daily)	DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	7	
ZANAFLEX CAPS (<i>tizanidine hcl</i>)	7		<i>dantrolene sodium CAPS</i>	1	
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	7	QL(9 ea daily)	Muscle Relaxant Combinations		
Direct Muscle Relaxants			<i>carisoprodol w/ aspirin & codeine</i>	3	
DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	7		NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
<i>dantrolene sodium CAPS</i>	1		Nasal Agent Combinations		
Muscle Relaxant Combinations			<i>azelastine hcl-fluticasone propionate SUSP</i>	3	Limit 1 bottle per month; QL(0.77 gm daily)
<i>carisoprodol w/ aspirin & codeine</i>	3		DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	7	Limit 1 bottle per month; QL(0.77 gm daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus			Nasal Antiallergy		
Nasal Agent Combinations					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC	NASONEX 24HR SUSP (<i>mometasone furoate (nasal)</i>)	7	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC
(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGYSPRAY, KLS ALLER-CORT, 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)	<i>triamcinolone acetonide (nasal)</i> AERO	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	4	PA
			RADICAVA ORS SUSP	4	PA
			RELYVRIO	4	PA
			RILUTEK TABS (<i>riluzole</i>)	7	
			<i>riluzole</i> TABS	3	
Spinal Muscular Atrophy Agents (SMA)					
			EVRYSDI	4	PA
NUTRIENTS					
Lipids					
			DOJOLVI	4	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye					
Beta-blockers - Ophthalmic					
			(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 %	3	
			<i>betaxolol hcl (ophth)</i> SOLN	1	
			BETIMOL	2	
			BETOPTIC-S SUSP	2	
			<i>brimonidine tartrate-timolol maleate</i>	3	
			<i>carteolol hcl (ophth)</i>	3	
			COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	7	
FLO NASE ALLERGY RELIEF CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	7	Limit 2 inhalers per month; QL(1.07 ml daily); RX/OTC			
FLO NASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	7	Limit 2 inhalers per month; QL(1.07 ml daily); RX/OTC			
<i>fluticasone propionate (nasal)</i> SUSP	1	Limit 2 inhalers per month; QL(1.07 gm daily); RX/OTC			
<i>mometasone furoate (nasal)</i> SUSP	1	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC			
NASACORT ALLERGY 24HR CHILDRENS AERO (<i>triamcinolone acetonide (nasal)</i>)	7	Limit 1 sprayer per month; QL(1.2 ml daily)			
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	7	Limit 1 sprayer per month; QL(1.2 ml daily)			

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Drug Name	Drug Tier	Requirements/ Limits
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	7	
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	7	
DORZOLAMIDE HCL/TIMOLOL MALEATE	2	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	3	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	7	
<i>levobunolol hcl 0.5 %</i>	1	
<i>timolol maleate (ophth) SOLG</i>	1	
<i>timolol maleate (ophth) SOLN</i>	1	
<i>timolol maleate (ophth) SOLN</i>	3	
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	7	
TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	7	
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	2	
Cycloplegic Mydriatics		
(Homatropine Hbr) HOMATROPAIRE	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %	3	
<i>atropine sulfate (ophthalmic) OINT</i>	1	
<i>atropine sulfate (ophthalmic) SOLN</i>	1	
ATROPINE SULFATE SOLN 1 %	2	

Drug Name	Drug Tier	Requirements/ Limits
ATROPINE SULFATE SOLN 1 % (<i>atropine sulfate (ophthalmic)</i>)	7	
CYCLOGYL (<i>cyclopentolate hcl</i>)	7	
CYCLOGYL	2	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl</i>	1	
ISOPTO ATROPINE SOLN	2	
MYDRIACYL SOLN (<i>tropicamide</i>)	7	
<i>phenylephrine hcl (mydriatic) SOLN 10 %</i>	3	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	
<i>tropicamide SOLN</i>	3	
Miotics		
ISOPTO CARPINE SOLN 1 % (<i>pilocarpine hcl</i>)	7	QL(0.5 ml daily)
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ml daily)
Ophthalmic Adrenergic Agents		
ALPHAGAN P (<i>brimonidine tartrate</i>)	7	
<i>apraclonidine hcl</i>	1	
<i>brimonidine tartrate</i>	1	
IOPIDINE	3	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN	1	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)

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<i>bacitracin (ophthalmic)</i>	1		TOBREX OINT	2	
<i>bacitracin-polymyxin b (ophth)</i>	1		<i>trifluridine</i>	1	
BESIVANCE	3		VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	7	QL(3 ml per fill retail)
BETADINE OPHTHALMIC PREP	3		ZIRGAN GEL	3	
BLEPH-10 SOLN (<i>sulfacetamide sodium (ophth)</i>)	7		ZYMAXID (<i>gatifloxacin (ophth)</i>)	7	
CILOXAN OINT	2		Ophthalmic Immunomodulators		
<i>ciprofloxacin hcl (ophth) SOLN</i>	1		<i>cyclosporine (ophth) EMUL</i>	1	QL(2 ea daily)
ERYTHROMYCIN	2		Ophthalmic Local Anesthetics		
<i>erythromycin (ophth)</i>	1		(Tetracaine Hcl (Ophth)) ALTACAINE	3	
<i>gatifloxacin (ophth)</i>	3		AKTEN	3	
<i>gentamicin sulfate (ophth) SOLN</i>	1		ALCAINE (<i>proparacaine hcl</i>)	7	
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)	<i>proparacaine hcl</i>	3	
<i>levofloxacin (ophth) 1.5 %</i>	3		<i>tetracaine hcl (ophth)</i>	3	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ml per fill retail)	Ophthalmic Steroids		
NATACYN	2		(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 gm per fill retail)
<i>neomycin-bacitracin zn-polymyxin</i>	1		(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
<i>neomycin-polymyxin-gramicidin</i>	1		ALREX SUSP (<i>loteprednol etabonate</i>)	7	
OCUFLOX (<i>ofloxacin (ophth)</i>)	7	QL(5 ml per fill retail)	<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail)
<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail)	BLEPHAMIDE S.O.P. OINT	2	
<i>polymyxin b-trimethoprim</i>	1		BLEPHAMIDE SUSP	2	
POLYTRIM (<i>polymyxin b-trimethoprim</i>)	7		<i>dexamethasone sodium phosphate (ophth)</i>	1	
POVIDONE IODINE	3		<i>difluprednate</i>	3	
<i>sulfacetamide sodium (ophth) OINT</i>	1		DUREZOL (<i>difluprednate</i>)	7	
<i>sulfacetamide sodium (ophth) SOLN</i>	1		FLAREX	2	
<i>tobramycin (ophth) SOLN</i>	1		<i>fluorometholone (ophth) SUSP</i>	1	

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FML FORTE SUSP	2	
FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	7	
FML OINT	2	
LOTEMAX GEL (<i>loteprednol etabonate</i>)	7	
LOTEMAX OINT	3	
LOTEMAX SUSP (<i>loteprednol etabonate</i>)	7	Limit 6 per month; QL(0.2 ml daily)
<i>loteprednol etabonate GEL</i>	3	
<i>loteprednol etabonate SUSP 0.2 %</i>	3	
<i>loteprednol etabonate SUSP 0.5 %</i>	3	Limit 6 per month; QL(0.2 ml daily)
MAXIDEX SUSP OP	2	
MAXITROL OINT (<i>neomycin-polymyx-dexameth</i>)	7	
MAXITROL SUSP (<i>neomycin-polymyx-dexameth</i>)	7	
<i>neomycin-polymyx-dexameth OINT</i>	1	
<i>neomycin-polymyx-dexameth SUSP</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
PRED MILD	2	
PRED-G S.O.P. OINT	3	
PRED-G SUSP	3	
<i>prednisolone acetate (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	2	
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOX ACIN SOLN	3	
<i>sulfacetamide sod-prednisolone SOLN</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
TOBRADEX ST SUSP	3	
TOBRADEX OINT	3	
TOBRADEX SUSP (<i>tobramycin-dexamethasone</i>)	7	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.		
(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	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
(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>)	7	
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	7	
ACUVAIL	3	
ALOCRIAL	3	

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Drug Name	Drug Tier	Requirements/Limits
ALOMIDE	2	
<i>azelastine hcl (ophth)</i>	1	
AZOPT (<i>brinzolamide</i>)	7	Limit 10mls per month; QL(0.34 ml daily)
<i>bepotastine besilate</i>	3	QL(0.34 ml daily); ST
BEPREVE (<i>bepotastine besilate</i>)	7	QL(0.34 ml daily); ST
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.34 ml daily)
<i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>	3	
<i>bromfenac sodium (ophth) 0.09 %</i>	1	
BROMSITE (<i>bromfenac sodium (ophth)</i>)	7	
<i>cromolyn sodium (ophth)</i>	1	
CYSTARAN	4	Limit 4 bottles per month; QL(2.15 ml daily); PA
<i>diclofenac sodium (ophth)</i>	1	
<i>dorzolamide hcl</i>	1	QL(0.34 ml daily)
DORZOLAMIDE HCL	2	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 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
<i>olopatadine hcl 0.2 %</i>	1	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
PAREMYD	3	

Drug Name	Drug Tier	Requirements/Limits
PATADAY 0.2 % (<i>olopatadine hcl</i>)	7	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
PATADAY 0.1 % (<i>olopatadine hcl</i>)	7	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
PATADAY EXTRA STRENGTH	3	Limit 1 bottle per month; QL(0.084 ml daily); ST
PROLENSA (<i>bromfenac sodium (ophth)</i>)	7	
TRUSOPT (<i>dorzolamide hcl</i>)	7	QL(0.34 ml daily)
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.084 ml daily)
<i>latanoprost SOLN</i>	1	QL(0.0949 ml daily)
LATANOPROST SOLN	2	QL(0.0949 ml daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.084 ml daily)
<i>tafluprost</i>	3	QL(1 ea daily)
TRAVATAN Z SOLN (<i>travoprost</i>)	7	Limit 2.5mls per month; QL(0.084 ml daily)
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.084 ml daily)
XALATAN SOLN (<i>latanoprost</i>)	7	QL(0.0949 ml daily)
ZIOPTAN (<i>tafluprost</i>)	7	QL(1 ea daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		

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Drug Name	Drug Tier	Requirements/Limits
CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	2	
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
CIPRO HC	3	
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	7	QL(8 ml per fill retail)
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ml per fill retail)
<i>ciprofloxacin-fluocinolone acetonide</i>	3	Limit 15mls per month; QL(0.5 ea daily)
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
OTOVEL (<i>ciprofloxacin-fluocinolone acetonide</i>)	7	Limit 15mls per month; QL(0.5 ea daily)
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	3	
DERMOTIC (<i>fluocinolone acetonide (otic)</i>)	7	
<i>fluocinolone acetonide (otic)</i>	3	
<i>hydrocortisone w/acetic acid</i>	3	QL(10 ml per fill retail; 30 per fill mail)
HYDROCORTISONE/ACETIC ACID (<i>hydrocortisone w/acetic acid</i>)	7	QL(10 ml per fill retail; 30 per fill mail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	

Drug Name	Drug Tier	Requirements/Limits
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
AMOXICILLIN SUSR (<i>amoxicillin</i>)	7	
<i>amoxicillin TABS</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS</i>	1	
<i>amoxicillin & pot clavulanate TB12</i>	1	
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	7	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	7	
Penicillinase-Resistant Penicillins		

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Drug Name	Drug Tier	Requirements/Limits
<i>dicloxacillin sodium</i>	1	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
BASE GELATIN GUMMY TROCHE	3	RX/OTC
GUM BASE GELATIN	3	RX/OTC
KLEAR GUMMY BASE	3	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (<i>norethindrone acetate</i>)	7	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 ea daily)
<i>megestrol acetate (appetite)</i>	3	AC
<i>norethindrone acetate TABS</i>	1	
<i>progesterone CAPS</i>	1	QL(1 ea daily)
PROMETRIUM CAPS (<i>progesterone</i>)	7	QL(1 ea daily)
PROVERA 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	7	
PROVERA 10 MG (<i>medroxyprogesterone acetate</i>)	7	QL(1 ea daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
LUCEMYRA	3	QL(224 ea per 14 days retail); PA

Drug Name	Drug Tier	Requirements/Limits
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	4	ST; PA
XYREM SOLN	4	ST; PA
Antidementia Agents		
ARICEPT TABS (<i>donepezil hydrochloride</i>)	7	QL(1 ea daily)
<i>donepezil hydrochloride TABS</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride TBDP</i>	1	QL(1 ea daily)
EXELON (<i>rivastigmine</i>)	7	
<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1	
<i>galantamine hydrobromide TABS</i>	1	
<i>memantine hcl CP24 7 MG</i>	3	ST; PA
<i>memantine hcl CP24 14 MG, 21 MG, 28 MG</i>	3	PA
<i>memantine hcl SOLN</i>	1	
<i>memantine hcl TABS</i>	1	
<i>memantine hcl TABS 5 MG</i>	1	QL(4 ea daily)
<i>memantine hcl TABS 10 MG</i>	1	QL(2 ea daily)
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	7	
NAMENDA XR CP24 7 MG (<i>memantine hcl</i>)	7	ST; PA
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (<i>memantine hcl</i>)	7	PA
NAMENDA TABS 10 MG (<i>memantine hcl</i>)	7	QL(2 ea daily)
NAMENDA TABS 5 MG (<i>memantine hcl</i>)	7	QL(4 ea daily)
NAMZARIC C4PK	3	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CP24 7 MG-10 MG	3	ST; PA	<i>tetrabenazine</i>	4	
NAMZARIC CP24 14 MG-10 MG, 21 MG-10 MG, 28 MG-10 MG	3	PA	XENAZINE (<i>tetrabenazine</i>)	7	
RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>)	7	QL(1 ea daily)	Multiple Sclerosis Agents		
<i>rivastigmine</i>	1		(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ml daily)
<i>rivastigmine tartrate CAPS</i>	1		(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ml per 28 days retail)
Combination Psychotherapeutics			AMPYRA (<i>dalfampridine</i>)	7	PA
<i>chlordiazepoxide-amitriptyline</i>	3		AUBAGIO (<i>teriflunomide</i>)	7	QL(1 ea daily)
<i>olanzapine-fluoxetine hcl</i>	3		AVONEX PEN AJKT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>perphenazine-amitriptyline</i>	3		AVONEX PSKT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	7		BETASERON KIT	4	PA
Fibromyalgia Agents			COPAXONE SOSY 20 MG/ML (<i>glatiramer acetate</i>)	7	QL(1 ml daily)
SAVELLA TITRATION PACK MISC	3	QL(2 ea daily); PA	COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>)	7	QL(12 ml per 28 days retail)
SAVELLA TABS	3	QL(2 ea daily); PA	<i>dalfampridine</i>	1	PA
Movement Disorder Drug Therapy			<i>dimethyl fumarate CDPK</i>	3	QL(60 ea per 365 days retail)
AUSTEDO TABS 12 MG	4	QL(4 ea daily); PA	<i>dimethyl fumarate CPDR</i>	3	QL(2 ea daily)
AUSTEDO TABS 6 MG	4	ST; QL(2 ea daily); PA	<i> fingolimod hcl</i>	1	QL(1 ea daily)
AUSTEDO TABS 9 MG	4	QL(2 ea daily); PA	GILENYA (<i> fingolimod hcl</i>)	7	QL(1 ea daily)
INGREZZA CAPS 80 MG	4	QL(1 ea daily); PA	GILENYA 0.5 MG	2	QL(1 ea daily)
INGREZZA CAPS 60 MG	4	QL(1 ea daily); PA	<i>glatiramer acetate SOSY 40 MG/ML</i>	1	QL(12 ml per 28 days retail)
INGREZZA CAPS 40 MG	4	Specialty drug-Health Net will refer to SP Pharmacy; QL(1 ea daily); PA	<i>glatiramer acetate SOSY 20 MG/ML</i>	1	QL(1 ml daily)
INGREZZA CPPK	4	PA	KESIMPTA	4	QL(0.0143 ml daily); PA
			MAYZENT STARTER PACK TBPk	3	not available thru mail order; PA

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Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER PACK TBPK	3	not available thru mail order; QL(12 ea per 5 days retail); PA
MAYZENT TABS 0.25 MG	3	not available thru mail order; QL(4 ea daily); PA
MAYZENT TABS 2 MG	3	not available thru mail order; QL(1 ea daily); PA
MAYZENT TABS 1 MG	3	not available thru mail order; PA
PLEGRIDY STARTER PACK SOPN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PLEGRIDY STARTER PACK SOSY SC	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
PLEGRIDY SOPN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PLEGRIDY SOSY SC	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
PLEGRIDY SOSY IM	4	PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA
REBIF REBIDOSE SOAJ	4	PA
REBIF TITRATION PACK SOSY	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
REBIF SOSY	4	PA
TECFIDERA STARTER PACK CDPK (<i>dimethyl fumarate</i>)	7	QL(60 ea per 365 days retail)
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	7	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>teriflunomide</i>	1	QL(1 ea daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS</i>	3	
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	4	PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	3	
<i>pimozide</i>	3	
Smoking Deterrents		
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG	5	PV

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

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR		
			APO-VARENICLINE TABS	5	QL(2 ea daily); PV
			<i>bupropion hcl (smoking deterrent)</i>	5	PV
			NICODERM CQ PT24 TD (<i>nicotine</i>)	7	PV
			NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	7	PV
			NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	7	PV
			NICORETTE GUM (<i>nicotine polacrilex</i>)	7	PV
			NICORETTE LOZG (<i>nicotine polacrilex</i>)	7	PV
			<i>nicotine polacrilex GUM</i>	5	PV
			<i>nicotine polacrilex LOZG</i>	5	PV
			NICOTINE TRANSDERMAL SYSTEM KIT	5	PV
			<i>nicotine MISC XX</i>	5	PV
			<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	PV
			NICOTROL INHALER INHA	5	PV
			NICOTROL NS SOLN	5	PV
			<i>varenicline tartrate TABS</i>	5	QL(2 ea daily); PV
Tranthyretin Amyloidosis Agents					
			TEGSEDI	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions					
Cystic Fibrosis Agents					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KALYDECO PACK	4	PA	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1	
KALYDECO TABS	4	PA	(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
ORKAMBI PACK 94 MG-75 MG	4	PA	ACTICLATE TABS (<i>doxycycline hyclate</i>)	7	
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	4	PA	<i>demeclocycline hcl</i> TABS	1	
ORKAMBI TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(4 ea daily); PA	<i>doxycycline (monohydrate)</i> CAPS 150 MG	3	ST
PULMOZYME	4	QL(5 ml daily); PA	<i>doxycycline (monohydrate)</i> CAPS 50 MG, 75 MG, 100 MG	1	
SYMDEKO	4	PA	<i>doxycycline (monohydrate)</i> SUSR	1	
TRIKAFTA TBPK 50 MG-25 MG	4	QL(3 ea daily); PA	<i>doxycycline (monohydrate)</i> TABS 100 MG	1	
TRIKAFTA TBPK 100 MG-50 MG	4	QL(3 ea daily); PA	<i>doxycycline (monohydrate)</i> TABS 50 MG, 75 MG	3	
Pulmonary Fibrosis Agents			<i>doxycycline (monohydrate)</i> TABS 150 MG	3	ST
ESBRIET CAPS (<i>pirfenidone</i>)	7	QL(3 ea daily); SP; PA	<i>doxycycline hyclate</i> CAPS	1	
ESBRIET TABS (<i>pirfenidone</i>)	7	QL(3 ea daily); SP; PA	<i>doxycycline hyclate</i> TABS 100 MG	1	
OFEV	4	QL(2 ea daily); PA	<i>doxycycline hyclate</i> TABS 20 MG, 75 MG, 150 MG	3	
<i>pirfenidone</i> CAPS	4	QL(3 ea daily); SP; PA	<i>minocycline hcl</i> CAPS	1	
<i>pirfenidone</i> TABS	4	QL(3 ea daily); SP; PA	<i>minocycline hcl</i> TABS 50 MG, 100 MG	1	PA
SULFONAMIDES - Drugs to Treat Bacterial Infections			<i>minocycline hcl</i> TABS 75 MG	1	PA
Sulfonamides			<i>tetracycline hcl</i> CAPS	1	
<i>sulfadiazine</i> TABS	3		VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	7	
TETRACYCLINES - Drugs to Treat Bacterial Infections			VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	7	
Tetracyclines			THYROID AGENTS - Drugs to Regulate Thyroid		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1				

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Drug Name	Drug Tier	Requirements/Limits
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, 137 MCG, 150 MCG, 300 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) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
ADTHYZA TABS	2	
ARMOUR THYROID TABS	2	
CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 ea daily)
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2	
<i>levothyroxine sodium</i> CAPS 125 MCG	1	QL(1 ea daily)
<i>levothyroxine sodium</i> CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium</i> TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)
<i>levothyroxine sodium</i> TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
<i>liothyronine sodium</i> TABS 5 MCG	1	
<i>liothyronine sodium</i> TABS 25 MCG, 50 MCG	1	QL(2 ea daily)
NIVA THYROID TABS	2	
NP THYROID 120 TABS	2	
NP THYROID 15 TABS	2	
NP THYROID 30 TABS	2	
NP THYROID 60 TABS	2	
NP THYROID 90 TABS	2	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 ea daily)
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	2	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	3	
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	

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Drug Name	Drug Tier	Requirements/ Limits
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
ANASPAZ TBDP (hyoscyamine sulfate)	7	
BELLADONNA/OPIUM	3	
chlordiazepoxide hcl- clidinium bromide	1	PA
CUVPOSA SOLN OR (glycopyrrolate)	7	
dicyclomine hcl CAPS	1	
dicyclomine hcl SOLN OR	1	
dicyclomine hcl TABS	1	
GLYCATE TABS	3	
glycopyrrolate SOLN OR 1 MG/5ML	1	
glycopyrrolate TABS 1 MG, 2 MG	1	
GLYCOPYRROLATE TABS	3	
hyoscyamine sulfate SUBL 0.125 MG	1	
hyoscyamine sulfate TABS 0.125 MG	1	
hyoscyamine sulfate TB12 0.375 MG	1	
hyoscyamine sulfate TBDP 0.125 MG	1	
LEVBID TB12 (hyoscyamine sulfate)	7	
LEVSIN/SL SUBL (hyoscyamine sulfate)	7	
LEVSIN TABS (hyoscyamine sulfate)	7	
LIBRAX (chlordiazepoxide hcl- clidinium bromide)	7	PA
methscopolamine bromide	1	
ROBINUL FORTE TABS (glycopyrrolate)	7	
ROBINUL TABS (glycopyrrolate)	7	

Drug Name	Drug Tier	Requirements/ Limits
H-2 Antagonists		
cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML	1	
cimetidine TABS 300 MG, 800 MG	1	
cimetidine TABS 400 MG	1	QL(4 ea daily)
famotidine SUSR	3	
famotidine TABS 40 MG	1	QL(2 ea daily)
nizatidine CAPS	1	
nizatidine SOLN	1	
PEPCID TABS 40 MG (famotidine)	7	QL(2 ea daily)
Misc. Anti-Ulcer		
CARAFATE SUSP (sucralfate)	7	
CARAFATE TABS (sucralfate)	7	QL(4 ea daily)
sucralfate SUSP	1	
sucralfate TABS	1	QL(4 ea daily)
Proton Pump Inhibitors		
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 ea daily); RX/OTC
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	3	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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>pantoprazole sodium TBEC</i>	1	QL(1 ea daily)
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG	1	QL(1 ea daily)	PREVACID 24HR CPDR (<i>lansoprazole</i>)	7	QL(1 ea daily); RX/OTC
			PREVACID SOLUTAB TBDD 30 MG (<i>lansoprazole</i>)	7	QL(1 ea daily); AL(Up to 12 yrs old)
(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)	PREVACID SOLUTAB TBDD 15 MG (<i>lansoprazole</i>)	7	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
			PREVACID CPDR 30 MG (<i>lansoprazole</i>)	7	QL(1 ea daily)
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 ea daily)	PRIOLOSEC PACK	3	PA
			PROTONIX PACK (<i>pantoprazole sodium</i>)	7	QL(1 ea daily)
ACIPHEX TBEC (<i>rabeprazole sodium</i>)	7	ST; QL(1 ea daily); PA	PROTONIX TBEC (<i>pantoprazole sodium</i>)	7	QL(1 ea daily)
			RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA
<i>lansoprazole CPDR</i>	1	QL(1 ea daily)	<i>rabeprazole sodium TBEC</i>	3	ST; QL(1 ea daily); PA
<i>lansoprazole TBDD 15 MG</i>	3	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC	Ulcer Drugs - Prostaglandins		
<i>lansoprazole TBDD 30 MG</i>	3	QL(1 ea daily); AL(Up to 12 yrs old)	CYTOTEC (<i>misoprostol</i>)	7	
<i>omeprazole magnesium CPDR</i>	1	QL(1 ea daily)	<i>misoprostol</i>	1	
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 ea daily)	Ulcer Therapy Combinations		
<i>pantoprazole sodium PACK</i>	3	QL(1 ea daily)	<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 rtl MAX day(s) supply; 365 rtl lmt day(s)
			HELIDAC THERAPY	3	
			URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
			Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
			<i>darifenacin hydrobromide</i>	3	
			DETROL LA CP24 (<i>tolterodine tartrate</i>)	7	QL(1 ea daily)
			DETROL TABS (<i>tolterodine tartrate</i>)	7	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
DITROPAN XL TB24 5 MG, 10 MG (<i>oxybutynin chloride</i>)	7	
<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 10 MG</i>	1	QL(1 ea daily)
<i>solifenacin succinate TABS 5 MG</i>	1	
<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 ea daily)
TOVIAZ (<i>fesoterodine fumarate</i>)	7	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>)	7	QL(1 ea daily)
VESICARE TABS 5 MG (<i>solifenacin succinate</i>)	7	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flvoxate hcl</i>	1	
VACCINES		
Viral Vaccines		
COVID VACCINES	5	
FLUMIST QUADRIVALENT	5	PV
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA	3	QL(1 ea daily)
Spermicides		
ENCARE SUPP 100 MG	5	PV

Drug Name	Drug Tier	Requirements/Limits
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM FILM	5	PV
VCF VAGINAL CONTRACEPTIVE GEL	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	3	
CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	7	
CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal CREA</i>	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1	
NUVESSA	3	PA
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	3	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA (<i>estradiol vaginal</i>)	7	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	
FEMRING	3	Limit 1 per month; QL(0.04 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN	2	QL(2 gm daily)
VAGIFEM TABS (<i>estradiol vaginal</i>)	7	
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	ST; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis)</i> SOAJ 0.15 MG/0.15ML	4	Not available through mail; QL(2 ea per fill retail; 4 ea per 30 days retail)
<i>epinephrine (anaphylaxis)</i> SOAJ 0.3 MG/0.3ML	3	QL(2 ea per fill retail; 4 ea per 30 days retail)
<i>epinephrine (anaphylaxis)</i> SOAJ 0.15 MG/0.3ML	4	QL(2 ea per fill retail; 4 ea per 30 days retail)
SYMJEPI SOSY 0.3 MG/0.3ML	3	QL(2 ea per fill retail; 4 ea per 30 days retail); PA
SYMJEPI SOSY 0.15 MG/0.3ML	3	QL(2 ea per fill retail); PA
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	4	PA
NORTHERA (<i>droxidopa</i>)	7	PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS (<i>ergocalciferol</i>)	7	PV
<i>ergocalciferol CAPS</i>	1	PV
MEPHYTON TABS (<i>phytonadione</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
<i>phytonadione TABS 5 MG</i>	1	
Water Soluble Vitamins		
POTABA CAPS	3	

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(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN 92		(Ergotamine W/ Caffeine) MIGERGOT SUPP 89
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG ... 50	(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG 48	(Erythromycin (Acne Aid)) ERY PADS 58
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(Estradiol) DOTTI, LYLLANA PTTW . 73	(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 MCG78	(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN . 56
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CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR 112	TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR ..111 (Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY54 (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 MG52 (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 52 (Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 52 (Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS 52 (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 52 (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
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1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG 53	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG72	EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %101
(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 53	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE 53	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG .....117
(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG 53	(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 53	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG .....117
(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG 53	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI- ESTARYLLA, TRI-LINYAH, TRI-LO- ESTARYLLA, TRI-LO-MARZIA, TRI- LO-MILI, TRI-LO-SPRINTEC, TRI- MILI, TRI-NYMYO, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO . 53	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG .....117
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA- BE, NORLYDA, NORLYROC, SHAROBEL, TULANA 55	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA 53	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR.....117
(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 53	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG 53	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG 9
(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 53	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 61	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG . 9
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 72	(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 % 101	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ... 9
	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE,	(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 93

(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML ...93	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 % 99	Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 91
(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 94	(Phenylephrine-Brompheniramine- DM) PRESGEN B, TUSSI-PRES B LIQD 10 MG/5ML-20 MG/5ML-4 MG/5ML 56	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ 91
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW 94	(Phenylephrine-Chlorphen-DM) ED A-HIST DM, NOHIST-DM LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML .. 56	(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ 91
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN 94	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG .....19	(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ .....91
(Pediatric Multivitamins W/FI) MULTI- VITAMIN/FLUORIDE DROPS SOLN . 94	(Phenytoin) PHENYTOIN INFATABS CHEW .....19	(Potassium Chloride) KLOR-CON PACK OR 20 MEQ .....91
(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML 94	(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 .....80	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK .....75
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN 94	(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP .....75	(Potassium Citrate-Citric Acid) CYTRA-K SOLN 75
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT E .....79	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES- PHOS 250 NEUTRAL .....91	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS 91
(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 79	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF ..91	(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F 100
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %99	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ 91	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS .....94
	(Potassium Chloride) Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ 91	(Prenatal Vit W/ Ferrous Fumarate- Folic Acid) PRENATAL 19 CHEW .94
	(Potassium Chloride) Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ 91	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT .....95
	(Potassium Chloride) Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ 91	(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 95
	(Potassium Chloride) Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ 91	(Prenatal Without A W/ Fe Fumarate- L Methylfolate-FA-DHA) PNV-DHA

95	60 MG	57	(Theophylline) ELIXOPHYLLIN ELIX .
(Prochlorperazine) COMPRO	(Salicylic Acid) KERALYT SHAM 6 %	67	15
(Promethazine Hcl) PROMETHEGAN	.....		(Timolol Maleate (Ophth)) TIMOLOL
SUPP 12.5 MG, 25 MG	(Sapropterin Dihydrochloride)		MALEATE IN OCUDOSE SOLN 0.5
(Promethazine Hcl) PROMETHEGAN	JAVYGTOR PACK	71	%
SUPP 50 MG	(Sapropterin Dihydrochloride)		(Tretinoin) AVITA CREA 0.025 % .
(Pseudoephed-Bromphen-DM)	JAVYGTOR TABS	71	58
BROMFED DM SYRP 10 MG/5ML-	(Silver Sulfadiazine) SSD	64	(Tretinoin) AVITA GEL 0.025 % ...
30 MG/5ML-2 MG/5ML	(Sodium Chloride (Inhalant))		59
(Pseudoephedrine-Guaifenesin)	NEBUSAL, PULMOSAL NEBU 3 %		(Triamcinolone Acetonide (Mouth))
AMBI 40PSE/400GFN, MUCUS	58		KOURZEQ, ORALONE DENTAL
RELIEF D, QC MUCUS SINUS	(Sodium Chloride (Inhalant))		PASTE
RELIEF D TABS 400 MG-40 MG ..	NEBUSAL, PULMOSAL NEBU 7 %		93
(Pseudoephedrine-Guaifenesin) CVS	58		(Triamcinolone Acetonide (Nasal))
MUCUS D EXTENDED RELEASE,	(Sodium Fluoride) FLUORITAB		ALLERGY NASAL SPRAY 24
CVS MUCUS D MAXIMUM	SOLN 0.125 MG/DROP	91	HOUR, CVS NASAL ALLERGY
STRENGTH ER, EQ MUCUS-D, FT	(Sodium Fluoride) NAFRINSE CHEW		SPRAY, EQ NASAL ALLERGY
MUCUS RELIEF D 12 HOUR,	2.2 MG	91	SPRAY, GNP 24 HOUR NASAL
MUCUS D, MUCUS D MAXIMUM	(Sodium Polystyrene Sulfonate) SPS		ALLERGY SPRAY, GOODSENSE
STRENGTH, MUCUS RELIEF D,	SUSP OR 15 GM/60ML	93	NASAL ALLERGY SPRAY, HM 24
MUCUS RELIEF D 12 HOUR	(Sotalol Hcl) SORINE TABS	46	HOUR NASAL ALLERGYSpray,
EXTENDED RELEASE, MUCUS-D,	(Sulfacetamide Sodium W/ Sulfur) BP		KLS ALLER-CORT, NASAL
RA MUCUS RELIEF D, RA MUCUS	10-1, SULFAMEZ WASH EMUL 10		ALLERGY 24 HOUR, NASAL
RELIEF D MAXIMUMSTRENGTH,	%-1 %	58	ALLERGY 24 HOUR MULTI-
SM	(Sulfacetamide Sodium W/ Sulfur)		SYMPTOM, RA NASAL ALLERGY
GUAIFENESIN/PSEUDOEPHEDRIN	SSS 10-5 FOAM	58	SPRAY AERO
E HYDROCHLORIDE TB12 1200	(Sulfacetamide Sodium-Sulfur In		98
MG-120 MG	Urea Vehicle) BP CLEANSING		(Triamcinolone Acetonide (Topical))
(Pseudoephedrine-Guaifenesin) CVS	WASH EMUL 10 %-10 %-4 %	58	TRIDERM CREA 0.5 %
MUCUS D EXTENDED RELEASE,	(Sulfamethoxazole-Trimethoprim)		64
CVS MUCUS D MAXIMUM	SULFATRIM PEDIATRIC SUSP ..	32	(Vigabatrin) VIGADRONE TABS ..
STRENGTH ER, EQ MUCUS-D, FT	(Tadalafil (Pulmonary Hypertension))		19
MUCUS RELIEF D 12 HOUR,	ALYQ TABS	49	(Vigabatrin) VIGADRONE,
MUCUS D, MUCUS D MAXIMUM	(Testosterone Cypionate) DEPO-		VIGPODER PACK
STRENGTH, MUCUS RELIEF D,	TESTOSTERONE SOLN IM	10	19
MUCUS RELIEF D 12 HOUR	(Tetracaine Hcl (Ophth)) ALTACAINE		(Warfarin Sodium) JANTOVEN TABS
EXTENDED RELEASE, MUCUS-D,	.....	100	.....
RA MUCUS RELIEF D, RA MUCUS			15
RELIEF D MAXIMUMSTRENGTH,			abacavir sulfata SOLN
SM			43
GUAIFENESIN/PSEUDOEPHEDRIN			abacavir sulfata TABS
E HYDROCHLORIDE TB12 600 MG-			43
			abacavir sulfata-lamivudine
			43
			ABILIFY TABS 15 MG (aripiprazole) .
			43
			ABILIFY TABS 2 MG, 5 MG, 10 MG,
			30 MG (aripiprazole)
			43
			ABILIFY TABS 20 MG (aripiprazole) .

43	acitretin 25 MG .....62	ACZONE 5 % (dapson (topical)) . 59
abiraterone acetate .....35	ACTICLATE TABS (doxycycline hyclate) 114	ACZONE 7.5 % (dapson (topical)) 59
ABSORICA 10 MG, 25 MG (isotretinoin) .....59	ACTIMMUNE .....40	ADALIMUMAB-ADAZ SOAJ 3
ABSORICA 20 MG (isotretinoin) ...59	ACTINEL PEDIATRIC LIQD .....57	ADALIMUMAB-ADAZ SOSY .....3
ABSORICA 30 MG (isotretinoin) ...59	ACTIQ LPOP 1600 MCG (fentanyl citrate) 8	adapalene CREA 59
ABSORICA 35 MG, 40 MG (isotretinoin) .....59	ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (fentanyl citrate) 8	adapalene GEL 0.1 % 59
acamprosate calcium 104	ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 72	adapalene GEL 0.3 % 59
acarbose .....22	ACTONEL TABS 150 MG (risedronate sodium) .....70	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %59
ACCUPRIL (quinapril hcl) .....28	ACTONEL TABS 35 MG (risedronate sodium) .....70	adapalene-benzoyl peroxide GEL 2.5 %-0.3 %59
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril- hydrochlorothiazide) 29	ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 22	ADCIRCA TABS (tadalafil (pulmonary hypertension)) .....49
ACCURETIC 25 MG-20 MG (quinapril-hydrochlorothiazide) 29	ACTOS 15 MG (pioglitazone hcl) ..23	ADDERALL TABS (amphetamine- dextroamphetamine) 1
acebutolol hcl CAPS .....46	ACTOS 30 MG, 45 MG (pioglitazone hcl) 23	ADDERALL XR CP24 (amphetamine-dextroamphetamine) . 1
acetaminophen w/ codeine SOLN .. 9	ACULAR (ketorolac tromethamine (ophth)) 101	adefovir dipivoxil 45
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG .....9	ACULAR LS (ketorolac tromethamine (ophth)) .....101	ADEMPAS .....50
acetaminophen w/ codeine TABS 60 MG-300 MG .....9	ACUVAIL .....101	ADIPEX-P CAPS (phentermine hcl) 1
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG 9	acyclovir CAPS .....45	ADTHYZA TABS .....115
acetazolamide CP12 .....69	acyclovir SUSP .....45	ADULT MASK DEVI 86
acetazolamide TABS 125 MG .....69	acyclovir TABS OR 400 MG .....45	ADVAIR DISKUS AEPB (fluticasone- salmeterol) 14
acetazolamide TABS 250 MG .....69	acyclovir TABS OR 800 MG .....45	ADVATE .....76
acetic acid (otic) .....102	acyclovir topical CREA .....64	ADYNOVATE 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT 76
acetylcysteine SOLN .....58	acyclovir topical OINT .....64	ADYNOVATE 750 UNIT, 1500 UNIT . 76
ACIPHEX TBEC (rabeprazole sodium) 117		AEROBIKA DEVI 86
acitretin 10 MG .....62		AEROCHAMBER HOLDING
acitretin 17.5 MG .....62		

CHAMBER DEVI	86	PLUS/SMALL MASK MISC	87	ALDACTONE TABS (spironolactone)	.....70
AEROCHAMBER MINI		AEROCHAMBER/FLOWSIGNAL			
AEROSOLCHAMBER DEVI	86	MISC	87	ALECENSA	36
AEROCHAMBER MV MISC	86	AEROVENT PLUS HOLDING		alendronate sodium SOLN	70
AEROCHAMBER PLUS FLOW VU		CHAMBER/COLLAPSIBLE DEVI .	87	alendronate sodium TABS 35 MG, 70	
MISC	86	AFINITOR DISPERZ TBSO		MG	70
AEROCHAMBER PLUS FLOW		(everolimus)	36	alendronate sodium TABS 5 MG, 10	
VUMOUTHPIECE DEVI	86	AFINITOR TABS (everolimus)	36	MG	70
AEROCHAMBER PLUS FLOW-VU		AFSTYLA	76	ALFERON N	40
MISC	86	AGAMREE	55	alfuzosin hcl	75
AEROCHAMBER PLUS FLOW-		AGRYLIN 0.5 MG (anagrelide hcl)	77	ALINIA SUSR	32
VU/INTERMEDIATE MASK DEVI .	86	AIMSCO LUBRICATED MISC	82	ALINIA TABS (nitazoxanide)	32
AEROCHAMBER PLUS FLOW-		AJOVY SOAJ	89	aliskiren fumarate	31
VU/LARGE MASK DEVI	86	AJOVY SOSY	89	ALKERAN (melphalan)	33
AEROCHAMBER PLUS FLOW-		AKTEN	100	ALL FLOW 1000 PFT FILTER DEVI .	
VU/LARGE MASK MISC	86	AKYNZEO	25	87	
AEROCHAMBER PLUS FLOW-		ALA-SCALP LOTN	64	ALL FLOW 2000 PFT FILTER DEVI .	
VU/MASK MISC	86	albendazole	11	87	
AEROCHAMBER PLUS FLOW-		ALBENZA (albendazole)	11	ALL FLOW 3000 PFT FILTER DEVI .	
VU/MEDIUM MASK DEVI	86	albuterol sulfate AERS	14	87	
AEROCHAMBER PLUS FLOW-		albuterol sulfate NEBU 0.083 %, 0.5		ALL FLOW 4000 PFT FILTER DEVI .	
VU/SMALL MASK DEVI	86	%, 0.63 MG/3ML, 1.25 MG/3ML, 2.5		87	
AEROCHAMBER PLUS FLOW-		MG/0.5ML	14	ALL FLOW 5000 PFT FILTER DEVI .	
VU/SMALL MASK MISC	86	ALBUTEROL SULFATE NEBU ...	14	87	
AEROCHAMBER Z-STAT PLUS		albuterol sulfate SYRP	14	ALL FLOW 6000 PFT FILTER DEVI .	
VALVED HOLDING CHAMBER		albuterol sulfate TABS	14	87	
W/FLOW VU MISC	86	ALCAINE (proparacaine hcl)	100	ALL FLOW 7000 PFT FILTER DEVI .	
AEROCHAMBER Z-STAT		alclometasone dipropionate CREA	64	87	
PLUS/FLOWSIGNAL MISC	86	alclometasone dipropionate OINT .	64	allopurinol 100 MG	76
AEROCHAMBER Z-STAT		ALDACTAZIDE (spironolactone &		allopurinol 300 MG	76
PLUS/LARGE MASK MISC	86	hydrochlorothiazide)	69	almotriptan malate	89
AEROCHAMBER Z-STAT		ALDACTAZIDE	69	ALOCRIIL	101
PLUS/MEDIUM MASK MISC	86			alogliptin benzoate 25 MG	22
AEROCHAMBER Z-STAT					

alogliptin benzoate 6.25 MG, 12.5 MG	23	ambrisentan	49	hydrochlorothiazide	30
ALOMIDE	102	amcinonide CREA	64	amoxapine	22
ALORA PTTW	73	amcinonide LOTN	64	amoxicillin & pot clavulanate CHEW .	103
alose tron hcl	74	amcinonide OINT	64	amoxicillin & pot clavulanate SUSR	103
ALPHAGAN P (brimonidine tartrate) 99		AMERGE (naratriptan hcl)	89	amoxicillin & pot clavulanate TABS	103
ALPHANATE SOLR	76	AMICAR SOLN OR (aminocaproic acid)	78	amoxicillin & pot clavulanate TB12	103
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	76	AMICAR TABS (aminocaproic acid) 78		amoxicillin & pot clavulanate TB12	103
ALPRAZOLAM INTENSOL CONC 12		amiloride & hydrochlorothiazide ..	69	amoxicillin CAPS	103
alprazolam TABS	12	amiloride hcl TABS	70	amoxicillin CHEW 125 MG, 250 MG .	103
alprazolam TB24	12	aminocaproic acid SOLN OR 0.25 GM/ML	78	AMOXICILLIN SUSR (amoxicillin)	103
alprazolam TBDP	12	aminocaproic acid TABS	78	amoxicillin SUSR	103
ALPROLIX 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT 76		amiodarone hcl TABS	13	amoxicillin TABS	103
ALPROLIX 4000 UNIT	76	AMITIZA (lubiprostone)	73	amoxicillin-clarithromycin w/ lansoprazole THPK	117
ALREX SUSP (loteprednol etabonate)	100	amitriptyline hcl TABS	21	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1
ALTABAX	60	amlodipine besylate TABS 2.5 MG 47		amphetamine-dextroamphetamine TABS	1
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril)	28	amlodipine besylate TABS 5 MG, 10 MG	47	ampicillin CAPS 500 MG	103
ALTUVIIIO	76	amlodipine besylate-atorvastatin calcium	48	AMPYRA (dalfampridine)	105
ALUNBRIG TABS	36	amlodipine besylate-benazepril hcl 10 MG-2.5 MG	30	ANAFRANIL (clomipramine hcl) ..	22
ALUNBRIG TBPK	36	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG 30		anagrelide hcl	77
alvimopan	74	amlodipine besylate-valsartan 10 MG-160 MG	30	ANALPRAM-HC LOTN EX	11
amantadine hcl CAPS	40	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG	30	ANAPROX DS TABS (naproxen sodium)	4
amantadine hcl TABS	40	amlodipine-valsartan-			
AMARYL (glimepiride)	24				
AMBIEN CR TBCR (zolpidem tartrate)	79				
AMBIEN TABS (zolpidem tartrate) 79					

ANASPAZ TBDP (hyoscyamine sulfate)	116	ARAVA 10 MG (leflunomide)	5	aspirin-dipyridamole	77
anastrozole	35	ARAVA 20 MG (leflunomide)	5	ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	84
ANCOBON (flucytosine)	25	ARCALYST	4	ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	84
ANDEXXA 200 MG	24	arformoterol tartrate	14	ASTAGRAF XL CP24	92
ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (testosterone)	10	ARICEPT TABS (donepezil hydrochloride)	104	ATABEX EC TBEC	95
ANDROGEL PUMP GEL TD 1.62 % (testosterone)	10	ARIKAYCE	2	ATACAND 32 MG (candesartan cilexetil)	29
ANGELIQ	72	ARIMIDEX (anastrozole)	35	ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil)	29
ANNOVERA	55	aripiprazole SOLN OR	43	ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	30
ANORO ELLIPTA	14	aripiprazole TABS 15 MG	43	atazanavir sulfate CAPS	43
ANTARA 30 MG	27	aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	43	atenolol & chlorthalidone	30
ANTIVERT TABS 50 MG (meclizine hcl)	25	aripiprazole TABS 20 MG	43	atenolol TABS	46
ANUSOL-HC EX (hydrocortisone (rectal))	11	aripiprazole TBDP	43	ATIVAN TABS (lorazepam)	12
ANZEMET TABS 50 MG	25	ARIXTRA 10 MG/0.8ML (fondaparinux sodium)	15	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1
APEXICON E CREA	64	ARIXTRA 2.5 MG/0.5ML, 7.5 MG/0.6ML (fondaparinux sodium)	15	atomoxetine hcl 60 MG, 80 MG, 100 MG	1
APO-VARENICLINE TABS	113	ARIXTRA 5 MG/0.4ML (fondaparinux sodium)	15	atorvastatin calcium TABS	28
apraclonidine hcl	99	armodafinil	2	atovaquone	32
aprepitant CAPS 40 MG	25	ARMOUR THYROID TABS	115	atovaquone-proguanil hcl	33
aprepitant CAPS 80 MG, 125 MG	25	ARNUITY ELLIPTA	13	ATRALIN GEL (tretinoin)	59
aprepitant CAPS	25	AROMASIN (exemestane)	35	atropine sulfate (ophthalmic) OINT	99
aprepitant MISC	25	ARTHROTEC 50 TBEC (diclofenac w/ misoprostol)	4	atropine sulfate (ophthalmic) SOLN	99
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	43	ARTHROTEC 75 TBEC (diclofenac w/ misoprostol)	4	ATROPINE SULFATE SOLN 1 % (atropine sulfate (ophthalmic))	99
APRISO CP24 (mesalamine)	74	ASACOL HD TBEC (mesalamine)	74	ATROPINE SULFATE SOLN 1 %	99
APTENSIO XR CP24 (methylphenidate hcl)	2	asenapine maleate	42	ATROVENT HFA	13
APTIOM	17	aspirin CHEW	7		
APTIVUS CAPS	43	aspirin TBEC 81 MG	7		

AUBAGIO (teriflunomide)	105	SUSP	97	BARACLUDGE TABS (entecavir) ...	45
AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	103	AZELEX	59	BASE GELATIN GUMMY TROCHE .	104
AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	103	AZILECT (rasagiline mesylate) ...	41	BD AUTOSHIELD DUO 30G X 5MM	84
AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	103	azithromycin PACK	81	BD ECLIPSE NEEDLE/LUER-	84
AURYXIA	74	azithromycin SUSR	81	LOK/30G X 1/2"	84
AUSTEDO TABS 12 MG	105	azithromycin TABS 250 MG	81	BD NEEDLE/30G X 1/2"	84
AUSTEDO TABS 6 MG	105	azithromycin TABS 500 MG	81	BD PEN NEEDLE/MICRO/ULTRA-	84
AUSTEDO TABS 9 MG	105	azithromycin TABS 600 MG	81	FINE/32G X 6MM	84
AVALIDE (irbesartan- hydrochlorothiazide)	30	AZOPT (brinzolamide)	102	BD PEN NEEDLE/MINI/ULTRA-	84
AVAPRO (irbesartan)	29	AZULFIDINE EN-TABS TBEC (sulfasalazine)	74	FINE/31G X 5MM	84
AVODART (dutasteride)	75	AZULFIDINE TABS (sulfasalazine)	74	BD PEN NEEDLE/NANO 2ND	84
AVONEX PEN AJKT	105	bacitracin (ophthalmic)	100	GEN/32G X 5/32"	84
AVONEX PSKT	105	bacitracin-polymyxin b (ophth) ...	100	BD PEN NEEDLE/NANO/ULTRA-	84
AYGESTIN TABS (norethindrone acetate)	104	bacitracin-poly-neomycin-hc	100	FINE/32G X 4MM	84
AYVAKIT 100 MG, 200 MG, 300 MG	36	baclofen TABS 10 MG	96	BD PEN	
AYVAKIT 25 MG, 50 MG	36	baclofen TABS 20 MG	96	NEEDLE/ORIGINAL/ULTRA-	84
AZASITE	99	baclofen TABS 5 MG	96	FINE/29G X 12.7MM	84
azathioprine TABS 50 MG	92	BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	32	BD PEN NEEDLE/SHORT/ULTRA-	84
azathioprine TABS 75 MG, 100 MG	92	BACTRIM TABS (sulfamethoxazole- trimethoprim)	32	FINE/31G X 8MM	84
azelaic acid GEL	67	BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	53	BD SAFETYGLIDE INSULIN	84
azelastine hcl (ophth)	102	balsalazide disodium CAPS	74	SYRINGE/0.3ML/31G X 15/64" ...	84
azelastine hcl 0.1 %, 137 MCG/SPRAY	97	BALVERSA	36	BD SAFETYGLIDE INSULIN	84
azelastine hcl 0.15 %, 205.5 MCG/SPRAY	97	BANZEL SUSP (rufinamide)	17	SYRINGE/0.5ML/31G X 15/64" ...	84
azelastine hcl-fluticasone propionate		BANZEL TABS 200 MG (rufinamide) .	17	BD SAFETYGLIDE INSULIN	84
		BANZEL TABS 400 MG (rufinamide) .	17	SYRINGE/1ML/31G X 15/64"	84
				BD VEO INSULIN SYRINGE ULTRA-	84
				FINE/0.3ML/31G X 6MM	84
				BD VEO INSULIN SYRINGE ULTRA-	85
				FINE/0.5ML/31G X 6MM	85
				BD VEO INSULIN SYRINGE ULTRA-	85
				FINE/1/2 UNIT/0.3ML/31G X 6MM	85
				BD VEO INSULIN SYRINGE ULTRA-	85
				FINE/1ML/31G X 6MM	85

BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64" .85	BEPREVE (bepotastine besilate) 102	BETOPTIC-S SUSP 98
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" ...85	BESIVANCE 100	bexarotene (topical) .....62
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.5ML/31G X 15/64" .85	BETADINE OPHTHALMIC PREP 100	bexarotene 40
BELLADONNA/OPIUM 116	betaine .....71	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ....54
BELSOMRA .....79	betamethasone dipropionate (topical) CREA .....64	bicalutamide .....35
benazepril & hydrochlorothiazide .30	betamethasone dipropionate (topical) LOTN .....64	BIDIL (isosorbide dinitrate-hydralazine hcl) 48
benazepril hcl .....28	betamethasone dipropionate (topical) OINT .....64	BIKTARVY 200 MG-50 MG-25 MG 43
BENEFIX KIT 500 UNIT, 1000 UNIT .76	betamethasone dipropionate augmented CREA .....64	BILTRICIDE (praziquantel) .....11
BENICAR 40 MG (olmesartan medoxomil) .....29	betamethasone dipropionate augmented GEL 0.05 %64	bimatoprost SOLN .....102
BENICAR 5 MG, 20 MG (olmesartan medoxomil) .....29	betamethasone dipropionate augmented LOTN .....64	BIO-DTUSS DMX LIQD .....57
BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil-hydrochlorothiazide) 30	betamethasone dipropionate augmented OINT .....64	bisacodyl SUPP .....81
BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil-hydrochlorothiazide) 30	betamethasone valerate CREA ...64	bisacodyl TBEC .....81
BENLYSTA SOAJ .....93	betamethasone valerate FOAM ...64	bisoprolol & hydrochlorothiazide ..30
BENLYSTA SOSY .....93	betamethasone valerate LOTN ...64	bisoprolol fumarate .....46
BENSAL HP OINT .....67	betamethasone valerate OINT ....64	BLEPH-10 SOLN (sulfacetamide sodium (ophth)) .....100
BENZAMYCIN GEL (benzoyl peroxide-erythromycin) .....59	BETAPACE AF (sotalol hcl (afib/af)) .....46	BLEPHAMIDE S.O.P. OINT .....100
BENZNIDAZOLE .....11	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl) .....46	BLEPHAMIDE SUSP .....100
benzonatate 100 MG, 200 MG ....56	BETASERON KIT 105	BONIVA TABS (ibandronate sodium) 70
benzonatate 150 MG .....56	betaxolol hcl (ophth) SOLN .....98	bosentan TABS 125 MG .....49
benzoyl peroxide-erythromycin GEL .59	betaxolol hcl .....46	bosentan TABS 62.5 MG .....49
benztropine mesylate TABS40	bethanechol chloride118	BOSULIF CAPS36
bepotastine besilate102	BETHKIS NEBU (tobramycin)2	BOSULIF TABS37
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		BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI87
		BREATHE COMFORT ANTI-STATIC VALVED HOLDING

CHAMBER/CHILD DEVI	87	budesonide (inhalation) SUSP 0.25 MG/2ML	13	buprenorphine PTWK 5 MCG/HR, 10 MCG/HR	10
BREATHE EASE/LARGE MASK DEVI	87	budesonide (inhalation) SUSP 0.5 MG/2ML	14	bupropion hcl (smoking deterrent) 113	
BREATHE EASE/MEDIUM MASK DEVI	87	budesonide (inhalation) SUSP 1 MG/2ML	14	bupropion hcl TABS	20
BREATHE EASE/SMALL MASK DEVI	87	budesonide (intrarectal)	11	bupropion hcl TB12	20
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI ..	87	budesonide CPEP	55	bupropion hcl TB24 150 MG, 300 MG	20
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	87	budesonide TB24	55	bupropion hcl TB24 450 MG	20
BREZTRI AEROSPHERE	14	budesonide-formoterol fumarate dihydrate	14	buspirone hcl	12
BRILINTA	77	bumetanide TABS 0.5 MG, 1 MG ..	69	butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG	6
brimonidine tartrate (topical)	67	bumetanide TABS 2 MG	69	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG	6
brimonidine tartrate	99	BUMEX TABS 0.5 MG (bumetanide) . 69		butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	6
brimonidine tartrate-timolol maleate . 98		BUPHENYL POWD (sodium phenylbutyrate)	71	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	6
brinzolamide	102	BUPHENYL TABS (sodium phenylbutyrate)	71	butalbital-acetaminophen-caffeine w/ codeine	9
BRIVIACT SOLN OR 10 MG/ML ..	17	buprenorphine hcl SUBL 2 MG	10	butalbital-aspirin-caffeine CAPS	6
BRIVIACT TABS 10 MG	17	buprenorphine hcl SUBL 8 MG	10	butalbital-aspirin-caffeine w/cod	9
BRIVIACT TABS 100 MG	17	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	10	butorphanol tartrate NA 10 MG/ML 10	
BRIVIACT TABS 25 MG, 50 MG, 75 MG	17	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...	10	BYSTOLIC (nebivolol hcl)	46
bromfenac sodium (ophth) 0.07 %, 0.075 %	102	buprenorphine hcl-naloxone hcl dihydrate SUBL	10	CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	43
bromfenac sodium (ophth) 0.09 % 102		buprenorphine PTWK 15 MCG/HR 10		CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	43
bromocriptine mesylate CAPS	40	buprenorphine PTWK 20 MCG/HR 10		cabergoline	72
bromocriptine mesylate TABS 2.5 MG	40	buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR . 10		CABOMETYX TABS 20 MG, 60 MG . 37	
BROMSITE (bromfenac sodium (ophth))	102			CABOMETYX TABS 40 MG	37
BROVANA (arformoterol tartrate) .	14				
BRUKINSA	37				

CEFACTOR ER TB12	50	cephalexin CAPS 750 MG	50	ciclopirox olamine SUSP	61
cefaclor SUSR 125 MG/5ML, 375 MG/5ML	50	cephalexin SUSR	50	ciclopirox SHAM	61
cefadroxil CAPS	50	CEPROTIN	77	ciclopirox SOLN	61
cefadroxil SUSR	50	CERDELGA	78	cilostazol	77
cefadroxil TABS	50	CERVIDIL INST	103	CILOXAN OINT	100
cefdinir CAPS	50	CETRAXAL (ciprofloxacin hcl (otic)) . 103		CIMDUO	43
cefdinir SUSR	50	cevimeline hcl	93	cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML	116
cefixime CAPS	50	CHEMET	24	cimetidine TABS 300 MG, 800 MG 116	
cefixime SUSR	50	CHENODAL	73	cimetidine TABS 400 MG	116
cefpodoxime proxetil SUSR	50	CHLOPHEDIANOL/DEXCHLOPHEN IRAMINE./PSEUDOEPHEDRINE .57		cinacalcet hcl	71
cefpodoxime proxetil TABS	50	chlordiazepoxide hcl CAPS	12	CIPRO HC	103
cefprozil SUSR	50	chlordiazepoxide hcl-clidinium bromide	116	CIPRO SUSR	73
cefprozil TABS	50	chlordiazepoxide-amitriptyline ...	105	CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	73
cefuroxime axetil TABS	50	chloroquine phosphate TABS	33	CIPRODEX (ciprofloxacin- dexamethasone)	103
CELEBREX 400 MG (celecoxib)	4	chlorpromazine hcl TABS	43	ciprofloxacin hcl (ophth) SOLN ...	100
CELEBREX 50 MG, 100 MG, 200 MG (celecoxib)	4	chlorthalidone 25 MG, 50 MG	70	ciprofloxacin hcl (otic)	103
celecoxib 400 MG	4	chlorzoxazone TABS 500 MG	97	ciprofloxacin hcl TABS	73
celecoxib 50 MG, 100 MG, 200 MG	5	cholestyramine light PACK	27	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	73
CELEXA TABS (citalopram hydrobromide)	20	cholestyramine light POWD	27	ciprofloxacin-dexamethasone	103
CELLCEPT CAPS (mycophenolate mofetil)	92	cholestyramine PACK	27	ciprofloxacin-fluocinolone acetone . 103	
CELLCEPT SUSR (mycophenolate mofetil)	92	cholestyramine POWD	27	citalopram hydrobromide SOLN ...	20
CELLCEPT TABS (mycophenolate mofetil)	92	choline fenofibrate 135 MG	27	citalopram hydrobromide TABS ...	20
CELONTIN (methsuximide)	19	choline fenofibrate 45 MG	27	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	95
CENTANY OINT	60	CIALIS 2.5 MG (tadalafil)	48		
cephalexin CAPS 250 MG, 500 MG 50		CIALIS 5 MG, 10 MG, 20 MG (tadalafil)	48		
		ciclopirox GEL	61		
		ciclopirox olamine CREA	61		

CITRANATAL ASSURE	95	CHAMBER/MEDIUM/3 YEA DEVI .87	clobetasol propionate CREA 0.05 % . 65
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 95		CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI 87	clobetasol propionate emollient base 0.05 % 65
CITRANATAL BLOOM	95	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI .87	clobetasol propionate emulsion . . . 65
CITRANATAL BLOOM DHA	95	CLIMARA PRO	72
CITRANATAL ESSENCE	95	CLIMARA PTWK (estradiol)	73
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	95	CLINDAGEL GEL (clindamycin phosphate (topical))	59
CITRANATAL MEDLEY	95	clindamycin hcl	32
CLARINEX TABS (desloratadine) . 26		clindamycin palmitate hydrochloride . 32	
clarithromycin SUSR	81	clindamycin phosphate (topical) FOAM	59
clarithromycin TABS	81	clindamycin phosphate (topical) GEL . 59	
clarithromycin TB24	81	clindamycin phosphate (topical) LOTN	59
clemastine fumarate SYRP	26	clindamycin phosphate (topical) SOLN	59
clemastine fumarate TABS 2.68 MG . 26		clindamycin phosphate (topical) SWAB	59
CLEOCIN (clindamycin hcl)	32	clindamycin phosphate vaginal CREA	118
CLEOCIN CREA (clindamycin phosphate vaginal)	118	clindamycin phosphate-benzoyl peroxide (refrigerate)	59
CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride)	32	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	59
CLEOCIN SUPP	118	clindamycin phosphate-tretinoin . . 59	
CLEOCIN-T LOTN (clindamycin phosphate (topical))	59	CLINDESSE	118
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI .87		clobazam SUSP	16
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	87	clobazam TABS 10 MG	16
CLEVER CHOICE ANTI-STATICVALVED HOLDING		clobazam TABS 20 MG	16

CREA	61	timolol maleate)	98	65
clotrimazole w/ betamethasone LOTN	61	COMBIPATCH PTTW	72	CORDRAN OINT
clozapine TABS	42	COMBIVENT RESPIMAT AERS ..	14	CORDRAN TAPE
clozapine TBDP 12.5 MG, 25 MG, 100 MG	42	COMBIVIR (lamivudine-zidovudine) .	43	COREG 3.125 MG (carvedilol)
CLOZARIL TABS (clozapine)	42	COMETRIQ KIT	37	COREG 6.25 MG, 12.5 MG, 25 MG (carvedilol)
C-NATE DHA CAPS	95	COMPACT SPACE		COREG CR (carvedilol phosphate)
CO MONITOR DEVI	87	CHAMBER/ANTI-STATIC DEVI ...	87	46
COAGADEX	76	COMPACT SPACE		CORGARD TABS 20 MG, 40 MG, 80 MG (nadolol)
COARTEM	33	CHAMBER/ANTI-STATIC/LARGE MASK DEVI	87	CORIFACT
codeine sulfate TABS	8	COMPACT SPACE		CORLANOR SOLN
CODITUSSIN AC LIQD	57	CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	87	CORLANOR TABS
COLAZAL CAPS (balsalazide disodium)	74	COMPACT SPACE		CORTEF TABS (hydrocortisone) ..
colchicine CAPS	76	CHAMBER/ANTI-STATIC/SMALL MASK DEVI	87	CORTENEMA (hydrocortisone (intrarectal))
colchicine TABS	76	COMPLERA	43	CORTIFOAM EX 10 %
colchicine w/ probenecid	76	COMPLETENATE CHEW	95	CORTISPORIN-TC
COLCRYS TABS (colchicine)	76	COMTAN (entacapone)	40	COSENTYX SENSOREADY PEN SOAJ
colesevelam hcl PACK	27	CONCEPT DHA	95	COSENTYX SOSY 150 MG/ML ...
colesevelam hcl TABS	27	CONCEPT OB	95	COSENTYX SOSY 75 MG/0.5ML .
COLESTID FLAVORED GRAN (colestipol hcl)	27	CONDOMS	82	COSENTYX UNOREADY SOAJ ..
COLESTID FLAVORED PACK (colestipol hcl)	27	CONDYLOX GEL (podofilox)	67	62
COLESTID GRAN (colestipol hcl) .	27	CONTRAVE	1	COSOPT (dorzolamide hcl-timolol maleate)
COLESTID PACK (colestipol hcl) .	27	CONZIP CP24 (tramadol hcl)	8	99
COLESTID TABS (colestipol hcl) ..	27	COPAXONE SOSY 20 MG/ML (glatiramer acetate)	105	COSOPT PF (dorzolamide hcl- timolol maleate)
colestipol hcl GRAN	27	COPAXONE SOSY 40 MG/ML (glatiramer acetate)	105	99
colestipol hcl PACK	27	COPIKTRA	37	COTELLIC
colestipol hcl TABS	27	CORDRAN CREA (flurandrenolide)		COVID VACCINES
COMBIGAN (brimonidine tartrate-		65		118
Index 21		CORDRAN LOTN (flurandrenolide)		COVID-19 AT HOME TEST KITS .
				68
				COZAAR (losartan potassium)
				29
				CREON CPEP
				69

CRESEMBA CAPS 186 MG	26	CYSTADANE (betaine)	71	deferiprone TABS 500 MG	24
CRESTOR TABS (rosuvastatin calcium)	28	CYSTAGON CAPS	75	deflazacort TABS	55
CRINONE GEL 8 %	119	CYSTARAN	102	DELESTROGEN (estradiol valerate) 73	
cromolyn sodium (ophth)	102	CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium)	115	DELSTRIGO	43
cromolyn sodium NEBU	13	CYTOMEL TABS 5 MCG (liothyronine sodium)	115	DELZICOL CPDR (mesalamine) ..	74
CUPRIMINE CAPS (penicillamine) 92		CYTOTEC (misoprostol)	117	demeclocycline hcl TABS	114
CUTIVATE LOTN (fluticasone propionate)	65	D.H.E. 45 SOLN IJ (dihydroergotamine mesylate)	89	DEMSEER (metyrosine)	29
CUVPOSA SOLN OR (glycopyrrolate)	116	dalfampridine	105	DEPAKOTE ER TB24 (divalproex sodium)	20
CVS WOMENS PRENATAL+DHA MISC	95	DALIRESP (roflumilast)	13	DEPAKOTE SPRINKLES CSDR (divalproex sodium)	20
cyclobenzaprine hcl TABS 5 MG, 10 MG	97	danazol CAPS	11	DEPAKOTE TBEC (divalproex sodium)	20
CYCLOGYL (cyclopentolate hcl) ..	99	DANTRIUM CAPS 25 MG (dantrolene sodium)	97	DEPEN TITRATABS TABS (penicillamine)	92
CYCLOGYL	99	dantrolene sodium CAPS	97	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	55
CYCLOMYDRIL	99	dapsone (topical) 5 %	59	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)	65
cyclopentolate hcl	99	dapsone (topical) 7.5 %	59	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	65
cyclophosphamide CAPS	33	dapsone 100 MG	32	DERMOTIC (fluocinolone acetonide (otic))	103
CYCLOPHOSPHAMIDE TABS	33	dapsone 25 MG	32	DESCOVY 200 MG-25 MG	43
cycloserine	33	darifenacin hydrobromide	117	desipramine hcl TABS	22
cyclosporine (ophth) EMUL	100	darunavir TABS	43	desloratadine TABS	26
cyclosporine CAPS	92	DAURISMO	35	desloratadine TBDP 2.5 MG	26
cyclosporine modified (for microemulsion) CAPS	92	DAYPRO TABS (oxaprozin)	5	desloratadine TBDP 5 MG	26
cyclosporine modified (for microemulsion) SOLN	92	DAYTRANA PTCH (methylphenidate)	2	DESMOPRESSIN ACETATE SOLN NA	72
CYMBALTA CPEP (duloxetine hcl) 21		DDAVP TABS 0.1 MG (desmopressin acetate)	72	desmopressin acetate spray	72
cyproheptadine hcl SYRP	26	DDAVP TABS 0.2 MG (desmopressin acetate)	72		
cyproheptadine hcl TABS	26	deferasirox PACK	24		
		deferasirox TABS	24		

desmopressin acetate spray refrigerated	DEXEDRINE CP24 (dextroamphetamine sulfate)	diclofenac sodium (topical) SOLN EX 1.5 %
72	1	62
desmopressin acetate TABS 0.1 MG 72	dexmethylphenidate hcl CP24	diclofenac sodium TB24
	2	5
desmopressin acetate TABS 0.2 MG 72	dexmethylphenidate hcl TABS	diclofenac sodium TBEC
	2	5
desogestrel & ethinyl estradiol	dextroamphetamine sulfate CP24 ...	diclofenac w/ misoprostol TBEC
54	1	5
desogestrel-ethinyl estradiol (biphasic)	dextroamphetamine sulfate SOLN ..	dicloxacillin sodium
54	1	104
desonide CREA	dextroamphetamine sulfate TABS 5 MG, 10 MG	dicyclomine hcl CAPS
65	1	116
desonide GEL	DHIVY TABS	dicyclomine hcl SOLN OR
65	40	116
desonide LOTN	DIACOMIT CAPS 250 MG	dicyclomine hcl TABS
65	17	116
desonide OINT	DIACOMIT CAPS 500 MG	DIFFERIN CREA (adapalene)
65	17	59
DESOWEN CREA (desonide)	DIACOMIT PACK 250 MG	DIFFERIN GEL 0.1 % (adapalene) 59
65	17	
desoximetasone CREA	DIACOMIT PACK 500 MG	DIFFERIN GEL 0.3 % (adapalene) 59
65	17	
desoximetasone GEL	DIASTAT ACUDIAL GEL (diazepam (anticonvulsant))	DIFFERIN LOTN
65	16	59
desoximetasone LIQD	DIASTAT PEDIATRIC GEL (diazepam (anticonvulsant))	DIFICID TABS
65	16	82
desoximetasone OINT 0.05 %	diazepam (anticonvulsant) GEL ...	diflorasone diacetate CREA
65	16	65
desoximetasone OINT 0.25 %	diazepam CONC	diflorasone diacetate OINT
65	12	65
DESOPYN (methamphetamine hcl) . 1	diazepam SOLN OR 5 MG/5ML ...	DIFLUCAN SUSR (fluconazole) ...
	12	26
desvenlafaxine succinate	diazepam TABS 10 MG	DIFLUCAN TABS (fluconazole) ...
21	12	26
DETROL LA CP24 (tolterodine tartrate)	diazepam TABS 2 MG, 5 MG	diflunisal TABS
117	12	7
DETROL TABS (tolterodine tartrate) . 117	diazoxide	difluprednate
	22	100
dexamethasone ELIX	DIBENZYLINE (phenoxybenzamine hcl)	digoxin SOLN OR 0.05 MG/ML ...
55	29	48
DEXAMETHASONE INTENSOL CONC	DICLEGIS TBEC (doxylamine-pyridoxine)	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG
55	25	48
dexamethasone sodium phosphate (ophth)	diclofenac potassium TABS 50 MG .	dihydroergotamine mesylate SOLN IJ 1 MG/ML
100	5	89
dexamethasone SOLN	diclofenac sodium (actinic keratoses) EX	dihydroergotamine mesylate SOLN NA 4 MG/ML
55	62	89
dexamethasone TABS	diclofenac sodium (ophth)	DILANTIN (phenytoin sodium extended)
55	102	19
	diclofenac sodium (topical) GEL EX 62	DILANTIN 30 MG
		19

DILANTIN INFATABS CHEW (phenytoin)	19	DITROPAN XL TB24 5 MG, 10 MG (oxybutynin chloride)	118	150 MG	114
DILANTIN-125 SUSP (phenytoin) .	19	DIURIL SUSP	70	doxycycline (monohydrate) TABS 50 MG, 75 MG	114
DILAUDID LIQD (hydromorphone hcl)	8	divalproex sodium CSDR	20	doxycycline (rosacea)	67
DILAUDID TABS (hydromorphone hcl)	8	divalproex sodium TB24	20	doxycycline hyclate CAPS	114
diltiazem hcl coated beads CP24 ..	47	divalproex sodium TBEC	20	doxycycline hyclate TABS 100 MG 114	
diltiazem hcl CP12	47	DIVIGEL GEL (estradiol)	73	doxycycline hyclate TABS 20 MG, 75 MG, 150 MG	114
diltiazem hcl CP24	47	dofetilide	13	doxylamine-pyridoxine TBEC	25
diltiazem hcl extended release beads	47	DOJOLVI	98	DRISDOL CAPS (ergocalciferol) .	119
diltiazem hcl TABS	47	donepezil hydrochloride TABS ...	104	dronabinol CAPS 10 MG	25
diltiazem hcl TB24	47	donepezil hydrochloride TBDP ...	104	dronabinol CAPS 2.5 MG	25
dimethyl fumarate CDPK	105	DORAL (quazepam)	79	dronabinol CAPS 5 MG	25
dimethyl fumarate CPDR	105	dorzolamide hcl	102	DROPLET INSULIN SYRINGE U- 100/0.3ML/31G X 15/64"	85
DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (valsartan- hydrochlorothiazide)	30	DORZOLAMIDE HCL	102	DROPLET INSULIN SYRINGE U- 100/1ML/31G X 15/64"	85
DIOVAN HCT 25 MG-160 MG (valsartan-hydrochlorothiazide)	30	DORZOLAMIDE HCL/TIMOLOL MALEATE	99	DROPLET INSULIN SYRINGE/U- 100/0.3ML/31G X 15/64"	85
DIOVAN HCT 25 MG-160 MG (valsartan-hydrochlorothiazide)	30	dorzolamide hcl-timolol maleate ..	99	DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 15/64"	85
DIOVAN TABS 160 MG (valsartan) 29		DOVATO	43	DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 15/64"	85
DIOVAN TABS 40 MG, 80 MG, 320 MG (valsartan)	29	DOVONEX CREA (calcipotriene) .	63	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	85
DIPENTUM	74	doxazosin mesylate	29	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	85
diphenoxylate w/ atropine LIQD ...	24	doxepin hcl CAPS	22	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	85
diphenoxylate w/ atropine TABS ..	24	doxepin hcl CONC	22	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	85
DIPROLENE OINT (betamethasone dipropionate augmented)	65	doxercalciferol CAPS	71	drospirenone-ethinyl estradiol	54
dipyridamole	77	doxycycline (monohydrate) CAPS 150 MG	114	drospirenone-ethinyl estradiol-	
disopyramide phosphate CAPS ...	12	doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG	114		
disulfiram	104	doxycycline (monohydrate) SUSR 114			
		doxycycline (monohydrate) TABS 100 MG	114		
		doxycycline (monohydrate) TABS			

levomefolate calcium	54	EASIVENT MISC	88	efavirenz TABS	43
DROXIA CAPS	78	EASIVENT/MASK-LARGE MISC ..	87	efavirenz-emtricitabine-tenofovir disoproxil fumarate	43
droxidopa	119	EASIVENT/MASK-MEDIUM MISC	87	efavirenz-lamivudine-tenofovir disoproxil fumarate	43
DRYSOL SOLN	67	EASIVENT/MASK-SMALL MISC ..	88	EFFER-K	91
DUAVEE	72	EASY FLOW BLACK/BLUE DEVI ..	88	EFFEXOR XR CP24 150 MG (venlafaxine hcl)	21
DUET DHA 400 MISC	95	EASY FLOW BLACK/ORANGE DEVI	88	EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl)	21
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	95	EASY FLOW BLACK/RED DEVI ..	88	EFFIENT (prasugrel hcl)	77
DUETACT (pioglitazone hcl- glimepiride)	22	EASY FLOW BLACK/WHITE DEVI 88		EFUDEX CREA (fluorouracil (topical))	62
DULCOLAX PINK LAXATIVE TBEC (bisacodyl)	81	EASY FLOW BLACK/YELLOW DEVI	88	EGRIFTA 2 MG	70
DULCOLAX SUPP (bisacodyl)	81	EASY FLOW WHITE/BLUE DEVI ..	88	EGRIFTA SV	70
DULCOLAX TBEC (bisacodyl)	81	EASY FLOW WHITE/GREEN DEVI 88		ELESTRIN GEL	73
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	21	EASY FLOW WHITE/PINK DEVI ..	88	eletriptan hydrobromide	89
DUOPA SUSP	41	EASY FLOW WHITE/WHITE DEVI 88		ELIDEL (pimecrolimus)	67
DUPIXENT SOPN 300 MG/2ML ..	67	EASY FLOW WHITE/YELLOW DEVI 88		ELIGARD SC	35
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	67	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	85	ELIQUIS STARTER PACK TBPK .	15
DUREX EXTRA SENSITIVE THIN DEVI	82	EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	85	ELIQUIS TABS	15
DUREZOL (difluprednate)	100	econazole nitrate CREA	61	ELLA	55
dutasteride	75	ECOZA FOAM	61	ELMIRON CAPS	75
dutasteride-tamsulosin hcl	76	ED BRON GP LIQD	57	ELOCTATE 250 UNIT, 500 UNIT, 750 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	77
DYMISTA SUSP (azelastine hcl- fluticasone propionate)	97	EDARBI 40 MG	29	ELOCTATE 4000 UNIT, 5000 UNIT, 6000 UNIT	77
DYRENIUM CAPS (triamterene) ..	70	EDARBI 80 MG	29	EMCYT	35
E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	81	EDARBYCLOR	30	EMEND CAPS 80 MG (aprepitant)	25
		EDECRIN (ethacrynic acid)	69	EMEND SUSR	25
		EDURANT	43	EMEND TRIPACK CAPS (aprepitant)	25
		efavirenz CAPS	43		

EMFLAZA SUSP	55	enoxaparin sodium SOSY 60 MG/0.6ML	15	EQ SPACE CHAMBER ANTI- STATIC/LARGE MASK DEVI	88
EMFLAZA TABS (deflazacort)	55	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	15	EQ SPACE CHAMBER ANTI- STATIC/MEDIUM MASK DEVI ...	88
EMGALITY SOAJ	89	entacapone	40	EQ SPACE CHAMBER ANTI- STATIC/SMALL MASK DEVI	88
EMGALITY SOSY 120 MG/ML	89	entecavir TABS	45	EQUETRO	41
EMSAM	20	ENTEREG (alvimopan)	74	ergocalciferol CAPS	119
emtricitabine CAPS	43	ENTRESTO	48	ergoloid mesylates TABS	106
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	43	EPCLUSA PACK	45	ERGOMAR SUBL	89
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	43	EPCLUSA TABS 100 MG-400 MG	45	ergotamine w/ caffeine TABS	89
EMTRIVA CAPS (emtricitabine) ...	44	EPCLUSA TABS 50 MG-200 MG .	45	ERIVEDGE	35
EMTRIVA SOLN	44	EPIDIOLEX	17	ERLEADA 240 MG	35
enalapril maleate & hydrochlorothiazide	30	EPIDUO FORTE GEL (adapalene- benzoyl peroxide)	59	ERLEADA 60 MG	35
enalapril maleate TABS	28	EPIDUO GEL (adapalene-benzoyl peroxide)	59	erlotinib hcl	35
ENBRACE HR	95	EPIFOAM FOAM	65	ERTACZO	61
ENBREL MINI SOCT	6	epinastine hcl (ophth)	102	ERYGEL GEL (erythromycin (acne aid))	59
ENBREL SOLN	6	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	119	ERYPED 200 SUSR (erythromycin ethylsuccinate)	81
ENBREL SOLR	6	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	119	ERYPED 400 SUSR (erythromycin ethylsuccinate)	81
ENBREL SOSY 25 MG/0.5ML	6	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	119	erythromycin (acne aid) GEL	60
ENBREL SOSY 50 MG/ML	6	EPIVIR HBV TABS (lamivudine (hcv))	45	erythromycin (acne aid) SOLN	60
ENBREL SURECLICK SOAJ	6	EPIVIR SOLN (lamivudine)	44	erythromycin (ophth)	100
ENCARE SUPP 100 MG	118	EPIVIR TABS (lamivudine)	44	ERYTHROMYCIN	100
ENDOMETRIN INST	119	eplerenone	31	erythromycin base CPEP	81
enoxaparin sodium SOLN IJ 300 MG/3ML	15	EPZICOM (abacavir sulfate- lamivudine)	44	erythromycin base TABS	81
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	15	EQ SPACE CHAMBER ANTI- STATIC DEVI	88	erythromycin base TBEC	82
enoxaparin sodium SOSY 30 MG/0.3ML	15			erythromycin ethylsuccinate SUSR 82	
enoxaparin sodium SOSY 40 MG/0.4ML	15			ESBRIET CAPS (pirfenidone)	114

ESBRIET TABS (pirfenidone)	114	etonogestrel-ethinyl estradiol	55	ezetimibe-simvastatin	27
escitalopram oxalate SOLN	20	etoposide CAPS	40	FABHALTA	77
escitalopram oxalate TABS 10 MG, 20 MG	20	etravirine	44	FABIOR FOAM	60
escitalopram oxalate TABS 5 MG . 20		EUCRISA	67	famciclovir	45
ESGIC TABS (butalbital- acetaminophen-caffeine)	6	EULEXIN	35	famotidine SUSR	116
estazolam	79	EVAMIST SOLN	73	famotidine TABS 40 MG	116
ESTRACE CREA (estradiol vaginal) .	118	everolimus (immunosuppressant) .92		FANTASY LUBRICATED MISC	82
ESTRACE TABS (estradiol)	73	everolimus TABS	37	FANTASY LUBRICATED/SPERMICIDE MISC	82
estradiol & norethindrone acetate TABS	72	everolimus TBSO	37	FARESTON (toremifene citrate)	35
estradiol GEL	73	EVISTA (raloxifene hcl)	71	FARXIGA	24
estradiol PTTW	73	EVOCLIN FOAM (clindamycin phosphate (topical))	60	FARYDAK	37
estradiol PTWK	73	EVOTAZ	44	FASENRA PEN SOAJ	13
estradiol TABS	73	EVOXAC (cevimeline hcl)	93	FC2 FEMALE CONDOM	82
estradiol vaginal CREA	118	EVRYSDI	98	febuxostat 40 MG	76
estradiol vaginal TABS	118	EXELDERM CREA (sulconazole nitrate)	61	febuxostat 80 MG	76
estradiol valerate	73	EXELDERM SOLN	61	FEIBA	77
ESTRING RING	118	EXELON (rivastigmine)	104	felbamate SUSP	19
ESTROGEL GEL	73	exemestane	35	felbamate TABS	19
eszopiclone	79	EXFORGE 10 MG-160 MG (amlodipine besylate-valsartan)	30	FELBATOL SUSP (felbamate)	19
ethacrynic acid	69	EXFORGE 10 MG-320 MG, 5 MG- 160 MG, 5 MG-320 MG (amlodipine besylate-valsartan)	30	FELBATOL TABS (felbamate)	19
ethambutol hcl TABS	33	EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide)	30	FELDENE CAPS 10 MG (piroxicam) .	5
ethosuximide CAPS	19	EXODERM	61	FELDENE CAPS 20 MG (piroxicam) .	5
ethosuximide SOLN	20	EXTINA FOAM (ketoconazole (topical))	61	felodipine 10 MG	47
ethynodiol diacet & eth estrad	54	ezetimibe	28	felodipine 2.5 MG, 5 MG	47
etodolac CAPS	5	EZETIMIBE/ATORVASTATIN	27	FEMARA (letrozole)	35
etodolac TABS	5			FEMCAP DEVI	82
etodolac TB24	5			FEMHRT (norethindrone acetate- ethinyl estradiol)	72

FEMRING	118	MG	21	FLORIVA PLUS SOLN	94
fenofibrate CAPS	27	FETZIMA TITRATION PACK C4PK	21	fluconazole SUSR	26
fenofibrate micronized 130 MG, 200 MG	27	FIBRICOR (fenofibric acid)	27	fluconazole TABS	26
fenofibrate micronized 30 MG, 90 MG	27	FIBRYGA	77	flucytosine	25
fenofibrate micronized 43 MG, 67 MG, 134 MG	27	FINACEA FOAM	67	fludrocortisone acetate TABS	56
fenofibrate TABS 145 MG, 160 MG	27	FINACEA GEL (azelaic acid)	68	FLUMIST QUADRIVALENT	118
fenofibrate TABS 48 MG	27	finasteride	76	fluocinolone acetonide (otic)	103
fenofibrate TABS 54 MG	27	fingolimod hcl	105	fluocinolone acetonide CREA	65
FENOFIBRATE TABS	27	FIORICET CAPS (butalbital-acetaminophen-caffeine)	6	fluocinolone acetonide OIL	65
fenopropfen calcium CAPS 200 MG	5	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine)	9	fluocinolone acetonide OINT	65
FENOPROFEN CALCIUM CAPS 200 MG	5	FIRAZYR SOSY (icatibant acetate)	77	fluocinolone acetonide SOLN	65
fenopropfen calcium CAPS 400 MG	5	FIRDAPSE	33	fluocinonide CREA	65
fenopropfen calcium TABS	5	FIRVANQ SOLR OR (vancomycin hcl)	32	fluocinonide emulsified base	65
FENSOLVI SC	71	FLAGYL CAPS (metronidazole)	31	fluocinonide GEL	65
fentanyl citrate LPOP 1600 MCG	8	FLAREX	100	fluocinonide OINT	65
fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	8	flavoxate hcl	118	fluocinonide SOLN	65
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	8	flecainide acetate	13	fluorometholone (ophth) SUSP	100
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	8	FLEXICHAMBER DEVI	88	fluorouracil (topical) CREA 5 %	62
FERRIPROX SOLN	24	FLOMAX (tamsulosin hcl)	76	fluorouracil (topical) SOLN	62
FERRIPROX TABS 500 MG (deferiprone)	24	FLONASE ALLERGY RELIEF CHILDRENS SUSP (fluticasone propionate (nasal))	98	fluoxetine hcl (pmdd) TABS	106
fesoterodine fumarate	118	FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal))	98	fluoxetine hcl CAPS 10 MG, 20 MG	20
FETZIMA CP24 20 MG	21	FLORIVA	91	fluoxetine hcl CAPS 40 MG	20
FETZIMA CP24 40 MG, 80 MG, 120		FLORIVA	94	fluoxetine hcl CPDR	20
				fluoxetine hcl CPDR	20
				fluoxetine hcl SOLN	20
				fluoxetine hcl TABS 10 MG	20
				fluoxetine hcl TABS 20 MG	21
				fluoxetine hcl TABS 60 MG	20
				FLUOXETINE HYDROCHLORIDE TABS (fluoxetine hcl)	21
				fluphenazine hcl CONC	43

fluphenazine hcl ELIX	43	fluvoxamine maleate CP24 100 MG 21	fosinopril sodium & hydrochlorothiazide	30
fluphenazine hcl TABS	43	fluvoxamine maleate CP24 150 MG 21	fosinopril sodium	28
flurandrenolide CREA	65	fluvoxamine maleate TABS 100 MG . 21	FOSRENOL CHEW 1000 MG (lanthanum carbonate)	74
flurandrenolide LOTN	65	fluvoxamine maleate TABS 25 MG, 50 MG	FOSRENOL CHEW 500 MG (lanthanum carbonate)	74
flurazepam hcl 15 MG	79	FML FORTE SUSP	FOSRENOL CHEW 750 MG (lanthanum carbonate)	75
flurazepam hcl 30 MG	79	FML LIQUIFILM SUSP (fluorometholone (ophth))	FOSRENOL PACK	75
flurbiprofen sodium	102	FML OINT	FRAGMIN SOLN 95000 UNIT/3.8ML 16	
flurbiprofen TABS	5	FOCALIN TABS (dexmethylphenidate hcl)	FRAGMIN SOSY 10000 UNIT/ML .16	
flutamide	35	FOCALIN XR CP24 (dexmethylphenidate hcl)	FRAGMIN SOSY 12500 UNIT/0.5ML, 15000 UNIT/0.6ML	16
fluticasone furoate-vilanterol	14	foliac acid TABS 1 MG	FRAGMIN SOSY 18000 UNT/0.72ML	16
fluticasone propionate (inhalation) AEPB 100 MCG/ACT	14	foliac acid TABS 400 MCG, 800 MCG . 78	FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	16
fluticasone propionate (inhalation) AEPB 250 MCG/ACT	14	FOLIVANE-OB	FRAGMIN SOSY 7500 UNIT/0.3ML 16	
fluticasone propionate (inhalation) AEPB 50 MCG/ACT	14	fondaparinux sodium 10 MG/0.8ML 15	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	68
fluticasone propionate (nasal) SUSP . 98		fondaparinux sodium 2.5 MG/0.5ML, 7.5 MG/0.6ML	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	84
fluticasone propionate CREA 0.05 % 66		fondaparinux sodium 5 MG/0.4ML .16	FREESTYLE LITE TEST STRIPS STRP	68
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	14	FORFIVO XL TB24 (bupropion hcl) 20	FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	84
fluticasone propionate hfa 44 MCG/ACT	14	formoterol fumarate NEBU	FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	68
fluticasone propionate LOTN	66	FORTESTA GEL TD (testosterone) 11	FREESTYLE TEST STRIPS STRP 68	
fluticasone propionate OINT	66	FOSAMAX TABS 70 MG (alendronate sodium)		
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	14	fosamprenavir calcium TABS		
fluticasone-salmeterol AERO	14	fosfomycin tromethamine		
fluvastatin sodium CAPS	28			
fluvastatin sodium TB24	28			

FROVA (frovatriptan succinate) ...89	gentamicin sulfate (topical) CREA .61	glyburide micronized 1.5 MG, 3 MG, 6 MG 24
frovatriptan succinate 89	gentamicin sulfate (topical) OINT .61	glyburide TABS 24
furosemide SOLN OR 10 MG/ML .69	GENVOYA 44	glyburide-metformin .....22
furosemide SOLN OR 40 MG/5ML 69	GEODON 20 MG, 40 MG (ziprasidone hcl) 41	GLYCATE TABS .....116
furosemide TABS 69	GEODON 60 MG, 80 MG (ziprasidone hcl) 41	glycopyrrolate SOLN OR 1 MG/5ML . 116
FUZEON SOLR .....44	GILENYA (fingolimod hcl) .....105	glycopyrrolate TABS 1 MG, 2 MG 116
FYCOMPA SUSP .....16	GILENYA 0.5 MG .....105	GLYCOPYRROLATE TABS .....116
FYCOMPA TABS 2 MG .....16	GILOTRIF 35	GLYNASE (glyburide micronized) 24
FYCOMPA TABS 4 MG .....16	GILTUSS COUGH & COLD TABS 57	GLYXAMBI 22
FYCOMPA TABS 6 MG .....16	GILTUSS SINUS & CONGESTION TABS .....57	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ... 79
FYCOMPA TABS 8 MG, 10 MG, 12 MG 16	glatiramer acetate SOSY 20 MG/ML . 105	granisetron hcl TABS 25
gabapentin CAPS .....17	glatiramer acetate SOSY 40 MG/ML . 105	griseofulvin microsize SUSP .....25
gabapentin SOLN .....17	GLENMAX PEB LIQD .....57	griseofulvin microsize TABS .....25
gabapentin TABS 600 MG, 800 MG 17	GLEOSTINE 10 MG, 40 MG, 100 MG .....33	griseofulvin ultramicrosize 25
GABITRIL (tiagabine hcl) .....19	glimepiride .....24	guaifenesin TABS 400 MG 58
GALAFOLD .....71	glipizide TABS 24	guaifenesin-codeine SOLN 57
galantamine hydrobromide CP24 104	glipizide TB24 .....24	guanfacine hcl (adhd) .....1
galantamine hydrobromide SOLN 104	glipizide-metformin hcl 22	guanfacine hcl .....29
galantamine hydrobromide TABS 104	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ...85	GUM BASE GELATIN 104
GALZIN .....92	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...85	GYNAZOLE-1 .....118
gatifloxacin (ophth) .....100	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" .....85	HADLIMA PUSHTOUCH SOAJ ....3
GATTEX .....75	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR 22	HADLIMA SOSY 3
gefitinib .....35	GLUCOTROL XL TB24 (glipizide) .24	HAEGARDA SOLR SC 77
GELFILM OP .....101		HALCION 0.25 MG (triazolam) 79
gemfibrozil TABS .....27		halobetasol propionate CREA .....66
GENERESS FE (norethindrone & ethinyl estradiol-fe) .....54		halobetasol propionate OINT .....66
gentamicin sulfate (ophth) SOLN .100		haloperidol lactate CONC 42

haloperidol TABS	42	HUMIRA PEN PNKT 80 MG/0.8ML	4	chlorpheniramine polistirex SUER	.57
HELIDAC THERAPY	117	HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	3	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	9
HEMANGEOL SOLN OR	46	HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	3	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	9
HEMOFIL M SOLR 1501 -2000 UNIT, 1700 UNIT	77	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	3	hydrocodone-acetaminophen TABS 300 MG-7.5 MG	9
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT	77	HUMIRA PEN-PS/UV STARTER PNKT	4	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	9
HEPSERA (adefovir dipivoxil)	45	HUMIRA PSKT 40 MG/0.8ML	4	hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG	9
HIPREX (methenamine hippurate) 32		HUMIRA PSKT	4	hydrocodone-ibuprofen 10 MG-200 MG	9
HUMALOG JUNIOR KWIKPEN SOPN	23	HUMULIN 70/30 KWIKPEN SUPN	23	hydrocortisone (intrarectal)	11
HUMALOG KWIKPEN SOPN 100 UNIT/ML	23	HUMULIN 70/30 SUSP	23	hydrocortisone (rectal) EX 2.5 % ..	11
HUMALOG KWIKPEN SOPN 200 UNIT/ML	23	HUMULIN N KWIKPEN SUPN	23	hydrocortisone (topical) CREA 2.5 % 66	
HUMALOG MIX 50/50 KWIKPEN SUPN	23	HUMULIN N SUSP	23	hydrocortisone (topical) LOTN 2.5 % . 66	
HUMALOG MIX 50/50 SUSP	23	HUMULIN R SOLN IJ	23	hydrocortisone (topical) OINT 2.5 % . 66	
HUMALOG MIX 75/25 KWIKPEN SUPN	23	HUMULIN R U-500 (CONCENTRATED) SOLN SC	23	hydrocortisone butyrate CREA	66
HUMALOG MIX 75/25 SUSP	23	HUMULIN R U-500 KWIKPEN SOPN SC	23	hydrocortisone butyrate hydrophilic lipo base	66
HUMALOG SOCT	23	HYCAMTIN CAPS	40	hydrocortisone butyrate LOTN	66
HUMALOG SOLN IJ	23	HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	56	hydrocortisone butyrate OINT	66
HUMATE-P SOLR	77	hydralazine hcl TABS	31	hydrocortisone butyrate SOLN	66
HUMATIN	2	HYDREA (hydroxyurea)	40	hydrocortisone TABS	55
HUMATROPE CART IJ	70	hydrochlorothiazide CAPS	70	hydrocortisone valerate CREA	66
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	3	hydrochlorothiazide TABS	70	hydrocortisone valerate OINT	66
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT ..	3	hydrocodone bitartrate CP12	8	hydrocortisone w/acetic acid	103
HUMIRA PEN PNKT 40 MG/0.4ML	4	hydrocodone bitartrate T24A	8		
HUMIRA PEN PNKT 40 MG/0.8ML	4	hydrocodone bitartrate-homatropine methylbromide SOLN	56		
		hydrocodone polistirex-			

HYDROCORTISONE/ACETIC ACID (hydrocortisone w/ acetic acid)	103	icatibant acetate SOLN	77	IMODIUM A-D CAPS (loperamide hcl)	24
hydromorphone hcl LIQD	8	icatibant acetate SOSY	77	IMPAVIDO	31
hydromorphone hcl TABS	8	ICLUSIG 10 MG, 30 MG	37	IMURAN TABS (azathioprine)	92
hydromorphone hcl TB24 32 MG ...	8	ICLUSIG 15 MG, 45 MG	37	INBRIJA CAPS	41
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	8	icosapent ethyl	27	IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	88
hydroxychloroquine sulfate 200 MG 33		IDELVION	77	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	88
hydroxyurea	40	IDHIFA	37	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	88
hydroxyzine hcl SYRP	12	ILEVRO	102	INCRELEX	71
hydroxyzine hcl TABS	12	imatinib mesylate 100 MG	37	INCRUSE ELLIPTA	13
hydroxyzine pamoate CAPS	12	imatinib mesylate 400 MG	37	indapamide TABS 1.25 MG, 2.5 MG .	70
hyoscyamine sulfate SUBL 0.125 MG	116	IMBRUVICA CAPS	37	INDERAL LA CP24 (propranolol hcl) .	46
hyoscyamine sulfate TABS 0.125 MG	116	IMBRUVICA TABS	37	INDERAL XL	46
hyoscyamine sulfate TB12 0.375 MG 116		imipramine hcl TABS 10 MG, 25 MG .	22	INDOCIN SUSP (indomethacin)	5
hyoscyamine sulfate TBDP 0.125 MG	116	imipramine hcl TABS 50 MG	22	indomethacin CAPS 25 MG, 50 MG 5	
HYPERSAL NEBU (sodium chloride (inhalant))	58	imipramine pamoate	22	indomethacin CPR	5
HYPERSAL NEBU	58	imiquimod 5 %	67	indomethacin SUPP	5
HYPODERMIC NEEDLE 30GX1/2" .	85	IMITREX 20 MG/ACT (sumatriptan) 90		indomethacin SUSP	5
HYSINGLA ER T24A	8	IMITREX 5 MG/ACT (sumatriptan) 90		INGREZZA CAPS 40 MG	105
HYZAAR (losartan potassium & hydrochlorothiazide)	30	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (sumatriptan succinate) .	90	INGREZZA CAPS 60 MG	105
ibandronate sodium TABS	70	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (sumatriptan succinate) .	90	INGREZZA CAPS 80 MG	105
IBRANCE CAPS	37	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (sumatriptan succinate)	90	INGREZZA CPPK	105
IBRANCE TABS	37	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate)	90	INLYTA	34
ibuprofen TABS 400 MG, 600 MG, 800 MG	5	IMITREX TABS (sumatriptan succinate)	90	INNOPRAN XL	46
				INQOVI	36
				INREBIC	37

INSPIREASE DRUG DELIVERY SYSTEM MISC	88	isosorbide dinitrate TABS	12	JULUCA	44
INSPIRA (eplerenone)	31	isosorbide dinitrate-hydralazine hcl	48	JUXTAPID 10 MG, 20 MG, 30 MG	28
INSULIN LISPRO PROTAMINE/INSULIN LISPRO		isosorbide mononitrate TABS	12	JUXTAPID 5 MG	28
KWIKPEN SUPN	23	isosorbide mononitrate TB24	12	JYNARQUE TBPK	72
INTELENCE (etravirine)	44	isotretinoin 10 MG, 25 MG	60	KALETRA SOLN (lopinavir-ritonavir) .	44
INTELENCE 25 MG	44	isotretinoin 20 MG	60	KALETRA TABS (lopinavir-ritonavir) .	44
INTRAROSA	118	isotretinoin 30 MG	60	KALYDECO PACK	114
INTRON A SOLR	40	isotretinoin 35 MG, 40 MG	60	KALYDECO TABS	114
INTUNIV (guanfacine hcl (adhd)) ...	1	isradipine CAPS	47	KAMELEON LUBRICATED MISC .	82
INVEGA (paliperidone)	42	ISTALOL SOLN (timolol maleate (ophth))	99	KARBINAL ER SUER	26
iodine strong (lugol's)	91	itraconazole CAPS	26	KCENTRA	77
iodoquinol-hydrocortisone in aloe vehicle	61	itraconazole SOLN	26	KENALOG AERS (triamcinolone acetonide (topical))	66
IOPIDINE	99	ivermectin (pediculicide)	68	KEPPRA SOLN OR 100 MG/ML (levetiracetam)	17
ipratropium bromide (nasal)	97	ivermectin (rosacea)	68	KEPPRA TABS 1000 MG (levetiracetam)	17
ipratropium bromide SOLN 0.02 %	13	ivermectin	11	KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)	17
ipratropium-albuterol SOLN	15	IXINITY SOLR	77	KEPPRA XR TB24 (levetiracetam)	17
irbesartan	29	JADENU SPRINKLE PACK (deferasirox)	24	KESIMPTA	105
irbesartan-hydrochlorothiazide ...	30	JADENU TABS (deferasirox)	24	ketoconazole (topical) CREA	61
IRESSA (gefitinib)	35	JAKAFI	38	ketoconazole (topical) FOAM	61
ISENTRESS CHEW	44	JALYN (dutasteride-tamsulosin hcl) .	76	ketoconazole (topical) SHAM 2 %	61
ISENTRESS HD TABS	44	JANUMET TABS	22	ketoconazole	26
ISENTRESS TABS	44	JANUMET XR TB24 1000 MG-100 MG	22	KETONE STRP	68
isoniazid SYRP	33	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	22	ketoprofen CP24	5
isoniazid TABS	33	JANUVIA	23	ketorolac tromethamine (ophth) .	102
ISOPTO ATROPINE SOLN	99	JARDIANCE	24	ketorolac tromethamine TABS	5
ISOPTO CARPINE SOLN 1 % (pilocarpine hcl)	99	JIVI	77	KETOSTIX STRP	68
ISORDIL TITRADOSE TABS (isosorbide dinitrate)	12				

KEVZARA SOAJ	4	KLONOPIN TABS (clonazepam) ..	16	LAGEVRIO	46
KEVZARA SOSY	4	KLOXXADO LIQD	24	LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine)	17
KIMONO COLORS DEVI	82	KOATE SOLR	77	LAMICTAL ODT KIT (lamotrigine) .	17
KIMONO LUBRICATED MISC	82	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	77	LAMICTAL ODT KIT	17
KIMONO MAXX/LARGE FLARE MISC	82	KOGENATE FS KIT	77	LAMICTAL ODT TBDP (lamotrigine) .	17
KIMONO MICRO THIN MISC	82	KOSELUGO	38	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (lamotrigine) .	17
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	82	KOVALTRY	77	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (lamotrigine)	17
KIMONO PLUS SPERMICIDE LUBRICATED MISC	82	K-PHOS NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	91	LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine)	17
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	82	K-PHOS NO 2	75	LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine)	17
KIMONO PS LUBRICATED MISC .	82	K-PHOS TABS (potassium phosphate monobasic)	91	LAMICTAL TABS (lamotrigine)	17
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	82	KRINTAFEL	33	LAMICTAL XR KIT	17
KIMONO SENSATION LUBRICATED MISC	82	K-TAB TBCR 10 MEQ, 20 MEQ (potassium chloride)	91	LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (lamotrigine)	17
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	82	K-TAB TBCR 8 MEQ (potassium chloride)	91	LAMICTAL XR TB24 250 MG (lamotrigine)	17
KIMONO SPECIAL DEVI	82	KUVAN PACK (sapropterin dihydrochloride)	71	LAMICTAL XR TB24 300 MG (lamotrigine)	17
KISQALI	38	KUVAN TABS (sapropterin dihydrochloride)	71	lamivudine (hbv) TABS	45
KISQALI FEMARA 200 DOSE	36	K-Y ME & YOU EXTRA LUBRICATED DEVI	82	lamivudine SOLN	44
KISQALI FEMARA 400 DOSE	36	K-Y ME & YOU INTENSE DEVI ...	82	lamivudine TABS	44
KISQALI FEMARA 600 DOSE	36	KYNMOBI FILM	41	lamivudine-zidovudine	44
KITABIS PAK NEBU (tobramycin) .	2	KYNMOBI TITRATION KIT KIT ...	41	lamotrigine CHEW	18
KLARITY-A	100	labetalol hcl TABS	46	lamotrigine KIT 25 MG	18
KLARON (sulfacetamide sodium (acne))	60	lacosamide SOLN OR 10 MG/ML .	17	lamotrigine KIT	18
KLEAR GUMMY BASE	104	lacosamide TABS	17	lamotrigine TABS	18
		lactulose (encephalopathy)	74	lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	18
		lactulose SOLN	80		

lamotrigine TB24 250 MG	18	LENVIMA 4 MG DAILY DOSE	34	(triphasic)	54
lamotrigine TB24 300 MG	18	LENVIMA 8 MG DAILY DOSE	34	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	54
lamotrigine TBDD	18	LESCOL XL TB24 (fluvastatin sodium)	28	levonorgestrel-ethinyl estradiol (continuous)	54
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)	48	LETAIRIS (ambrisentan)	49	levonorgestrel-ethinyl estradiol-iron	54
lansoprazole CPDR	117	letrozole	35	levorphanol tartrate TABS	8
lansoprazole TBDD 15 MG	117	leucovorin calcium TABS	40	levothyroxine sodium CAPS 125 MCG	115
lansoprazole TBDD 30 MG	117	LEUKERAN	33	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	115
lanthanum carbonate CHEW 1000 MG	75	leuprolide acetate KIT IJ 1 MG/0.2ML	35	levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	115
lanthanum carbonate CHEW 500 MG	75	levabuterol hcl	15	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	115
lanthanum carbonate CHEW 750 MG	75	levabuterol tartrate	15	LEVBID TB12 (hyoscyamine sulfate) 116	
LANTUS SOLN	23	LEVIRACETAM SOLN OR 100 MG/ML, 500 MG/5ML	18	levetiracetam TABS 1000 MG	18
LANTUS SOLOSTAR SOPN	23	levetiracetam TABS 250 MG, 500 MG, 750 MG	18	levetiracetam TABS 250 MG, 500 MG, 750 MG	18
lapatinib ditosylate	38	levetiracetam TB24	18	levobunolol hcl 0.5 %	99
LASIX TABS (furosemide)	69	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	71	levocarnitine (metabolic modifiers) TABS	71
LASTACRAFT	102	levofloxacin (ophth) 1.5 %	100	levofloxacin SOLN OR	73
latanoprost SOLN	102	levofloxacin TABS	73	levonorgestrel & eth estradiol TABS	54
LATANOPROST SOLN	102	levonorgestrel (emergency oc) 1.5 MG	55	levonorgestrel-eth estradiol	
LATUDA (lurasidone hcl)	41				
leflunomide 10 MG	5				
leflunomide 20 MG	6				
lenalidomide	92				
LENVIMA 10 MG DAILY DOSE ...	34				
LENVIMA 12MG DAILY DOSE ...	34				
LENVIMA 14 MG DAILY DOSE ...	34				
LENVIMA 18 MG DAILY DOSE ...	34				
LENVIMA 20 MG DAILY DOSE ...	34				
LENVIMA 24 MG DAILY DOSE ...	34				
				LEVSIN TABS (hyoscyamine sulfate)	116
				LEVSIN/SL SUBL (hyoscyamine sulfate)	116
				LEXAPRO TABS 10 MG, 20 MG (escitalopram oxalate)	21
				LEXAPRO TABS 5 MG (escitalopram oxalate)	21
				LEXIVA SUSP	44
				LEXIVA TABS (fosamprenavir calcium)	44
				LIALDA TBEC (mesalamine)	74
				LIBRAX (chlordiazepoxide hcl-clidinium bromide)	116
				lidocaine hcl (mouth-throat) 2 % ...	93

lidocaine PTCH 5 %67	LOCOID LIPOCREAM 66	LOTEMAX OINT .....101
lidocaine-prilocaine CREA .....67	LOCOID LOTN (hydrocortisone butyrate) .....66	LOTEMAX SUSP (loteprednol etabonate) 101
LIDODERM PTCH (lidocaine) .....67	LODINE TABS (etodolac) .....5	LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl) .....28
linezolid SUSR .....32	LODOSYN (carbidopa) .....40	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 30
linezolid TABS 32	LOHIST-DM SYRP .....57	loteprednol etabonate GEL .....101
LINZESS .....74	LOKELMA 93	loteprednol etabonate SUSP 0.2 % 101
liothyronine sodium TABS 25 MCG, 50 MCG .....115	LOMOTIL TABS (diphenoxylate w/ atropine) .....24	loteprednol etabonate SUSP 0.5 % 101
liothyronine sodium TABS 5 MCG 115	LONSURF .....36	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 30
LIPITOR TABS (atorvastatin calcium) .....28	loperamide hcl CAPS .....24	LOTRONEX (alose tron hcl) .....74
LIPOFEN CAPS (fenofibrate) .....27	LOPID TABS (gemfibrozil) .....27	lovastatin TABS 10 MG, 20 MG ... 28
lisdex amfetamine dimesylate CAPS 1	lopinavir-ritonavir SOLN .....44	lovastatin TABS 40 MG .....28
lisdex amfetamine dimesylate CHEW . 1	lopinavir-ritonavir TABS .....44	LOVAZA (omega-3-acid ethyl esters) .....27
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG 30	LOPRESSOR TABS (metoprolol tartrate) .....46	LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium) 16
lisinopril & hydrochlorothiazide 25 MG-20 MG .....30	LOPROX CREA (ciclopirox olamine) . 61	LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium) 16
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG .....28	LOPROX SHAMPOO SHAM (ciclopirox) .....61	LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium) 16
lisinopril TABS 40 MG 28	LOPROX SUSP (ciclopirox olamine) . 61	LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium) 16
lithium .....41	lorazepam CONC .....12	LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium) 16
lithium carbonate CAPS 150 MG, 600 MG .....41	lorazepam TABS .....12	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ... 16
lithium carbonate CAPS 300 MG ..41	LORBRENA .....38	loxapine succinate .....42
lithium carbonate TABS .....41	LORTAB ELIX .....9	
lithium carbonate TBCR .....41	losartan potassium & hydrochlorothiazide .....30	
LITHOBID TBCR (lithium carbonate) . 41	losartan potassium .....29	
LITHOSTAT .....76	LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day)) .....54	
LO LOESTRIN FE TABS 54	LOTEMAX GEL (loteprednol etabonate) 101	

lubiprostone	73	MAR-COF BP	57	meclofenamate sodium CAPS	5
LUCEMYRA	104	MAR-COF CG EXPECTORANT LIQD	57	MEDROL DOSEPAK TBPK (methylprednisolone)	55
luliconazole	61	MARINOL CAPS 2.5 MG (dronabinol)	25	MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone)	55
LUMIGAN SOLN 0.01 %	102	MARPLAN	20	MEDROL TABS	55
LUNESTA (eszopiclone)	79	MATULANE	40	medroxyprogesterone acetate 10 MG	104
LUPRON DEPOT (1-MONTH) KIT IM	35	MAVYRET TABS	45	medroxyprogesterone acetate 2.5 MG, 5 MG	104
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	71	MAXALT TABS 10 MG (rizatriptan benzoate)	90	mefenamic acid CAPS	5
lurasidone hcl	41	MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	90	mefloquine hcl	33
LUXIQ FOAM (betamethasone valerate)	66	MAXIDEX SUSP OP	101	megestrol acetate (appetite)	104
LUZU (luliconazole)	61	MAXITROL OINT (neomycin-polymy- dexameth)	101	megestrol acetate SUSP	35
LYNPARZA TABS	38	MAXITROL SUSP (neomycin- polymy-dexameth)	101	megestrol acetate TABS	35
LYRICA CAPS 225 MG, 300 MG (pregabalin)	18	MAXI-TUSS PE MAX LIQD	57	MEKINIST TABS	38
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin)	18	MAXX LUBRICATED MISC	82	MEKTOVI	38
LYRICA SOLN (pregabalin)	18	MAXX PLUS SPERMICIDE LUBRICATED MISC	83	meloxicam CAPS 10 MG	5
LYSODREN	35	MAXZIDE TABS (triamterene & hydrochlorothiazide)	69	meloxicam CAPS 5 MG	5
LYSTEDA TABS (tranexamic acid) 78		MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	69	meloxicam TABS 15 MG	5
MACROBID (nitrofurantoin monohyd macro)	32	MAYZENT STARTER PACK TBPK 105		meloxicam TABS 7.5 MG	5
MACRODANTIN (nitrofurantoin macrocrystal)	32	MAYZENT STARTER PACK TBPK 106		melphalan	33
mafenide acetate PACK	64	MAYZENT TABS 0.25 MG	106	memantine hcl CP24 14 MG, 21 MG, 28 MG	104
MAGNEBIND 400	91	MAYZENT TABS 1 MG	106	memantine hcl CP24 7 MG	104
MALARONE (atovaquone-proguanil hcl)	33	MAYZENT TABS 2 MG	106	memantine hcl SOLN	104
malathion	68	M-CLEAR WC SOLN	57	memantine hcl TABS 10 MG	104
maraviroc TABS	44	meclizine hcl TABS 50 MG	25	memantine hcl TABS 5 MG	104
				MENEST	73
				MENOSTAR PTWK	73

meperidine hcl SOLN OR 50 MG/5ML .....8	METHADOSE CONC (methadone hcl) .....8	methylphenidate hcl TABS 5 MG, 10 MG .....2
meperidine hcl TABS 50 MG .....8	METHADOSE SUGAR-FREE CONC (methadone hcl) .....8	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG .....2
MEPHYTON TABS (phytonadione) 119	methamphetamine hcl .....1	methylphenidate hcl TB24 36 MG ..2
MEPRON (atovaquone) .....32	methazolamide TABS .....69	methylphenidate hcl TBCR 10 MG ..2
mercaptapurine TABS .....34	methenamine hippurate .....32	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG .....2
mesalamine CP24 .....74	methenamine mandelate 0.5 GM, 1 GM .....32	methylphenidate hcl TBCR 20 MG ..2
mesalamine CPR .....74	methimazole TABS .....115	methylphenidate hcl TBCR 54 MG ..2
mesalamine CPDR .....74	METHITEST TABS .....11	METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG .....2
mesalamine ENEM .....74	methocarbamol TABS 500 MG, 750 MG .....97	methylphenidate PTCH .....2
mesalamine SUPP .....74	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML .....34	methylprednisolone TABS .....55
mesalamine TBEC 1.2 GM .....74	methotrexate sodium TABS 2.5 MG 34	methylprednisolone TBPK .....55
mesalamine TBEC 800 MG .....74	methoxsalen rapid .....63	methyltestosterone CAPS .....11
MESNEX TABS .....40	methscopolamine bromide .....116	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML .....74
MESTINON SOLN OR (pyridostigmine bromide) .....33	methsuximide .....20	metoclopramide hcl TABS .....74
MESTINON TABS (pyridostigmine bromide) .....33	methylidopa TABS .....29	metoclopramide hcl TBDP .....74
MESTINON TIMESPAN TBCR (pyridostigmine bromide) .....33	methylergonovine maleate TABS 103	metolazone .....70
METADATE CD CPR (methylphenidate hcl) .....2	METHYLIN SOLN (methylphenidate hcl) .....2	METOPIRONE .....68
metaxalone 800 MG .....97	methylphenidate hcl CHEW .....2	metoprolol & hydrochlorothiazide TABS .....30
metformin hcl SOLN .....22	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG .....2	metoprolol succinate TB24 .....46
metformin hcl TABS 500 MG, 850 MG, 1000 MG .....22	methylphenidate hcl CP24 60 MG ..2	metoprolol tartrate TABS .....46
metformin hcl TB24 500 MG, 750 MG.....22	methylphenidate hcl CP24 .....2	METROCREAM CREA (metronidazole (topical)) .....68
methadone hcl CONC .....8	methylphenidate hcl CPR .....2	METROGEL GEL 1 % (metronidazole (topical)) .....68
methadone hcl SOLN OR .....8	methylphenidate hcl SOLN .....2	METROLOTION LOTN (metronidazole (topical)) .....68
methadone hcl TABS .....8	methylphenidate hcl TABS 20 MG ..2	
methadone hcl TBSO .....8		

metronidazole (topical) CREA	68	MINIPRESS CAPS (prazosin hcl) . 29	montelukast sodium TABS	13	
metronidazole (topical) GEL 0.75 % 68		MINIVELLE PTTW (estradiol)	MONUROL (fosfomycin tromethamine)	32	
metronidazole (topical) GEL 1 % .. 68		minocycline hcl CAPS	114	morphine sulfate beads	8
metronidazole (topical) LOTN	68	minocycline hcl TABS 50 MG, 100 MG	114	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	8
metronidazole CAPS	31	minocycline hcl TABS 75 MG	114	morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	8
metronidazole TABS	31	minoxidil 2.5 MG, 10 MG	31	morphine sulfate SUPP	8
metronidazole vaginal	118	MIRALAX POWD (polyethylene glycol 3350)	80	morphine sulfate TABS	8
metyrosine	29	MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (pramipexole dihydrochloride) . 41		morphine sulfate TBCR	8
mexiletine hcl	13	MIRAPEX ER TB24 3 MG (pramipexole dihydrochloride)	41	MOVANTIK	74
MG217 PSORIASIS MULTI- SYM TOM OINT	67	MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	54	moxifloxacin hcl (ophth) SOLN OP 100	
MIACALCIN IJ (calcitonin (salmon)) 70		mirtazapine TABS	20	moxifloxacin hcl TABS	73
MICARDIS 20 MG, 40 MG (telmisartan)	29	mirtazapine TBDP	20	MS CONTIN TBCR (morphine sulfate)	8
MICARDIS 80 MG (telmisartan) . . . 29		MIRVASO (brimonidine tartrate (topical))	68	MUCINEX D MAXIMUM STRENGTH TB12 (pseudoephedrine-guaifenesin)	57
MICARDIS HCT (telmisartan- hydrochlorothiazide)	30	misoprostol	117	MUCINEX D TB12 (pseudoephedrine-guaifenesin) . . . 57	
MICROCHAMBER DEVI	88	MITIGARE CAPS (colchicine)	76	MUCOTROL WAFR	93
MICROCHAMBER MISC	88	modafinil	2	MULPLETA	78
MICROSPACER MISC	88	moexipril hcl	28	MULTIVITAMIN + FLUORIDE CHEW	94
midazolam hcl SYRP	79	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	45	MULTIVITAMIN WITH FLUORIDE CHEW	94
midodrine hcl	119	mometasone furoate (nasal) SUSP 98		MULTI-VIT-FLOR CHEW	94
MIFEPREX (mifepristone)	72	mometasone furoate CREA	66	mupirocin OINT	61
mifepristone	72	mometasone furoate OINT	66	MYALEPT	71
miglitol	22	mometasone furoate SOLN	66	MYAMBUTOL TABS 400 MG	
miglustat	78	montelukast sodium CHEW	13		
MIGRANAL SOLN NA (dihydroergotamine mesylate)	89	montelukast sodium PACK	13		
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	54				

(ethambutol hcl)	33	NAMENDA XR CP24 7 MG (memantine hcl)	104	NEBULIZER CUP/TUBING DEVI .	88
MYCOBUTIN (rifabutin)	33	NAMZARIC C4PK	104	NEBUPENT IN (pentamidine isethionate)	31
mycophenolate mofetil CAPS	92	NAMZARIC CP24 14 MG-10 MG, 21 MG-10 MG, 28 MG-10 MG	105	NEBUSAL NEBU	58
mycophenolate mofetil SUSR	92	NAMZARIC CP24 7 MG-10 MG ..	105	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	95
mycophenolate mofetil TABS	92	NAPROSYN SUSP (naproxen)	5	nefazodone hcl	21
mycophenolate sodium	92	NAPROSYN TABS 500 MG (naproxen)	5	neomycin sulfate TABS	3
MYDRIACYL SOLN (tropicamide) .	99	naproxen sodium TABS 275 MG, 550 MG	5	neomycin-bacitracin zn-polymyxin 100	
MYFORTIC (mycophenolate sodium)	92	naproxen SUSP	5	neomycin-polymy-dexameth OINT 101	
MYLERAN TABS	33	naproxen TABS	5	neomycin-polymy-dexameth SUSP 101	
MYSOLINE (primidone)	18	naratriptan hcl	90	neomycin-polymyxin-gramicidin .	100
MYTESI	24	NARCAN LIQD (naloxone hcl)	25	neomycin-polymyxin-hc (ophth) .	101
nabumetone 500 MG	5	NARDIL (phenelzine sulfate)	20	neomycin-polymyxin-hc (otic) SOLN .	103
nabumetone 750 MG	5	NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal)) ..	98	neomycin-polymyxin-hc (otic) SUSP .	103
nadolol TABS 20 MG, 40 MG, 80 MG	46	NASACORT ALLERGY 24HR CHILDRENS AERO (triamcinolone acetonide (nasal))	98	NEORAL CAPS (cyclosporine modified (for microemulsion))	92
naftifine hcl CREA	61	NASONEX 24HR SUSP (mometasone furoate (nasal))	98	NEORAL SOLN (cyclosporine modified (for microemulsion))	92
naftifine hcl GEL 2 %	61	NATACHEW CHEW 120 MG-10 MG- 20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG 95		NERLYNX	38
NAFTIN GEL 2 % (naftifine hcl) ...	61	NATACYN	100	NESTABS	95
NALFON TABS (fenoprofen calcium) 5		NATAZIA	54	NESTABS DHA	95
naloxone hcl LIQD	25	nateglinide	24	NESTABS ONE	95
naloxone hcl SOSY	25	NATPARA	70	NEUPRO	41
naltrexone hcl	25	NATROBA (spinosad)	68	NEURONTIN CAPS (gabapentin) .	18
NAMENDA TABS 10 MG (memantine hcl)	104	NAYZILAM	16	NEURONTIN SOLN (gabapentin) .	18
NAMENDA TABS 5 MG (memantine hcl)	104	nebivolol hcl	46	NEURONTIN TABS (gabapentin) .	18
NAMENDA TITRATION PAK TABS (memantine hcl)	104				
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nevirapine SUSP	44	nifedipine TB24	47	MG-20 MCG-75 MG, 1.5 MG-30	
nevirapine TABS	44	NILANDRON (nilutamide)	35	MCG-75 MG	54
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NEXICLON XR TB24 (clonidine hcl) .	29	NINJACOF-XG LIQD	57	norethindrone acet & eth estra	54
NEXTSTELLIS	54	NINLARO	38	norethindrone acetate TABS	104
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niacin (antihyperlipidemic) TBCR ..	28	nitazoxanide TABS	32	estradiol	72
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NICORETTE LOZG (nicotine		nitrofurantoin monohyd macro	32	phosphate)	12
polacrilex)	113	nitroglycerin (intra-anal)	11	NORPACE CR CP12	12
NICORETTE MINI LOZG (nicotine		nitroglycerin PT24	12	NORPRAMIN TABS 10 MG, 25 MG	
polacrilex)	113	nitroglycerin SOLN TL 0.4		(desipramine hcl)	22
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(nicotine polacrilex)	113	nitroglycerin SUBL	12	nortriptyline hcl CAPS	22
nicotine MISC XX	113	NITROLINGUAL SOLN TL		nortriptyline hcl SOLN	22
nicotine polacrilex GUM	113	(nitroglycerin)	12	NORVASC TABS 2.5 MG	
nicotine polacrilex LOZG	113	NITROSTAT SUBL (nitroglycerin) ..	12	(amlodipine besylate)	47
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ONFI TABS 20 MG (clobazam)	16	oseltamivir phosphate CAPS	46	OXTELLAR XR TB24 600 MG	18
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OPTICHAMBER DIAMOND MISC .	88	OTEZLA TBPK	5	oxycodone hcl CONC 100 MG/5ML	8
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	88	OTOVEL (ciprofloxacin-fluocinolone acetamide)	103	oxycodone hcl SOLN	8
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	88	OTREXUP SOAJ 10 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	oxycodone hcl TABS 30 MG	8
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	88	OVACE PLUS WASH LIQD (sulfacetamide sodium)	63	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	8
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ORACIT	75	oxandrolone 10 MG	10	oxycodone w/ acetaminophen TABS 325 MG-5 MG	10
ORAL CITRATE	75	oxandrolone 2.5 MG	10	OXYCODONE/ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG	10
ORAPRED ODT TBDP (prednisolone sodium phosphate)	55	oxaprozin TABS	5	oxymorphone hcl TABS 10 MG	8
ORAVIG	93	OXAYDO TABS 5 MG	8	oxymorphone hcl TABS 5 MG	8
ORENITRAM TBCR	49	oxazepam CAPS 10 MG, 15 MG ..	12	oxymorphone hcl TB12	8
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ORFADIN SUSP	71	oxcarbazepine SUSP	18	paliperidone	42
ORIAHNN	72	oxcarbazepine TABS 150 MG	18	PALYNZIQ	71
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pioglitazone hcl 30 MG, 45 MG24	POCKET SPACER DEVI 88	potassium citrate-citric acid SOLN .75
pioglitazone hcl-glimepiride 22	PODOCON-25 SOLN67	POVIDONE IODINE 100
pioglitazone hcl-metformin hcl TABS . 22	podofilox GEL 67	PRALUENT SOAJ 28
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PIQRAY 250MG DAILY DOSE ... 38	POLY HUB NEEDLE/30G X 1/2" .85	pramipexole dihydrochloride TABS 1 MG 41
PIQRAY 300MG DAILY DOSE ... 38	polyethylene glycol 3350 POWD .. 80	pramipexole dihydrochloride TABS 1.5 MG 41
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PLEGRIDY SOSY SC 106	pot & sod citrates w/citric ac SOLN 75	prazosin hcl CAPS29
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PREDNISOLONE SODIUM PHOSPHATE	101	PRENA1 PEARL	95	(lansoprazole)	117
prednisolone sodium phosphate SOLN 25 MG/5ML	55	PRENAISSANCE	95	PREVIDENT RINSE SOLN	93
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML	56	PRENAISSANCE PLUS CAPS ...	96	PREZCOBIX	44
prednisolone sodium phosphate TBDP	56	PRENATAL 19 CHEW	96	PREZISTA SUSP	44
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	101	PRENATAL 19 TABS	96	PREZISTA TABS (darunavir)	44
PREDNISON INTENSOL CONC	56	PRENATAL MULTIVITAMIN PLUS DHA MISC	96	PREZISTA TABS 75 MG, 150 MG	44
prednisone SOLN	56	PRENATAL+DHA MISC	96	PRIFTIN	33
prednisone TABS	56	PRENATAL-U CAPS	96	PRILOSEC PACK	117
prednisone TBP	56	PRENATE	96	PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)	33
PREFEST	72	PRENATE AM	96	primaquine phosphate TABS	33
pregabalin CAPS 225 MG, 300 MG 18	18	PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	96	primidone 50 MG, 250 MG	18
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	18	PRENATE ENHANCE	96	PRISTIQ (desvenlafaxine succinate) 21	21
pregabalin SOLN	18	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	96	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	88
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PREMIUM CONDOMS LUBRICATED MISC	83	PREVACID 24HR CPDR (lansoprazole)	117	PROCARDIA XL TB24 (nifedipine) 47	47
PREMPHASE	73	PREVACID CPDR 30 MG (lansoprazole)	117	PROCARE SPACER CHAMBER W/ADULT MASK DEVI	89
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PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG ...	73	PREVACID SOLUTAB TBDD 30 MG	117	PROCHAMBER VALVED HOLDINGCHAMBER DEVI	89
PRENA 1 TRUE	95			prochlorperazine	43
				prochlorperazine maleate TABS ...	43
				PROCTOFOAM HC FOAM EX	11

PROCYSBI CPDR	75	propafenone hcl TABS 225 MG, 300 MG	13	PULMICORT FLEXHALER AEPB 90 MCG/ACT	14
PROCYSBI PACK	75	propracetamol hcl	100	PULMICORT SUSP 0.25 MG/2ML (budesonide (inhalation))	14
PROFILNINE	77	propranolol hcl CP24	47	PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation))	14
progesterone CAPS	104	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	47	PULMICORT SUSP 1 MG/2ML (budesonide (inhalation))	14
PROGLYCEM (diazoxide)	22	propranolol hcl TABS	47	PULMOZYME	114
PROGRAF CAPS (tacrolimus)	92	propylthiouracil	115	PURE COMFORT 3-BALL BREATH EXERCISER DEVI	89
PROGRAF PACK	92	PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	57	PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	89
PROLATE TABS	10	PROSCAR (finasteride)	76	PURIXAN SUSP	34
PROLENSA (bromfenac sodium (ophth))	102	PROTONIX PACK (pantoprazole sodium)	117	pyrazinamide	33
PROLIA SOSY	70	PROTONIX TBEC (pantoprazole sodium)	117	pyridostigmine bromide SOLN OR	33
PROMACTA PACK 12.5 MG	78	protriptyline hcl	22	pyridostigmine bromide TABS 60 MG	33
PROMACTA PACK 25 MG	78	PROVERA 10 MG (medroxyprogesterone acetate) ..	104	pyridostigmine bromide TBCR	33
PROMACTA TABS	78	PROVERA 2.5 MG, 5 MG (medroxyprogesterone acetate) ..	104	QBRELIS SOLN	28
promethazine & phenylephrine SYRP	57	PROVIDA OB	96	QINLOCK	38
promethazine hcl SOLN OR 6.25 MG/5ML	26	PROVIGIL (modafinil)	2	QSYMIA	1
promethazine hcl SUPP 12.5 MG, 25 MG	26	PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl)	21	QUAKE DEVI	89
promethazine hcl TABS 12.5 MG ..	26	PROZAC CAPS 40 MG (fluoxetine hcl)	21	QUALAQUIN CAPS (quinine sulfate) ..	33
promethazine hcl TABS 25 MG ..	26	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML ..	57	QUARTETTE (levonorgestrel-ethinyl estradiol (91-day))	54
promethazine hcl TABS 50 MG ..	26	pseudoephedrine-guaifenesin TB12 1200 MG-120 MG	57	quazepam	79
promethazine w/codeine SOLN ..	57	pseudoephedrine-guaifenesin TB12 600 MG-60 MG	57	QUDEXY XR CS24 100 MG, 150 MG, 200 MG (topiramate)	18
promethazine w/codeine SYRP ..	57	PULMICORT FLEXHALER AEPB 180 MCG/ACT	14	QUDEXY XR CS24 25 MG, 50 MG (topiramate)	18
promethazine-dm SYRP	57			QUESTRAN LIGHT POWD	
promethazine-phenylephrine-codeine	57				
PROMETRIUM CAPS (progesterone)	104				
propafenone hcl CP12	13				
propafenone hcl TABS 150 MG ..	13				

(cholestyramine light)	27	raloxifene hcl	71	2000 UNIT	77
QUESTRAN PACK (cholestyramine) 27		ramelteon	79	RECOMBINATE SOLR	77
QUESTRAN POWD (cholestyramine)	27	ramipril CAPS	29	RECTIV (nitroglycerin (intra-anal)) 11	
quetiapine fumarate TABS 200 MG 42		RANEXA TB12 1000 MG (ranolazine)	11	REGLAN TABS (metoclopramide hcl)	74
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	42	RANEXA TB12 500 MG (ranolazine) . 11		REGRANEX	68
quetiapine fumarate TABS 300 MG, 400 MG	42	ranolazine TB12 1000 MG	11	RELENZA DISKHALER	46
quetiapine fumarate TB24 150 MG, 200 MG, 300 MG, 400 MG	42	ranolazine TB12 500 MG	11	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	86
quetiapine fumarate TB24 50 MG .	42	RAPAFLO 8 MG (silodosin)	76	RELION INSULIN SYRINGE 1ML/31GX15/64"	86
QUFLORA FE PEDIATRIC LIQD .	94	RAPAMUNE SOLN (sirolimus)	92	RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 15/64"	86
QUFLORA PEDIATRIC CHEW	94	RAPAMUNE TABS (sirolimus)	92	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64"	86
QUFLORA PEDIATRIC SOLN	94	rasagiline mesylate	41	RELNATE DHA CAPS	96
QUILLICHEW ER CHER	2	RASUVO SOAJ 20 MG/0.4ML	3	REL PAX (eletriptan hydrobromide) 90	
QUILLIVANT XR SRER	2	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	RELYVRIO	98
quinapril hcl	28	RAVICTI	71	REMERON SOLTAB TBDP (mirtazapine)	20
quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	31	RAZADYNE ER CP24 (galantamine hydrobromide)	105	REMERON TABS 15 MG, 30 MG (mirtazapine)	20
quinapril-hydrochlorothiazide 25 MG- 20 MG	31	REALITY LATEX CONDOMS/LUBRICATED MISC ..	83	RENAGEL (sevelamer hcl)	75
quinidine gluconate TBCR	12	REALITY LATEX/ULTRA TEXTURED DEVI	83	REVELA PACK 0.8 GM (sevelamer carbonate)	75
quinine sulfate CAPS 324 MG	33	REALITY LATEX/ULTRA THIN DEVI 83		REVELA PACK 2.4 GM (sevelamer carbonate)	75
QVAR REDIHALER 80 MCG/ACT .	14	REBIF REBIDOSE SOAJ	106	REVELA TABS (sevelamer carbonate)	75
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	117	REBIF REBIDOSE TITRATIONPACK SOAJ	106	repaglinide	24
rabeprazole sodium TBEC	117	REBIF SOSY	106	RESTORIL 15 MG (temazepam) ..	79
RADICAVA ORS STARTER KIT SUSP	98	REBIF TITRATION PACK SOSY .	106	RESTORIL 22.5 MG, 30 MG	
RADICAVA ORS SUSP	98	REBINYN 500 UNIT, 1000 UNIT,			

(temazepam)	79	RIOMET SOLN (metformin hcl) ...	22	ROCALTROL CAPS 0.25 MCG (calcitriol)	71
RESTORIL 7.5 MG (temazepam) .	79	risedronate sodium TABS 150 MG	70	ROCALTROL CAPS 0.5 MCG (calcitriol)	71
RETACRIT	78	risedronate sodium TABS 35 MG .	70	ROCALTROL SOLN OR (calcitriol)	71
RETACRIT 20000 UNIT/ML	78	risedronate sodium TABS 5 MG, 30 MG	70	roflumilast	13
RETEVMO	38	RISPERDAL SOLN (risperidone) .	42	ropinirole hydrochloride TABS	41
RETIN-A CREA (tretinoin)	60	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone)	42	ropinirole hydrochloride TB24 12 MG	41
RETIN-A GEL (tretinoin)	60	RISPERDAL TABS 3 MG (risperidone)	42	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG	41
RETIN-A MICRO (tretinoin microsphere)	60	risperidone SOLN	42	rosuvastatin calcium TABS	28
RETIN-A MICRO PUMP 0.04 %, 0.1 % (tretinoin microsphere)	60	risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	42	ROXICODONE TABS 30 MG (oxycodone hcl)	8
RETIN-A MICRO PUMP 0.08 % (tretinoin microsphere)	60	risperidone TABS 3 MG	42	ROXICODONE TABS 5 MG, 15 MG (oxycodone hcl)	9
RETROVIR CAPS (zidovudine) ...	44	risperidone TBDP 0.25 MG	42	ROZEREM (ramelteon)	79
RETROVIR SYRP (zidovudine) ...	44	risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	42	ROZLYTREK CAPS	38
REVATIO SUSR (sildenafil citrate (pulmonary hypertension))	49	RITALIN LA CP24 (methylphenidate hcl)	2	RUBRACA	38
REVATIO TABS (sildenafil citrate (pulmonary hypertension))	49	RITALIN TABS 20 MG (methylphenidate hcl)	2	rufinamide SUSP	18
REXULTI	43	RITALIN TABS 5 MG, 10 MG (methylphenidate hcl)	2	rufinamide TABS 200 MG	18
REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate)	44	RITEFLO DEVI	89	rufinamide TABS 400 MG	18
REYATAZ PACK	44	ritonavir TABS	44	RUKOBIA	44
RHOFADE	68	rivastigmine	105	RYBELSUS TABS 3 MG	23
RIASTAP	77	rivastigmine tartrate CAPS	105	RYBELSUS TABS 7 MG, 14 MG ..	23
RIDAURA	4	RIXUBIS SOLR	77	RYDAPT	38
rifabutin	33	rizatriptan benzoate TABS	90	RYDEX	57
rifampin CAPS	33	rizatriptan benzoate TBDP	90	RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	41
RILUTEK TABS (riluzole)	98	ROBINUL FORTE TABS (glycopyrrolate)	116	RYTARY CPCR 95 MG-23.75 MG	41
riluzole TABS	98	ROBINUL TABS (glycopyrrolate) .	116	RYTHMOL SR CP12 (propafenone	
rimantadine hydrochloride TABS ..	46				
RINVOQ	3				

hcl) 13	saxagliptin hcl 23	fumarate) 42
RYVENT TABS 26	saxagliptin-metformin hcl 22	SEROQUEL XR TB24 50 MG (quetiapine fumarate) 42
SABRIL PACK (vigabatrin) 19	SAXENDA 1	SEROSTIM SC 4 MG, 5 MG, 6 MG 71
SABRIL TABS (vigabatrin) 19	scopolamine 25	sertraline hcl CONC 21
SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ... 54	SEASONIQUE (levonorgestrel- ethinyl estradiol (91-day)) 54	sertraline hcl TABS 21
SALAGEN 5 MG (pilocarpine hcl (oral)) 93	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 96	sevelamer carbonate PACK 0.8 GM . 75
SALAGEN 7.5 MG (pilocarpine hcl (oral)) 93	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 96	sevelamer carbonate PACK 2.4 GM . 75
SALICYLIC ACID OINT 67	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 96	sevelamer carbonate TABS 75
salicylic acid SHAM 6 % 67	SELECT-OB+DHA MISC 96	sevelamer hcl 400 MG 75
salicylic acid SOLN 26 % 67	selegiline hcl CAPS 41	sevelamer hcl 800 MG 75
salicylic acid SOLN 28.5 % 67	selegiline hcl TABS 41	SFROWASA ENEM 74
SALIMEZ CREA 67	selenium sulfide LOTN 2.5 % 63	SIGNIFOR 72
salsalate 7	SELZENTRY SOLN 44	SIKLOS TABS 100 MG 78
SALYCIM CREA 67	SELZENTRY TABS (maraviroc) .. 44	SIKLOS TABS 1000 MG 78
SANCUSO PTCH 25	SELZENTRY TABS 25 MG, 75 MG 44	sildenafil citrate (pulmonary hypertension) SUSR 49
SANDIMMUNE CAPS (cyclosporine) 92	SE-NATAL 19 CHEW 96	sildenafil citrate (pulmonary hypertension) TABS 49
SANDIMMUNE SOLN OR 93	SE-NATAL 19 TABS 96	sildenafil citrate 48
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (octreotide acetate) 72	SENSIPAR (cinacalcet hcl) 72	silodosin 4 MG 76
SANTYL OINT 67	SEREVENT DISKUS 15	silodosin 8 MG 76
SAPHRIS (asenapine maleate) ... 42	SEROQUEL TABS 200 MG (quetiapine fumarate) 42	SILVADENE (silver sulfadiazine) . 64
SAPHRIS 5 MG 42	SEROQUEL TABS 25 MG, 50 MG, 100 MG (quetiapine fumarate) 42	silver sulfadiazine 64
sapropterin dihydrochloride PACK .71	SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate) 42	simvastatin TABS 28
sapropterin dihydrochloride TABS .72	SEROQUEL XR TB24 150 MG, 200 MG, 300 MG, 400 MG (quetiapine fumarate) 42	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa) 41
SAVELLA TABS 105	SINGULAIR CHEW (montelukast sodium) 13	

SINGULAIR PACK (montelukast sodium)	13	sodium phenylbutyrate TABS	72	spironolactone TABS	70
SINGULAIR TABS (montelukast sodium)	13	sodium polystyrene sulfonate POWD 93		SPORANOX CAPS (itraconazole) .	26
sirolimus SOLN	93	SODIUM SULFACETAMIDE WASH LIQD	63	SPORANOX PULSEPAK CAPS (itraconazole)	26
sirolimus TABS	93	SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	60	SPORANOX SOLN (itraconazole) .	26
SITAVIG TABS BU	45	sodium sulfate-potassium sulfate-magnesium sulfate	79	SPRAVATO 56MG DOSE	20
SIVEXTRO TABS	32	solifenacin succinate TABS 10 MG 118		SPRAVATO 84MG DOSE	20
SKLICE (ivermectin (pediculicide)) 68		solifenacin succinate TABS 5 MG 118		SPRITAM TB3D	18
SKYRIZI PEN SOAJ	63	SOLTAMOX SOLN	36	SPRYCEL	39
SKYRIZI PSKT	63	SOMA TABS (carisoprodol)	97	STALEVO 50 (carbidopa-levodopa-entacapone)	41
SKYRIZI SOCT	74	SOMAVERT	70	stavudine CAPS	44
SKYRIZI SOSY	63	SOOLANTRA (ivermectin (rosacea))	68	STELARA SOLN 45 MG/0.5ML ...	63
SLYND	55	sorafenib tosylate	38	STELARA SOSY 45 MG/0.5ML ...	63
SOAAZ TABS 20 MG (torsemide) 69		SORILUX FOAM	63	STELARA SOSY 90 MG/ML	63
sodium chloride (inhalant) NEBU 0.9 % , 3 %	58	sotalol hcl (afib/afI)	47	STIMATE SOLN NA	72
sodium chloride (inhalant) NEBU 7 %	58	sotalol hcl TABS	47	STIOLTO RESPIMAT	15
sodium fluoride (dental) SOLN 0.2 % 93		SOVUNA 200 MG	33	STIVARGA	39
sodium fluoride CHEW 0.25 MG, 0.5 MG	91	spinosad	68	STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)	2
sodium fluoride CHEW 1 MG, 2.2 MG	91	SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) .	13	STRATTERA 60 MG, 80 MG, 100 MG (atomoxetine hcl)	2
sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML	91	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	13	STRENSIQ	72
sodium fluoride TABS 0.5 MG	91	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	13	STRIBILD	44
sodium fluoride TABS 1 MG	91	SPIRO PD DEVI	89	STRIVERDI RESPIMAT	15
SODIUM OXYBATE SOLN	104	spironolactone & hydrochlorothiazide	69	STROMECTOL (ivermectin)	11
sodium phenylbutyrate POWD	72			SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	10

SUBSYS LIQD 1200 MCG, 1600 MCG	9	sulindac TABS 150 MG	5	SYMFI (efavirenz-lamivudine-tenofovir disoproxil fumarate)	44
sucralfate SUSP	116	sulindac TABS 200 MG	5	SYMFI LO (efavirenz-lamivudine-tenofovir disoproxil fumarate)	44
sucralfate TABS	116	sumatriptan 20 MG/ACT	90	SYMJEPI SOSY 0.15 MG/0.3ML	119
SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	47	sumatriptan 5 MG/ACT	90	SYMJEPI SOSY 0.3 MG/0.3ML	119
sulconazole nitrate CREA	61	sumatriptan succinate SOAJ 4 MG/0.5ML	90	SYMTUZA	44
sulconazole nitrate SOLN	61	sumatriptan succinate SOAJ 6 MG/0.5ML	90	SYNALAR CREA (fluocinolone acetonide)	66
sulfacetamide sodium (acne)	60	sumatriptan succinate SOCT 4 MG/0.5ML	90	SYNALAR OINT (fluocinolone acetonide)	66
sulfacetamide sodium (ophth) OINT 100		sumatriptan succinate SOCT 6 MG/0.5ML	90	SYNALAR SOLN (fluocinolone acetonide)	66
sulfacetamide sodium (ophth) SOLN 100		sumatriptan succinate SOLN 6 MG/0.5ML	90	SYNAREL	71
sulfacetamide sodium LIQD	63	sumatriptan succinate TABS	90	SYNJARDY TABS	22
sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	60	sunitinib malate 12.5 MG, 37.5 MG, 50 MG	39	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	22
sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %	60	sunitinib malate 25 MG	39	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	22
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	60	SUPRAX CAPS (cefixime)	50	SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)	115
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	60	SUPRAX SUSR 100 MG/5ML (cefixime)	50	SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)	115
sulfacetamide sod-prednisolone SOLN	101	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	79	SYPRINE (trientine hcl)	92
sulfadiazine TABS	114	SUSTIVA CAPS (efavirenz)	44	TABLOID	34
sulfamethoxazole-trimethoprim SUSP	32	SUSTIVA TABS (efavirenz)	44	TABRECTA	39
sulfamethoxazole-trimethoprim TABS	32	SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate)	39	TACLONEX OINT (calcipotriene-betamethasone dipropionate)	66
SULFAMYLON CREA	64	SUTENT 25 MG (sunitinib malate)	39	TACLONEX SUSP (calcipotriene-betamethasone dipropionate)	66
SULFAMYLON PACK 5 % (mafenide acetate)	64	SYMBICORT (budesonide-formoterol fumarate dihydrate)	15	tacrolimus (topical) OINT 0.03 %	67
sulfasalazine TABS	74	SYMBYAX 25 MG-3 MG, 25 MG-6 MG (olanzapine-fluoxetine hcl)	105	tacrolimus (topical) OINT 0.1 %	67
sulfasalazine TBEC	74	SYMDEKO	114		

tacrolimus CAPS	93	TECFIDERA CPDR (dimethyl fumarate)	106	propionate)	66
tadalafil (pulmonary hypertension) TABS	50	TECFIDERA STARTER PACK CDPK (dimethyl fumarate)	106	TEMOVATE OINT (clobetasol propionate)	66
tadalafil 2.5 MG	48	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	86	temozolomide CAPS	33
tadalafil 5 MG, 10 MG, 20 MG	48	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	86	tenofovir disoproxil fumarate TABS 44	
TAFINLAR CAPS	39	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	86	TENORETIC 100 (atenolol & chlorthalidone)	31
tafluprost	102	TEGRETOL SUSP (carbamazepine) . 18		TENORETIC 50 (atenolol & chlorthalidone)	31
TAGRISSO	35	TEGRETOL TABS (carbamazepine) . 18		TENORMIN TABS (atenolol)	46
TALZENNA 0.25 MG, 1 MG	39	TEGRETOL-XR TB12 100 MG (carbamazepine)	18	terazosin hcl 1 MG, 2 MG, 5 MG ..	29
TAMIFLU CAPS (oseltamivir phosphate)	46	TEGRETOL-XR TB12 200 MG (carbamazepine)	18	terazosin hcl 10 MG	29
TAMIFLU SUSR (oseltamivir phosphate)	46	TEGRETOL-XR TB12 400 MG (carbamazepine)	18	terbinafine hcl TABS	26
tamoxifen citrate TABS	36	TEGSEDI	113	terbutaline sulfate TABS	15
tamsulosin hcl	76	TEKTURNA (aliskiren fumarate) ..	31	terconazole vaginal CREA	118
TARCEVA (erlotinib hcl)	35	TEKTURNA HCT	31	terconazole vaginal SUPP	118
TARGRETIN (bexarotene (topical)) 62		telmisartan 20 MG, 40 MG	29	teriflunomide	106
TARGRETIN (bexarotene)	40	telmisartan 80 MG	29	TESTIM GEL TD (testosterone) ...	11
TASIGNA	39	telmisartan-amlodipine	31	testosterone cypionate SOLN IM ..	11
TASMAR (tolcapone)	40	telmisartan-hydrochlorothiazide ..	31	testosterone enanthate SOLN IM ..	11
TAVALISSE 100 MG	77	temazepam 15 MG	79	testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	11
TAVALISSE 150 MG	77	temazepam 22.5 MG	79	testosterone GEL TD 1 %, 50 MG/5GM	11
TAYTULLA CAPS (norethin acet & estrad-fe)	54	temazepam 30 MG	79	testosterone GEL TD 10 MG/ACT .11	
tazarotene CREA	63	temazepam 7.5 MG	79	tetrabenazine	105
TAZAROTENE FOAM	60	TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (temozolomide) .	33	tetracaine hcl (ophth)	100
tazarotene GEL	63	TEMOVATE CREA (clobetasol		tetracycline hcl CAPS	114
TAZORAC CREA (tazarotene)	63			TEXACORT SOLN 2.5 %	66
TAZORAC CREA	63			THALITONE	70
TAZORAC GEL (tazarotene)	63				
TAZVERIK	39				

THALOMID	92	maleate (ophth)	99	(topiramate)	18
THEO-24 CP24	15	tinidazole 250 MG	31	TOPAMAX TABS 200 MG	
theophylline ELIX	15	tinidazole 500 MG	31	(topiramate)	18
theophylline SOLN	15	tiopronin TABS	76	TOPAMAX TABS 25 MG	
theophylline TB12 300 MG	15	tiopronin TBEC	76	(topiramate)	18
theophylline TB12 450 MG	15	tiotropium bromide monohydrate		TOPAMAX TABS 50 MG	
theophylline TB24	15	CAPS	13	(topiramate)	18
THIOLA EC TBEC (tiopronin)	76	TIROSINT CAPS 37.5 MCG, 44		TOPICORT CREA (desoximetasone)	
THIOLA TABS (tiopronin)	76	MCG, 62.5 MCG	115	.....	66
thioridazine hcl 10 MG, 25 MG, 100		TIVICAY TABS	44	TOPICORT GEL (desoximetasone)	
MG	43	tizanidine hcl CAPS	97	66	
thioridazine hcl 50 MG	43	tizanidine hcl TABS 2 MG	97	TOPICORT LIQD (desoximetasone) .	
thiothixene	43	tizanidine hcl TABS 4 MG	97	66	
THRESHOLD PEP DEVI	89	TOBI NEBU (tobramycin)	3	TOPICORT OINT (desoximetasone) .	
THRIVITE RX TABS	96	TOBI PODHALER CAPS	3	66	
THYROID TABS 15 MG, 30 MG, 60		TOBRADEX OINT	101	TOPICORT OINT (desoximetasone) .	
MG, 90 MG, 120 MG	115	TOBRADEX ST SUSP	101	66	
tiagabine hcl	19	TOBRADEX SUSP (tobramycin-		topiramate CP24 200 MG	19
TIAZAC (diltiazem hcl extended		dexamethasone)	101	topiramate CP24 25 MG	18
release beads)	47	tobramycin (ophth) SOLN	100	topiramate CP24 50 MG, 100 MG .	19
TIBSOVO	39	tobramycin NEBU	3	topiramate CPSP	19
TIKOSYN (dofetilide)	13	tobramycin-dexamethasone SUSP		topiramate CS24 100 MG, 150 MG,	
timolol maleate (ophth) SOLG	99	101		200 MG	19
timolol maleate (ophth) SOLN	99	TOBREX OINT	100	topiramate CS24 25 MG, 50 MG ..	19
timolol maleate TABS 10 MG	47	TODAY SPONGE MISC	118	topiramate TABS 100 MG	19
timolol maleate TABS 5 MG, 20 MG .		tolcapone	40	topiramate TABS 200 MG	19
47		TOLSURA CAPS	26	topiramate TABS 25 MG	19
TIMOPTIC OCUDOSE SOLN (timolol		tolterodine tartrate CP24	118	topiramate TABS 50 MG	19
maleate (ophth))	99	tolterodine tartrate TABS	118	TOPROL XL TB24 (metoprolol	
TIMOPTIC SOLN (timolol maleate		TOPAMAX SPRINKLE CPSP		succinate)	46
(ophth))	99	(topiramate)	18	toremifene citrate	36
TIMOPTIC-XE SOLG (timolol		TOPAMAX TABS 100 MG		torsemide TABS 100 MG	69
				torsemide TABS 5 MG, 10 MG, 20	
				MG	70
				TOUJEO MAX SOLOSTAR SOPN	
				23	

TOUJEO SOLOSTAR SOPN .....23	TREMFYA SOPN 63	triazolam 0.25 MG 79
TOVIAZ (fesoterodine fumarate) 118	TREMFYA SOSY 63	TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide) 31
TPOXX (TECOVIRIMAT CAP 200 MG) .....46	TRESIBA FLEXTOUCH SOPN ...23	TRICOR TABS 145 MG (fenofibrate) . 27
TPOXX CAPS .....46	TRESIBA SOLN .....23	TRICOR TABS 48 MG (fenofibrate) 27
TPOXX SOLN .....46	tretinoin (chemotherapy) 40	TRIDESILON CREA 0.05 % (desonide) .....67
TRACLEER TABS 125 MG (bosentan) .....49	tretinoin CREA 0.025 %, 0.05 %, 0.1 % 60	trientine hcl 250 MG 92
TRACLEER TABS 62.5 MG (bosentan) .....49	tretinoin GEL 0.01 %, 0.025 %60	trientine hcl 500 MG 92
TRACLEER TBSO .....49	tretinoin GEL 0.05 %60	trifluoperazine hcl TABS .....43
tramadol hcl CP24 100 MG, 200 MG, 300 MG .....9	tretinoin microsphere 0.04 %, 0.1 % 60	trifluridine .....100
tramadol hcl TABS 100 MG .....9	tretinoin microsphere 0.08 % 60	trihexyphenidyl hcl SOLN .....40
tramadol hcl TABS 50 MG .....9	TRETEN 77	trihexyphenidyl hcl TABS 40
tramadol hcl TB24 100 MG .....9	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....34	TRIJARDY XR 22
tramadol hcl TB24 200 MG .....9	triamcinolone acetonide (mouth) ..93	TRIKAFTA TBPK 100 MG-50 MG 114
tramadol hcl TB24 .....9	triamcinolone acetonide (nasal) AERO 98	TRIKAFTA TBPK 50 MG-25 MG .114
tramadol-acetaminophen .....10	triamcinolone acetonide (topical) AERS .....66	TRILEPTAL SUSP (oxcarbazepine) 19
trandolapril .....29	triamcinolone acetonide (topical) CREA .....66	TRILEPTAL TABS 150 MG (oxcarbazepine) .....19
trandolapril-verapamil hcl 31	triamcinolone acetonide (topical) LOTN .....67	TRILEPTAL TABS 300 MG (oxcarbazepine) .....19
tranexamic acid TABS .....78	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %67	TRILEPTAL TABS 600 MG (oxcarbazepine) .....19
TRANSDERM-SCOP (scopolamine) 25	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG 69	TRILIPIX 135 MG (choline fenofibrate) .....27
TRANXENE T TABS 7.5 MG (clorazepate dipotassium) 12	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG .....69	TRILIPIX 45 MG (choline fenofibrate) .....28
tranylcypromine sulfate .....20	triamterene & hydrochlorothiazide TABS 50 MG-75 MG .....69	trimethobenzamide hcl CAPS 25
TRAVATAN Z SOLN (travoprost) 102	triamterene CAPS .....70	trimethoprim TABS .....31
travoprost SOLN .....102	triazolam 0.125 MG .....79	
trazodone hcl TABS .....21		
TRECATOR .....33		
TRELEGY ELLIPTA .....15		

trimipramine maleate CAPS	22	LARGE MISC	83	TYBLUME CHEW	54
TRINATAL RX 1 TABS	96	TRUSTEX		TYBOST	45
TRINTELLIX	21	LUBRICATED/SPERMICIDE EXTRA		TYKERB (lapatinib ditosylate)	39
TRISTART DHA	96	STRENGTH MISC	83	TYMLOS	70
TRISTART ONE	96	TRUSTEX		TYVASO DPI INSTITUTIONALKIT	
TRIUMEQ PD TBSO	44	LUBRICATED/SPERMICIDE MISC		POWD	49
TRIUMEQ TABS	45	83		TYVASO DPI MAINTENANCE KIT	
TRI-VI-FLOR	94	TRUSTEX NATURAL CONDOMS		POWD	49
TRI-VI-FLORO	94	+LUBE/LUBRICATED MISC	83	TYVASO DPI TITRATION KIT	
TRIZIVIR	45	TRUSTEX NON-LUBRICATED MISC		POWD	49
TROKENDI XR CP24 200 MG		.....	83	TYVASO REFILL SOLN IN	49
(topiramate)	19	TRUSTEX WITH NONOXYNOL-		TYVASO SOLN IN	49
TROKENDI XR CP24 25 MG		9/RIBBED/STUDDDED MISC	83	TYVASO STARTER SOLN IN	49
(topiramate)	19	TRUSTEX/RIA LUBRICATED MISC .		UBRELVY	89
TROKENDI XR CP24 50 MG, 100		83		UCERIS (budesonide (intrarectal))	
MG (topiramate)	19	TRUSTEX/RIA LUBRICATED		11	
tropicamide SOLN	99	SPERMICIDE MISC	83	UCERIS TB24 (budesonide)	56
tropium chloride CP24	118	TRUSTEX/RIA		UDENYCA SOSY	78
tropium chloride TABS	118	LUBRICATED/SPERMICIDE MISC		ULORIC 40 MG (febuxostat)	76
TRULICITY	23	83		ULORIC 80 MG (febuxostat)	76
TRUSOPT (dorzolamide hcl)	102	TRUSTEX/RIA NON-LUBRICATED		ULTRACET (tramadol-	
TRUSTEX COLOR CONDOMS +		MISC	83	acetaminophen)	10
LUBE MISC	83	TRUVADA 100 MG-150 MG, 133		ULTRAM TABS (tramadol hcl)	9
TRUSTEX LUBRICATED		MG-200 MG, 167 MG-250 MG		ULTRASAL-ER SOLN (salicylic acid)	
EXTRALARGE MISC	83	(emtricitabine-tenofovir disoproxil		67	
TRUSTEX LUBRICATED		fumarate)	45	ULTRAVATE LOTN	67
EXTRASTRENGTH MISC	83	TRUVADA 200 MG-300 MG		UPTRAVI TABS 200 MCG	50
TRUSTEX LUBRICATED MISC ...	83	(emtricitabine-tenofovir disoproxil		UPTRAVI TABS 400 MCG, 600	
TRUSTEX		fumarate)	45	MCG, 800 MCG, 1000 MCG, 1200	
LUBRICATED/RIBBED/STUDDDED		TUKYSA	34	MCG, 1400 MCG, 1600 MCG	50
MISC	83	TURALIO 200 MG	39	UPTRAVI TITRATION PACK TBPK	
TRUSTEX		TUSNEL C SYRP	57	50	
LUBRICATED/SPERMICIDE EXTRA		TUSNEL PEDIATRIC LIQD 50		UROKIT-K 10 TBCR (potassium	
		MG/5ML-5 MG/5ML-15 MG/5ML ..	57		
		TUSNEL TABS	57		
		TWIRLA	54		

citrate (alkalinizer)	75	valsartan-hydrochlorothiazide 25 MG-160 MG	31	VENCLEXTA TABS 50 MG	35
UROCIT-K 15 TBCR (potassium citrate (alkalinizer))	75	VALTREX 1 GM (valacyclovir hcl) .	46	venlafaxine hcl CP24 150 MG	21
UROCIT-K 5 TBCR (potassium citrate (alkalinizer))	75	VALTREX 500 MG (valacyclovir hcl) .	46	venlafaxine hcl CP24 37.5 MG, 75 MG	21
UROXATRAL (alfuzosin hcl)	76	VANACOF	57	venlafaxine hcl TABS	21
URSO 250 TABS (ursodiol)	73	VANCOCIN CAPS 125 MG (vancomycin hcl)	32	venlafaxine hcl TB24 225 MG	21
URSO FORTE TABS (ursodiol) ...	73	vancomycin hcl CAPS 125 MG ...	32	venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	21
ursodiol CAPS	73	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML .	32	VENTAVIS	49
ursodiol TABS	73	VANOS CREA (fluocinonide)	67	verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG ...	48
VAGIFEM TABS (estradiol vaginal) 119		VANDAZOLE	118	verapamil hcl CP24 180 MG	47
valacyclovir hcl 1 GM, 1000 MG ...	46	VANOS CREA (fluocinonide)	67	verapamil hcl CP24 360 MG	48
valacyclovir hcl 500 MG	45	varenicline tartrate TABS	113	verapamil hcl TABS	48
VALCHLOR	62	VARUBI TBPK	25	verapamil hcl TBCR 120 MG	48
VALCYTE SOLR (valganciclovir hcl) .	45	VASCEPA (icosapent ethyl)	27	verapamil hcl TBCR 180 MG, 240 MG	48
VALCYTE TABS (valganciclovir hcl) .	45	VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide) ...	31	VEREGEN	60
valganciclovir hcl SOLR	45	VASOTEC TABS (enalapril maleate) .	29	VERELAN CP24 120 MG, 240 MG (verapamil hcl)	48
valganciclovir hcl TABS	45	VCF VAGINAL CONTRACEPTIVE FILM FILM	118	VERELAN CP24 180 MG (verapamil hcl)	48
VALIUM TABS 10 MG (diazepam) 12		VCF VAGINAL CONTRACEPTIVE GEL	118	VERELAN CP24 360 MG (verapamil hcl)	48
VALIUM TABS 2 MG, 5 MG (diazepam)	12	VECAMYL	31	VERELAN PM CP24 (verapamil hcl) .	48
valproate sodium SOLN OR 250 MG/5ML	20	VECTICAL (calcitriol (topical)) ...	63	VERSACLOZ SUSP	42
valproic acid CAPS	20	VELTIN (clindamycin phosphate-tretinoin)	60	VERSAPAP DEVI	89
valsartan TABS 160 MG	29	VEMLIDY	45	VERSAPAP/UNIVERSAL TUBING DEVI	89
valsartan TABS 40 MG, 80 MG, 320 MG	29	VENCLEXTA STARTING PACK TBPK	34	VERZENIO	39
valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	31	VENCLEXTA TABS 10 MG	35	VESICARE TABS 10 MG (solifenacin succinate)	118
		VENCLEXTA TABS 100 MG	35		

VESICARE TABS 5 MG (solifenacin succinate)	118	250 MG	45	VOSEVI	45
VFEND SUSR (voriconazole)	26	VIRT-C DHA	96	VOTRIENT (pazopanib hcl)	39
VFEND TABS (voriconazole)	26	VIRT-NATE DHA CAPS	96	VOTRIENT	39
VIAGRA (sildenafil citrate)	49	VIRT-PN DHA	96	VP-PNV-DHA CAPS	96
VIBERZI	74	VISTARIL CAPS (hydroxyzine pamoate)	12	VRAYLAR CAPS	42
VIBRAMYCIN CAPS (doxycycline hyclate)	114	VISTOGARD	24	VRAYLAR CPPK	42
VIBRAMYCIN SUSR (doxycycline monohydrate))	114	VITAFOL GUMMIES	96	VYNDAMAX	50
VICTOZA	23	VITAFOL-NANO	96	VYNDAQEL	50
vigabatrin PACK	19	VITAFOL-ONE CAPS	96	VYTONE 1.9 %-1 % (iodoquinol-hydrocortisone in aloe vehicle)	61
vigabatrin TABS	19	VITAMEDMD ONE RX/QUATREFOLIC	96	VYTORIN (ezetimibe-simvastatin) 27	
VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	100	VITAPEARL	96	VYVANSE CAPS	1
VIIBRYD STARTER PACK KIT	21	VITATRUE	96	warfarin sodium TABS	15
VIIBRYD TABS 10 MG, 40 MG (vilazodone hcl)	21	VITRAKVI CAPS	39	WELCHOL PACK (colesevelam hcl) .	27
VIIBRYD TABS 20 MG (vilazodone hcl)	21	VITRAKVI SOLN	39	WELCHOL TABS (colesevelam hcl) .	27
vilazodone hcl TABS 10 MG, 40 MG .	21	VIVA DHA CAPS	96	WELLBUTRIN SR TB12 (bupropion hcl)	20
vilazodone hcl TABS 20 MG	21	VIVELLE-DOT PTTW (estradiol) ..	73	WELLBUTRIN XL TB24 (bupropion hcl)	20
VIMPAT SOLN OR 10 MG/ML (lacosamide)	19	VIZIMPRO	35	WESCAP-C DHA	96
VIMPAT TABS (lacosamide)	19	VOGELXO GEL TD (testosterone) 11		WESNATE DHA CAPS	96
VINATE DHA RF	96	VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ..	62	WESTGEL DHA	96
VINATE ONE TABS	96	VONVENDI	77	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	83
VIRACEPT TABS	45	voriconazole SUSR	26	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	83
VIREAD POWD	45	voriconazole TABS	26	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	83
VIREAD TABS (tenofovir disoproxil fumarate)	45	VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	89	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	83
VIREAD TABS 150 MG, 200 MG,		VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	89	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	83
		VORTEX VALVED HOLDING CHAMBER DEVI	89		

DIAPHRAGM KIT 80	83	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	22	ZELAPAR TBDP	41
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	83	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	22	ZELBORAF	40
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	83	XOPENEX (levalbuterol hcl)	15	ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)	72
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	84	XOPENEX CONCENTRATE (levalbuterol hcl)	15	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	69
WILATE KIT	77	XOSPATA	40	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide)	31
WILZIN	92	XPOVIO	36	ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide)	31
XALATAN SOLN (latanoprost)	102	XPOVIO 80 MG TWICE WEEKLY 36		ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (lisinopril)	29
XALKORI CAPS	39	XTANDI CAPS	36	ZESTRIL TABS 40 MG (lisinopril)	29
XANAX TABS (alprazolam)	12	XTANDI TABS	36	ZETIA (ezetimibe)	28
XANAX XR TB24 (alprazolam)	12	XYNTHA	77	ZIAC (bisoprolol & hydrochlorothiazide)	31
XARELTO STARTER PACK TBPK 15		XYNTHA SOLOFUSE	77	ZIAGEN SOLN (abacavir sulfate)	45
XARELTO SUSR	15	XYREM SOLN	104	ZIAGEN TABS (abacavir sulfate)	45
XARELTO TABS 10 MG	15	YASMIN 28 (drospirenone-ethinyl estradiol)	54	ZIANA (clindamycin phosphate- tretinoin)	60
XARELTO TABS 2.5 MG, 15 MG, 20 MG	15	YAZ (drospirenone-ethinyl estradiol)	54	zidovudine CAPS	45
XATMEP SOLN	34	YONSA	36	zidovudine SYRP	45
XELJANZ SOLN	3	zaleplon	79	zidovudine TABS	45
XELJANZ TABS	3	ZANAFLEX CAPS (tizanidine hcl)	97	ZIEXTENZO	78
XELJANZ XR TB24	3	ZANAFLEX TABS 4 MG (tizanidine hcl)	97	zileuton TB12	13
XELODA 150 MG (capecitabine)	34	ZARONTIN CAPS (ethosuximide)	20	ZIOPTAN (tafluprost)	102
XELODA 500 MG (capecitabine)	34	ZARONTIN SOLN (ethosuximide)	20		
XENAZINE (tetrabenazine)	105	ZARXIO	78		
XENICAL (orlistat)	1	ZATEAN-PN DHA	96		
XERAC AC	67	ZAVESCA (miglustat)	78		
XERMELO	75	ZEJULA CAPS	40		
XHANCE EXHU	98	ZEJULA TABS	40		
XIFAXAN 200 MG	32				
XIFAXAN 550 MG	31				

ziprasidone hcl 20 MG, 40 MG	42	zonisamide CAPS 100 MG	19
ziprasidone hcl 60 MG, 80 MG	42	zonisamide CAPS 25 MG, 50 MG .	19
ZIRGAN GEL	100	ZORBTIVE SC	71
ZITHROMAX PACK (azithromycin) 81		ZORTRESS (everolimus (immunosuppressant))	93
ZITHROMAX SUSR (azithromycin) 81		ZOVIRAX CREA (acyclovir topical) 64	
ZITHROMAX TABS 250 MG (azithromycin)	81	ZOVIRAX OINT (acyclovir topical) .	64
ZITHROMAX TABS 500 MG (azithromycin)	81	ZOVIRAX SUSP (acyclovir)	46
ZITHROMAX TRI-PAK TABS (azithromycin)	81	ZYDELIG	40
ZITHROMAX Z-PAK TABS (azithromycin)	81	ZYFLO TABS	13
ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	28	ZYKADIA TABS	40
ZOLINZA	40	ZYLET	101
zolmitriptan SOLN	90	ZYLOPRIM 100 MG (allopurinol) ..	76
zolmitriptan TABS	90	ZYLOPRIM 300 MG (allopurinol) ..	76
zolmitriptan TBDP	90	ZYMAXID (gatifloxacin (ophth)) .	100
ZOLOFT CONC (sertraline hcl)	21	ZYPREXA TABS 15 MG, 20 MG (olanzapine)	42
ZOLOFT TABS (sertraline hcl)	21	ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine)	42
zolpidem tartrate TABS	79	ZYPREXA ZYDIS TBDP (olanzapine)	42
zolpidem tartrate TBCR	79	ZYTIGA (abiraterone acetate)	36
ZOMIG SOLN (zolmitriptan)	90	ZYVOX SUSR (linezolid)	32
ZOMIG SOLN 2.5 MG	90	ZYVOX TABS (linezolid)	32
ZOMIG TABS 2.5 MG, 5 MG (zolmitriptan)	90		
ZONEGRAN CAPS 100 MG (zonisamide)	19		
ZONEGRAN CAPS 25 MG (zonisamide)	19		