

California

Essential Drug List For Small Business Group

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 All previous versions are no longer in effect.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

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

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

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

Hours of Operation

8:00am – 6:00pm Monday through Friday

Updated June 1, 2025



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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

If you have questions about your pharmacy coverage, contact Customer Service at the phone number listed on your Health Net ID card or on the cover of this book. Customer Service can help you with questions about your prescription drug benefits, including, but not limited to:

- information about drugs covered under the medical benefit.
- the processes for submitting an exception request, requesting prior authorization and step therapy exceptions.
- actual dollar amounts of cost sharing for drugs including drugs subject to coinsurance.

What is the Drug List?

The drug list is a complete list of covered drugs used to treat common diseases or health problems. The drug list is selected by a committee of doctors and pharmacists who meet regularly to decide which drugs should be included. The committee reviews new drugs and current information about existing drugs and chooses drugs based on:

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

This information is not intended as a substitute for professional medical care. Please always follow your health care provider's instructions.

How do I find a drug in the Drug List?

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

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

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

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

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

How are the drugs listed in the categorical list?

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

Example:

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

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

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

If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized lowercase*** letters.

Generic Drug Example: *terbutaline sulfate tabs*

If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface in all CAPITAL letters.

Generic Drug Marketed Under a Proprietary Brand Name Example: *levothyroxine sodium* (LEVOXYL) TABS

How much will I pay for my drugs?

To see how much you will pay for a drug, check the abbreviations in the Drug Tier column on the formulary.

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

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

Tier Descriptions

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

Nonpreferred Generic Drugs

- Non-preferred generic drugs have been placed at Tier 2.
- Non-preferred Brand drugs are placed at Tier 3.
- Specialty or drugs over \$600 (net of rebates) are placed at Tier 4.

<i>Tier</i>	<i>Description</i>
1	Tier one consists of most generic drugs and low-cost preferred brand name drugs.
2	Tier two consists of non-preferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
3	Tier three consists of non-preferred brand name drugs or drugs that are recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower Tier.
4	Tier four consists of drugs that the Food and Drug Administration of the United States Department Health and Human Services or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the enrollee to have special training or clinical monitoring for self-administration, or drugs that cost the health plan more than six hundred dollars (\$600) net of rebates for a one-month supply.
5	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.
7	A Brand name is listed for reference only when a generic equivalent is available. Generic drugs will be used whenever one is available unless a Brand is specifically requested. You may be asked to pay a higher copayment for the Brand if a generic is available. Refer to your plan documents for coverage details.

Are there any limits on my drug coverage?

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

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.
AC	Anti-cancer	Oral cancer drugs are subject to a maximum \$250 copayment for a one-month supply, before any deductible has been met, per state law (or \$750 maximum for a three-month supply through mail order, if applicable).

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

How often does the Drug List change?

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

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

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

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

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

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

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

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

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

Health Net will cover all medically necessary drugs. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent

request and 24 hours of receiving an expedited request, the request will be approved, and Health Net may not deny the request thereafter.

Step Therapy Exception:

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

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

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

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

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

When information necessary for the health plan to make a determination is not included with a request for prior authorization or step therapy exception, the plan will notify the prescribing

provider within 72 hours of receipt or within 24 hours of receipt if exigent circumstances exist. Once the health plan receives the requested information, the applicable time period to approve or deny a prior authorization or step therapy exception request begins. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

Are all contraceptives covered?

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

What blood glucose supplies covered?

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

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

Are preventive drugs covered?

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

What drugs are under my medical benefit?

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

Can I go to any pharmacy?

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

Health Net contracts with most U.S. chain pharmacies and many independent pharmacies. These pharmacies are called in-network pharmacies. To find an in-network pharmacy near you, visit our

website at [Find a pharmacy](#) or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

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

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

Can I use a mail order pharmacy?

For certain kinds of prescription drugs, you can use the Health Net contracted Mail Order Pharmacy. The drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. Tier 4 or Specialty drugs are not available through mail order.

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

Out-of-pocket costs: Are your expenses for health care benefits that are not reimbursed by the

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	1	QL(2 EA daily; 90 Day(s) limit)
<i>amphetamine-dextroamphetamine TABS 5 MG, 10 MG, 12.5 MG, 20 MG, 30 MG</i>	1	
<i>amphetamine-dextroamphetamine TABS 7.5 MG, 15 MG</i>	1	QL(90 EA per fill retail)
<i>dextroamphetamine sulfate CP24</i>	1	
<i>dextroamphetamine sulfate SOLN</i>	1	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	
<i>lisdexamfetamine dimesylate CAPS</i>	2	QL(1 EA daily)
<i>lisdexamfetamine dimesylate CHEW 60 MG</i>	2	QL(1 EA daily)
<i>lisdexamfetamine dimesylate CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG</i>	2	
<i>methamphetamine hcl</i>	1	PA
VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG	3	
VYVANSE CHEW 60 MG	3	QL(1 EA daily)
Analeptics		

Drug Name	Drug Tier	Requirements/ Limits
<i>caffeine citrate SOLN PO</i>	1	
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (<i>phentermine hcl</i>)	4	Check plan documents for coverage; PA
ADIPEX-P TABS (<i>phentermine hcl</i>)	4	Check plan documents for coverage; PA
<i>benzphetamine hcl 50 MG</i>	2	PA
<i>diethylpropion hcl TABS</i>	4	Check plan documents for coverage; PA
<i>diethylpropion hcl TB24</i>	4	Check plan documents for coverage; PA
LOMAIRA TABS	4	Check plan documents for coverage; PA
<i>phentermine hcl CAPS</i>	4	Check plan documents for coverage; PA
<i>phentermine hcl TABS</i>	4	Check plan documents for coverage; PA
<i>phentermine hcl-topiramate</i>	4	Check plan documents for coverage; QL(1 EA daily); PA
QSYMIA 11.25 MG-69 MG, 15 MG-92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG (<i>phentermine hcl-topiramate</i>)	4	Check plan documents for coverage; QL(1 EA daily); PA
Anti-Obesity Agents		
CONTRACE	4	Check plan documents for coverage; PA
<i>orlistat</i>	4	Check plan documents for coverage; PA
SAXENDA	4	Check plan documents for coverage; QL(0.5 ML daily); PA

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

Drug Name	Drug Tier	Requirements/ Limits
XENICAL (<i>orlistat</i>)	4	Check plan documents for coverage; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 EA daily)
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 EA daily)
<i>clonidine hcl (adhd) TB12</i>	1	QL(4 EA daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 EA daily)
Stimulants - Misc.		
<i>armodafinil 150 MG, 200 MG, 250 MG</i>	1	ST; PA
<i>armodafinil 50 MG</i>	1	ST; PA
<i>dexmethylphenidate hcl CP24</i>	1	QL(1 EA daily)
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 EA daily)
<i>methylphenidate hcl CHEW</i>	1	
<i>methylphenidate hcl CP24 60 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)
<i>methylphenidate hcl CP24</i>	1	QL(1 EA daily)
<i>methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG</i>	1	
<i>methylphenidate hcl CPCR 20 MG, 30 MG</i>	1	QL(2 EA daily)
<i>methylphenidate hcl SOLN</i>	1	
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 EA daily)
<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 EA daily; 90 Day(s) limit)
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 EA daily; 90 Day(s) limit)

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)
<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 EA daily)
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 EA daily)
<i>methylphenidate PTCH</i>	1	QL(1 EA daily)
<i>modafinil</i>	1	QL(1 EA daily); ST
QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 EA daily); PA
QUILLICHEW ER CHER 30 MG	3	QL(2 EA daily); PA
QUILLIVANT XR SRER	3	QL(12 ML daily); PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	4	PA
BETHKIS NEBU (<i>tobramycin</i>)	4	PA
HUMATIN	2	
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>tobramycin</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>neomycin sulfate TABS</i>	1	
<i>paromomycin sulfate</i>	1	
<i>streptomycin sulfate SOLR</i>	4	PA
TOBI PODHALER CAPS	4	PA
TOBI NEBU (<i>tobramycin</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>tobramycin NEBU</i>	4	PA

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AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin NEBU</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	OTREXUP SOAJ 10 MG/0.4ML	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Antirheumatic - Enzyme Inhibitors			RASUVO SOAJ 20 MG/0.4ML	4	ST; PA
RINVOQ LQ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(12 ML daily); SP; PA	Anti-TNF-alpha - Monoclonal Antibodies		
RINVOQ TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ML daily); PA
XELJANZ XR TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA	ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); SP; PA
XELJANZ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); SP; PA	ADALIMUMAB-ADAZ SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA
XELJANZ TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA	ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ML daily); PA
Antirheumatic Antimetabolites			HADLIMA PUSHTOUCH SOAJ	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); PA
OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	ST; PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HADLIMA SOSY	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); PA	HUMIRA-PED>=40KG CROHNS START PSKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	Check Plan Documents for coverage; QL(0.072 EA daily); SP; PA	HUMIRA-PED>=40KG UC STARTER AJKT	4	Check plan documents for coverage; QL(4 EA per 365 day(s) retail); SP; PA
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA	HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	Check plan documents for coverage; QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA	HUMIRA-PSORIASIS/UEIT STARTER AJKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA
HUMIRA (2 SYRINGE) PSKT	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA	Gold Compounds		
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA	AURANOFIN 3 MG	4	
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA	RIDAURA	4	
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA	Interleukin-1 Blockers		
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	Check plan documents for coverage; QL(2 EA per 365 day(s) retail); PA	ARCALYST	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; PA
			Interleukin-6 Receptor Inhibitors		
			KEVZARA SOAJ	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
KEVZARA SOSY	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
(Flurbiprofen) LURBIPR TABS 100 MG	1	
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
(Indomethacin) INDOCIN SUPP	4	
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 EA daily)
<i>celecoxib 400 MG</i>	1	QL(2 EA daily); PA
<i>diclofenac potassium TABS 50 MG</i>	1	
<i>diclofenac sodium TB24</i>	1	
<i>diclofenac sodium TBEC</i>	1	
<i>diclofenac w/ misoprostol TBEC</i>	1	
<i>etodolac CAPS</i>	1	
<i>etodolac TABS</i>	1	
<i>etodolac TB24</i>	1	QL(2 EA daily)
<i>fenoprofen calcium TABS</i>	6	
<i>flurbiprofen TABS</i>	1	
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
<i>indomethacin CPR</i>	1	
<i>indomethacin SUPP</i>	4	
<i>indomethacin SUSP</i>	2	
<i>ketoprofen CP24</i>	1	
<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>meclofenamate sodium CAPS</i>	1	
<i>mefenamic acid CAPS</i>	2	
<i>meloxicam TABS 15 MG</i>	1	QL(1 EA daily)
<i>meloxicam TABS 7.5 MG</i>	1	QL(2 EA daily)
<i>nabumetone 500 MG</i>	1	QL(4 EA daily)
<i>nabumetone 750 MG</i>	1	QL(3 EA daily)
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	
<i>naproxen SUSP</i>	1	
<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 AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA
OTEZLA TBP	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 EA per 365 day(s) retail); SP; PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide 20 MG</i>	1	QL(1 EA daily)
<i>leflunomide 10 MG</i>	1	QL(2 EA daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ML daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	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 TABS 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 CAPS 50 MG-300 MG</i>	2	
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-325 MG</i>	1	
			<i>butalbital-acetaminophen TABS 50 MG-300 MG</i>	2	
			<i>butalbital-aspirin-caffeine CAPS</i>	1	
			Salicylates		

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

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

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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 ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC 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, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, 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 ST, 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 TBEC 81 MG	5	PV	(Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW	5	PV
			<i>aspirin CHEW</i>	5	PV
			<i>aspirin TBEC 81 MG</i>	5	PV
			<i>diflunisal TABS</i>	1	
			<i>salsalate</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
(Methadone Hcl) METHADONE HCL INTENSOL CONC	1				
(Methadone Hcl) METHADOSE TBSO	1				
<i>codeine sulfate TABS</i>	1				
CONZIP CP24 (<i>tramadol hcl</i>)	3				
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	ST; PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl citrate LPOP 1600 MCG</i>	2	ST; QL(4 EA daily); PA	<i>morphine sulfate TABS</i>	1	
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	Limit 15 patches per month; QL(0.5 EA daily)	<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 EA daily)	<i>OXAYDO TABS 5 MG</i>	2	
<i>hydrocodone bitartrate T24A</i>	2	PA	<i>OXAYDO TABS 7.5 MG</i>	3	QL(4 EA daily)
<i>hydromorphone hcl LIQD</i>	1		<i>oxycodone hcl CAPS</i>	1	
<i>hydromorphone hcl TABS</i>	1		<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 EA daily)	<i>oxycodone hcl SOLN</i>	1	
<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 EA daily)	<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
<i>HYSINGLA ER T24A</i>	3	PA	<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 EA daily)
<i>levorphanol tartrate TABS 3 MG</i>	4		<i>oxymorphone hcl TABS 10 MG</i>	2	QL(8 EA daily)
<i>levorphanol tartrate TABS 2 MG</i>	4	PA	<i>oxymorphone hcl TABS 5 MG</i>	2	
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	2		<i>oxymorphone hcl TB12</i>	2	QL(2 EA daily)
<i>meperidine hcl TABS 50 MG</i>	1		<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	1	
<i>methadone hcl CONC</i>	1		<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)
<i>methadone hcl SOLN PO</i>	1		<i>tramadol hcl TABS 100 MG</i>	1	
<i>methadone hcl TABS</i>	1	QL(12 EA daily)	<i>tramadol hcl TB24 200 MG</i>	1	QL(1 EA daily)
<i>methadone hcl TBSO</i>	1		<i>tramadol hcl TB24 100 MG</i>	1	QL(3 EA daily)
<i>morphine sulfate beads</i>	2	QL(1 EA daily)	<i>tramadol hcl TB24</i>	1	
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 EA daily)	Opioid Combinations		
<i>morphine sulfate SOLN PO 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	Not available through mail order	(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	1	
<i>morphine sulfate SOLN PO 10 MG/5ML</i>	1		(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 EA daily)
<i>morphine sulfate SUPP</i>	2		(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG- 5 MG	1	QL(6 EA daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 EA daily)
<i>acetaminophen w/ codeine SOLN</i>	1		<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	1	QL(4 EA daily)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1		<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1	
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 EA daily)	OXYCODONE- ACETAMINOPHEN TABS	3	
<i>butalbital-acetaminophen- caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1		PROLATE TABS	3	
<i>butalbital-acetaminophen- caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1	PA	<i>tramadol-acetaminophen</i>	1	QL(8 EA daily)
<i>butalbital-aspirin-caffeine w/cod</i>	1		Opioid Partial Agonists		
<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>buprenorphine hcl- naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)
<i>hydrocodone- acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 EA daily)	<i>buprenorphine hcl- naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1	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>buprenorphine hcl- naloxone hcl dihydrate SUBL</i>	1	
<i>hydrocodone- acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1		<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 EA daily)
<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	2		<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 EA daily)
<i>hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG</i>	1		<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>	1	Limited to 4 patches per month; QL(4 EA per 28 day(s) retail)
NALOCET TABS	3		<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ML daily)
			<i>pentazocine w/ naloxone hcl</i>	1	
			ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
			Androgens		

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Drug Name	Drug Tier	Requirements/ Limits
(Methyltestosterone) METHITEST TABS	4	
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML per fill retail)
<i>danazol CAPS</i>	1	
<i>methyltestosterone CAPS</i>	4	
TESTIM GEL TD (<i>testosterone</i>)	3	QL(10 GM daily); PA
<i>testosterone cypionate SOLN IM</i>	1	QL(10 ML per fill retail)
<i>testosterone enanthate SOLN IM</i>	1	
<i>testosterone GEL TD</i>	1	Limited to 300 gms per month; QL(10 GM daily)
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 GM daily)
<i>testosterone GEL TD 1 %</i>	1	QL(10 GM daily)
<i>testosterone SOLN</i>	1	QL(6 ML daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	2	PA
CORTIFOAM EX 10 %	2	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ML daily)
Rectal Combinations		
ANALPRAM-HC LOTN EX	3	
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	2	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	2	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
<i>ivermectin</i>	1	QL(5 EA per fill retail); PA
<i>praziquantel</i>	2	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 500 MG</i>	1	QL(4 EA daily)
<i>ranolazine TB12 1000 MG</i>	1	
Nitrates		
GONITRO PACK	3	PA
<i>isosorbide dinitrate TABS 5 MG, 40 MG</i>	2	
<i>isosorbide dinitrate TABS 10 MG, 20 MG, 30 MG</i>	1	
<i>isosorbide mononitrate TABS</i>	1	
ISOSORBIDE MONONITRATE TABS	2	
<i>isosorbide mononitrate TB24</i>	1	
NITRO-BID OINT	2	
NITRO-DUR PT24	2	QL(1 EA daily)
<i>nitroglycerin PT24</i>	1	QL(1 EA daily)
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		

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Drug Name	Drug Tier	Requirements/ Limits
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	
<i>hydroxyzine pamoate CAPS</i>	1	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam TABS</i>	1	
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	2	
<i>chlordiazepoxide hcl CAPS</i>	1	
<i>clorazepate dipotassium TABS</i>	1	
<i>diazepam CONC</i>	1	
<i>diazepam SOLN PO 5 MG/5ML</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 EA daily)
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	2	
NORPACE CR CP12	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>quinidine gluconate TBCR</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	2	
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 EA daily)
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 EA daily)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); SP; PA
FASENRA SOSY 10 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA
FASENRA SOSY 30 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NUCALA SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 ML daily); SP; PA	<i>tiotropium bromide monohydrate CAPS</i>	2	QL(1 EA daily)
NUCALA SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 EA daily); SP; PA	Leukotriene Modulators		
NUCALA SOSY 40 MG/0.4ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0144 ML daily); SP; PA	<i>montelukast sodium CHEW</i>	1	QL(1 EA daily)
NUCALA SOSY 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 ML daily); SP; PA	<i>montelukast sodium PACK</i>	1	QL(1 EA daily)
Anti-Inflammatory Agents			<i>montelukast sodium TABS</i>	1	QL(1 EA daily)
<i>cromolyn sodium NEBU</i>	1		<i>zafirlukast 20 MG</i>	1	QL(2 EA daily)
Bronchodilators - Anticholinergics			<i>zafirlukast 10 MG</i>	1	
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 GM daily)	<i>zileuton TB12</i>	4	ST
INCRUSE ELLIPTA	2	QL(1 EA daily)	ZYFLO TABS	3	ST
<i>ipratropium bromide SOLN 0.02 %</i>	1		Selective Phosphodiesterase 4 (PDE4) Inhibitors		
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)	<i>roflumilast</i>	1	QL(1 EA daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)	Steroid Inhalants		
			ARNUITY ELLIPTA	2	QL(1 EA daily)
			<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)
			<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	2	QL(4 ML daily)
			<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	2	QL(8 ML daily)
			<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)
			<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)
			<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)
			<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 GM daily)
			<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 GM daily)

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PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 EA per fill retail; 3 per fill mail)	<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 EA daily)
QVAR REDHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 GM daily)	<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 GM daily)
QVAR REDHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 GM daily)	<i>formoterol fumarate NEBU</i>	2	QL(4 ML daily)
Sympathomimetics			<i>ipratropium-albuterol SOLN</i>	1	
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1		<i>levalbuterol hcl</i>	1	
(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>levalbuterol tartrate</i>	1	QL(0.6 GM daily)
<i>albuterol sulfate AERS</i>	1	QL(1.2 GM daily)	PROAIR RESPICLIK AEPB	3	Limit 2 inhalers per month; QL(0.07 EA daily)
<i>albuterol sulfate AERS</i>	1	QL(0.72 GM daily)	SEREVENT DISKUS	2	QL(2 EA daily)
<i>albuterol sulfate AERS</i>	1	QL(0.47 GM daily)	STIOLTO RESPIMAT	2	QL(0.14 GM daily)
<i>albuterol sulfate NEBU</i>	1		STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
ALBUTEROL SULFATE NEBU	2		<i>terbutaline sulfate TABS</i>	1	
<i>albuterol sulfate SYRP</i>	1		TRELEGY ELLIPTA	2	QL(2 EA daily)
<i>albuterol sulfate TABS</i>	1		<i>umeclidinium-vilanterol</i>	1	QL(2 EA daily)
BREZTRI AEROSPHERE	2	QL(0.36 GM daily)	Xanthines		
<i>budesonide-formoterol fumarate dihydrate</i>	1		(Theophylline) ELIXOPHYLLIN ELIX	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 GM daily)	THEO-24 CP24	2	
<i>fluticasone furoate-vilanterol</i>	1	QL(2 EA daily)	<i>theophylline ELIX</i>	1	
			<i>theophylline SOLN</i>	1	
			<i>theophylline TB12 300 MG</i>	1	QL(2 EA daily)
			<i>theophylline TB12 450 MG</i>	1	QL(1 EA daily)
			<i>theophylline TB24</i>	1	QL(1 EA daily)
ANTICOAGULANTS - Blood Thinners					

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Coumarin Anticoagulants			FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML		
(Warfarin Sodium) JANTOVEN TABS	1		FRAGMIN SOSY 2500 UNIT/0.2ML	4	
warfarin sodium TABS	1			4	PA
Direct Factor Xa Inhibitors			Thrombin Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPB	2	QL(74 EA per 30 day(s) retail)	dabigatran etexilate mesylate CAPS 75 MG, 150 MG	1	QL(2 EA daily)
ELIQUIS TABS	2	QL(2 EA daily)	dabigatran etexilate mesylate CAPS 110 MG	1	QL(4 EA daily)
rivaroxaban TABS 2.5 MG	1	QL(1 EA daily)			
XARELTO STARTER PACK TBPB	2	QL(51 EA per 30 day(s) retail)	ANTICONVULSANTS - Drugs to Treat Seizures		
XARELTO SUSR	2	QL(900 ML per 30 day(s) retail)	AMPA Glutamate Receptor Antagonists		
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 EA daily)	FYCOMPA SUSP	4	QL(24 ML daily)
XARELTO TABS 2.5 MG, 15 MG, 20 MG (rivaroxaban)	2	QL(1 EA daily)	FYCOMPA TABS 8 MG, 10 MG, 12 MG	4	QL(1 EA daily)
XARELTO TABS 10 MG	2	QL(2 EA daily)	FYCOMPA TABS 4 MG	4	QL(3 EA daily)
Heparins And Heparinoid-Like Agents			FYCOMPA TABS 2 MG	4	QL(6 EA daily)
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium)	4	PA	FYCOMPA TABS 6 MG	4	QL(2 EA daily)
ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium)	4	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA	Anticonvulsants - Benzodiazepines		
enoxaparin sodium SOLN IJ 300 MG/3ML	1	QL(0.1 ML daily); PA	clobazam SUSP	2	
enoxaparin sodium SOSY	1	QL(4 ML per 7 day(s) retail)	clobazam TABS 20 MG	2	QL(2 EA daily)
fondaparinux sodium 2.5 MG/0.5ML	4	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA	clobazam TABS 10 MG	2	QL(1 EA daily)
fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML	4	PA	clonazepam TABS	1	
FRAGMIN SOLN 95000 UNIT/3.8ML	4	PA	clonazepam TBDP	1	
			diazepam (anticonvulsant) GEL	2	QL(0.14 EA daily)
			NAYZILAM	4	QL(10 EA per 30 day(s) retail); PA
			VALTOCO 10 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA

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VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA	<i>carbamazepine TB12 100 MG</i>	1	
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA	CARBATROL CP12 (<i>carbamazepine</i>)	3	
VALTOCO 5 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA	DIACOMIT CAPS 250 MG	4	QL(12 EA daily); PA
Anticonvulsants - Misc.			DIACOMIT CAPS 500 MG	4	QL(6 EA daily); PA
(Carbamazepine) EPITOL TABS	1		DIACOMIT PACK 250 MG	4	QL(12 EA daily); PA
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	2		DIACOMIT PACK 500 MG	4	QL(6 EA daily); PA
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	2		EPIDIOLEX	4	ST; PA
(Lamotrigine) SUBVENITE TABS	1		<i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i>	1	QL(2 EA daily); ST
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 EA daily)	<i>gabapentin CAPS</i>	1	
BRIVIACT SOLN PO 10 MG/ML	4		<i>gabapentin SOLN</i>	1	
BRIVIACT TABS 100 MG	4	QL(2 EA daily)	<i>gabapentin TABS 600 MG, 800 MG</i>	1	
BRIVIACT TABS 10 MG	4	ST	KEPPRA XR TB24 (<i>levetiracetam</i>)	3	QL(4 EA daily)
BRIVIACT TABS 25 MG, 50 MG, 75 MG	4		KEPPRA SOLN PO 100 MG/ML (<i>levetiracetam</i>)	3	
<i>carbamazepine CHEW 100 MG</i>	1		KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	3	QL(3 EA daily)
<i>carbamazepine CP12</i>	1		KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	3	QL(6 EA daily)
<i>carbamazepine SUSP</i>	1		<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ML daily)
<i>carbamazepine TABS</i>	1		<i>lacosamide TABS</i>	1	QL(2 EA daily)
<i>carbamazepine TB12 400 MG</i>	1	QL(4 EA daily)	LAMICTAL XR KIT	3	PA
<i>carbamazepine TB12 200 MG</i>	1	QL(8 EA daily)	LAMICTAL CHEW (<i>lamotrigine</i>)	3	
			LAMICTAL TABS (<i>lamotrigine</i>)	3	
			<i>lamotrigine CHEW</i>	1	
			<i>lamotrigine KIT</i>	2	PA
			<i>lamotrigine KIT 25 MG</i>	2	
			<i>lamotrigine TABS</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lamotrigine TB24 250 MG</i>	2	PA	<i>rufinamide TABS 200 MG</i>	2	
<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	2	QL(1 EA daily); PA	TEGRETOL SUSP (<i>carbamazepine</i>)	3	
<i>lamotrigine TB24 300 MG</i>	2	QL(2 EA daily)	TEGRETOL TABS (<i>carbamazepine</i>)	3	
<i>lamotrigine TBDP</i>	2	PA	TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	3	
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1		TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	3	
<i>levetiracetam TABS 1000 MG</i>	1	QL(3 EA daily)	TOPAMAX TABS 200 MG (<i>topiramate</i>)	3	QL(2 EA daily)
<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 EA daily)	TOPAMAX TABS 100 MG (<i>topiramate</i>)	3	QL(4 EA daily)
<i>levetiracetam TB24</i>	1	QL(4 EA daily)	TOPAMAX TABS 25 MG (<i>topiramate</i>)	3	
MYSOLINE (<i>primidone</i>)	3		TOPAMAX TABS 50 MG (<i>topiramate</i>)	3	QL(8 EA daily)
NEURONTIN CAPS (<i>gabapentin</i>)	3		<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	2	PA
NEURONTIN SOLN (<i>gabapentin</i>)	3		<i>topiramate CP24 200 MG</i>	2	QL(2 EA daily); PA
NEURONTIN TABS (<i>gabapentin</i>)	3		<i>topiramate CPSP 15 MG, 25 MG</i>	1	
<i>oxcarbazepine SUSP</i>	1	QL(40 ML daily)	<i>topiramate CS24 25 MG, 50 MG</i>	2	QL(2 EA daily); PA
<i>oxcarbazepine TABS 150 MG</i>	1		<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	2	QL(1 EA daily); PA
<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 EA daily)	<i>topiramate TABS 50 MG</i>	1	QL(8 EA daily)
<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 EA daily)	<i>topiramate TABS 200 MG</i>	1	QL(2 EA daily)
<i>oxcarbazepine TB24 600 MG</i>	1	QL(4 EA daily); ST	<i>topiramate TABS 100 MG</i>	1	QL(4 EA daily)
<i>oxcarbazepine TB24 150 MG, 300 MG</i>	1	ST	<i>topiramate TABS 25 MG</i>	1	
<i>pregabalin CAPS 225 MG, 300 MG</i>	1	QL(2 EA daily)	TRILEPTAL SUSP (<i>oxcarbazepine</i>)	3	QL(40 ML daily)
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	QL(3 EA daily)	TRILEPTAL TABS 600 MG (<i>oxcarbazepine</i>)	3	QL(4 EA daily)
<i>pregabalin SOLN</i>	1	QL(30 ML daily)	TRILEPTAL TABS 300 MG (<i>oxcarbazepine</i>)	3	QL(8 EA daily)
<i>primidone 50 MG, 250 MG</i>	1		TRILEPTAL TABS 150 MG (<i>oxcarbazepine</i>)	3	
<i>rufinamide SUSP</i>	2		ZONEGRAN CAPS 25 MG (<i>zonisamide</i>)	3	
<i>rufinamide TABS 400 MG</i>	2	QL(8 EA daily)			

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ZONEGRAN CAPS 100 MG (<i>zonisamide</i>)	3	QL(6 EA daily)
<i>zonisamide CAPS 100 MG</i>	1	QL(6 EA daily)
<i>zonisamide CAPS 25 MG, 50 MG</i>	1	
Carbamates		
<i>felbamate SUSP</i>	1	
<i>felbamate TABS</i>	1	
FELBATOL SUSP (<i>felbamate</i>)	3	
GABA Modulators		
(Vigabatrin) VIGADRONE, VIGPODER PACK	4	QL(6 EA daily)
(Vigabatrin) VIGADRONE TABS	4	
SABRIL PACK (<i>vigabatrin</i>)	4	QL(6 EA daily)
SABRIL TABS (<i>vigabatrin</i>)	4	
<i>tiagabine hcl</i>	2	
<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	3	
DILANTIN (<i>phenytoin sodium extended</i>)	3	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	3	
DILANTIN-125 SUSP (<i>phenytoin</i>)	3	
DILANTIN SUSP (<i>phenytoin</i>)	3	

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<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>)	3	
<i>ethosuximide CAPS</i>	1	
<i>ethosuximide SOLN</i>	1	
<i>methsuximide</i>	1	
ZARONTIN CAPS (<i>ethosuximide</i>)	3	
ZARONTIN SOLN (<i>ethosuximide</i>)	3	
Valproic Acid		
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	3	
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	3	
DEPAKOTE TBEC (<i>divalproex sodium</i>)	3	
<i>divalproex sodium CSDR</i>	1	
<i>divalproex sodium TB24</i>	1	
<i>divalproex sodium TBEC</i>	1	
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</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	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1	
<i>bupropion hcl TB12</i>	1	

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<i>bupropion hcl TB24 450 MG</i>	2	QL(1 EA daily)	<i>fluvoxamine maleate CP24 150 MG</i>	2	
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 EA daily)	<i>fluvoxamine maleate CP24 100 MG</i>	2	QL(3 EA daily)
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	
EMSAM	3	QL(1 EA daily)	<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 EA daily)
MARPLAN	3		<i>paroxetine hcl SUSP</i>	1	
<i>phenelzine sulfate</i>	1		<i>paroxetine hcl TABS</i>	1	
<i>tranylcypromine sulfate</i>	2		<i>paroxetine hcl TB24</i>	1	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			SERTRALINE HCL CAPS	2	
SPRAVATO (56 MG DOSE)	4	PA	<i>sertraline hcl CONC</i>	1	
SPRAVATO (84 MG DOSE)	4	PA	<i>sertraline hcl TABS</i>	1	QL(2 EA daily)
Selective Serotonin Reuptake Inhibitors (SSRIs)			Serotonin Modulators		
CITALOPRAM HYDROBROMIDE CAPS	3		<i>nefazodone hcl</i>	1	
<i>citalopram hydrobromide SOLN</i>	1	QL(20 ML daily)	<i>trazodone hcl TABS</i>	1	
<i>citalopram hydrobromide TABS</i>	1	QL(1 EA daily)	TRINTELLIX	3	ST
<i>escitalopram oxalate SOLN</i>	1		VIIBRYD STARTER PACK KIT	3	PA
<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 EA daily)	<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 EA daily)	<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 EA daily)
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 EA daily)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1		<i>desvenlafaxine succinate</i>	1	QL(1 EA daily)
<i>fluoxetine hcl CPDR</i>	2		<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 EA daily)
<i>fluoxetine hcl SOLN</i>	1	QL(15 ML daily)	FETZIMA TITRATION C4PK	3	ST
<i>fluoxetine hcl TABS 10 MG</i>	1		FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 EA daily); ST
<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	1	QL(1 EA daily)	FETZIMA CP24 20 MG	3	QL(2 EA daily); ST
			<i>venlafaxine hcl CP24</i>	1	QL(2 EA daily)
			<i>venlafaxine hcl TABS</i>	1	
			<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine hcl TB24 225 MG</i>	1	
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	2	
<i>desipramine hcl TABS</i>	1	
<i>doxepin hcl CAPS</i>	1	
<i>doxepin hcl CONC</i>	1	
<i>imipramine hcl TABS 10 MG, 25 MG</i>	1	
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 EA daily)
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl CAPS</i>	1	
<i>nortriptyline hcl SOLN</i>	1	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate CAPS</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	
<i>miglitol</i>	1	
Antidiabetic Combinations		
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	1	QL(2 EA daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	1	QL(1 EA daily)
<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)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
JANUMET TABS	2	QL(2 EA daily)
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>saxagliptin-metformin hcl</i>	2	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
SYNJARDY TABS	2	QL(2 EA daily)
TRIJARDY XR	2	
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 EA daily)
Biguanides		
<i>metformin hcl SOLN</i>	2	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	5	Only Covered Ca On/Off Individual Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic; PV
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
Diabetic Other		
<i>diazoxide</i>	2	
GLUCAGON EMERGENCY	2	QL(1 EA per fill retail; 2 EA per 30 day(s) retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	2	
JANUVIA	2	QL(1 EA daily)
<i>saxagliptin hcl</i>	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
Incretin Mimetic Agents		
<i>liraglutide</i>	2	Not available through Mail Order; SP; PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Not available through mail order.; PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	Not available through mail order.; PA
OZEMPIC (2 MG/DOSE) SOPN	2	Not available through mail order.; PA
RYBELSUS TABS	2	Not available through mail order; PA
TRULICITY	2	Not available through mail order; PA
Insulin		
AFREZZA POWD	3	
AFREZZA POWD	3	QL(3 EA daily)
AFREZZA POWD	3	QL(6 EA daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ML daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	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)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)
INSULIN LISPRO PROT & LISPRO SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
LANTUS SOLN	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)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limited to 27 mls /month without prior authorization; QL(0.9 ML daily)	(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI-DIARRHEAL CAPS	1	RX/OTC
TRESIBA SOLN	2	QL(1.5 ML daily)	<i>diphenoxylate w/ atropine LIQD</i>	2	
Insulin Sensitizing Agents			<i>diphenoxylate w/ atropine TABS</i>	1	
<i>pioglitazone hcl 15 MG</i>	1		<i>loperamide hcl CAPS</i>	1	RX/OTC
<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 EA daily)	ANTIDOTES AND SPECIFIC ANTAGONISTS		
Meglitinide Analogues			Antidotes - Chelating Agents		
<i>nateglinide</i>	1		CHEMET	3	
<i>repaglinide</i>	1		<i>deferasirox PACK</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			<i>deferasirox TABS</i>	4	PA
<i>dapagliflozin propanediol</i>	1	QL(1 EA daily)	<i>deferasirox TBDO</i>	4	PA
FARXIGA	2	QL(1 EA daily)	<i>deferiprone TABS 500 MG</i>	4	PA
JARDIANCE	2	QL(1 EA daily)	EXJADE TBDO (<i>deferasirox</i>)	4	PA
Sulfonylureas			FERRIPROX SOLN	4	PA
(Glipizide) GLIPIZIDE XL TB24	1		FERRIPROX TABS 500 MG (<i>deferiprone</i>)	4	PA
<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1		JADENU SPRINKLE PACK (<i>deferasirox</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>glipizide TABS</i>	1		JADENU TABS (<i>deferasirox</i>)	4	PA
<i>glipizide TB24</i>	1		Antidotes and Specific Antagonists		
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1		ANDEXXA 200 MG	4	PA
<i>glyburide TABS</i>	1		VISTOGARD	4	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea			Opioid Antagonists		
Antidiarrheal - Chloride Channel Antagonists					
MYTESI	3	QL(2 EA daily); PA			
Antiperistaltic Agents					

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Drug Name	Drug Tier	Requirements/ Limits
(Naloxone Hcl) FT NALOXONE HCL LIQD	1	QL(4 EA per 30 day(s) retail); RX/OTC
KLOXXADO LIQD	2	
<i>naloxone hcl LIQD</i>	1	QL(4 EA per 30 day(s) retail); RX/OTC
<i>naloxone hcl SOSY 2 MG/2ML</i>	1	
<i>naltrexone hcl</i>	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	ST; Limit 2 per month; QL(0.07 EA daily); PA
<i>granisetron hcl TABS</i>	1	ST; Limit 2 tablets per day; QL(2 EA daily); PA
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ML daily)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 EA daily)
<i>ondansetron TBDP 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 EA daily)
SANCUSO PTCH	4	QL(0.04 EA daily); PA
Antiemetics - Anticholinergic		
(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW	1	RX/OTC
<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>scopolamine</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>trimethobenzamide hcl CAPS</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	QL(2 EA per 28 day(s) retail)
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 EA daily)
<i>dronabinol CAPS 10 MG</i>	2	PA
<i>dronabinol CAPS 2.5 MG, 5 MG</i>	1	PA
SYNDROS SOLN	4	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS</i>	1	Limit 3 per month; QL(0.1 EA daily)
<i>aprepitant CAPS 40 MG</i>	1	Limit 2 per month; QL(0.07 EA daily)
<i>aprepitant CAPS 80 MG, 125 MG</i>	1	Limit 1 per year; QL(0.04 EA daily)
<i>aprepitant MISC</i>	1	Limit 3 per month; QL(0.1 EA daily)
EMEND SUSR	3	QL(1 EA per 30 day(s) retail)
VARUBI (180 MG DOSE) TBPK	3	QL(4 EA per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON (<i>flucytosine</i>)	4	
<i>flucytosine</i>	4	
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 365 day(s) retail)

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Drug Name	Drug Tier	Requirements/ Limits
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	Not available through mail order
<i>fluconazole SUSR</i>	1	
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1	ST; PA
<i>itraconazole SOLN</i>	1	PA
<i>ketoconazole</i>	1	
<i>posaconazole SUSP</i>	2	
<i>posaconazole TBEC</i>	2	
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	QL(2 EA daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
(Dexchlorpheniramine Maleate) RYCLORA SOLN	1	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1	
<i>carbinoxamine maleate TABS 4 MG</i>	1	
CARBINOXAMINE MALEATE TABS	3	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	4	PA
RYVENT TABS	3	
Antihistamines - Non-Sedating		
<i>desloratadine TABS</i>	1	ST; QL(1 EA daily); PA
<i>desloratadine TBDP 2.5 MG</i>	1	ST; PA
<i>desloratadine TBDP 5 MG</i>	1	PA
Antihistamines - Phenothiazines		

Drug Name	Drug Tier	Requirements/ Limits
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 EA daily)
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2	
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	2	
<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>ciproheptadine hcl SYRP</i>	1	
<i>ciproheptadine hcl TABS</i>	1	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	QL(1 EA daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	2	PA
<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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>cholestyramine POWD</i>	1	
<i>colesevelam hcl PACK</i>	2	QL(1 EA daily)
<i>colesevelam hcl TABS</i>	2	QL(7 EA daily)
<i>colestipol hcl GRAN</i>	1	
<i>colestipol hcl PACK</i>	2	
<i>colestipol hcl TABS</i>	1	
Fibric Acid Derivatives		
<i>choline fenofibrate 45 MG</i>	1	
<i>choline fenofibrate 135 MG</i>	1	QL(1 EA daily)
<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 EA daily)
<i>fenofibrate CAPS</i>	1	
<i>fenofibrate TABS 48 MG</i>	1	
<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 EA daily)
<i>fenofibrate TABS 54 MG</i>	1	QL(2 EA daily)
FIBRICOR (<i>fenofibric acid</i>)	2	
<i>gemfibrozil TABS</i>	1	
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily)
<i>fluvastatin sodium CAPS</i>	1	QL(1 EA daily)
<i>fluvastatin sodium TB24</i>	1	QL(1 EA daily)
<i>lovastatin TABS</i>	1	\$0 copay for Generic only, age 40 to 75; PV
<i>pitavastatin calcium</i>	1	QL(1 EA daily); ST
<i>pravastatin sodium</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 EA daily); PV
<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily)
<i>simvastatin TABS</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG	4	ST; PA
JUXTAPID 10 MG, 20 MG, 30 MG	4	PA
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
<i>niacin (antihyperlipidemic) TABS</i>	1	
<i>niacin (antihyperlipidemic) TBCR</i>	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate TABS</i>	1	QL(2 EA daily)
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS 40 MG</i>	1	QL(2 EA daily)
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS SOLN	3	QL(5 ML daily)
<i>quinapril hcl</i>	1	
<i>ramipril CAPS</i>	1	QL(2 EA daily)
<i>trandolapril</i>	1	
Agents for Pheochromocytoma		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEMSE (metyrosine)	4		amlodipine besylate- benazepril hcl 10 MG-2.5 MG	1	
metyrosine	4		amlodipine besylate- valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG	1	
phenoxybenzamine hcl	1	Not available through mail	amlodipine besylate- valsartan 10 MG-160 MG	1	QL(1 EA daily)
Angiotensin II Receptor Antagonists			amlodipine-valsartan- hydrochlorothiazide	1	
candesartan cilexetil 4 MG, 8 MG, 16 MG	1		atenolol & chlorthalidone	1	
candesartan cilexetil 32 MG	1	QL(1 EA daily)	benazepril & hydrochlorothiazide	1	
EDARBI 80 MG	3	QL(1 EA daily)	bisoprolol & hydrochlorothiazide	1	
EDARBI 40 MG	3		candesartan cilexetil- hydrochlorothiazide	1	
irbesartan	1		captopril & hydrochlorothiazide	1	
losartan potassium	1		EDARBYCLOR	3	QL(1 EA daily)
olmesartan medoxomil 40 MG	1	QL(1 EA daily)	enalapril maleate & hydrochlorothiazide	1	
olmesartan medoxomil 5 MG, 20 MG	1		fosinopril sodium & hydrochlorothiazide	1	
telmisartan 20 MG, 40 MG	1		irbesartan- hydrochlorothiazide	1	
telmisartan 80 MG	1	QL(1 EA daily)	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	1	
valsartan TABS 160 MG	1	QL(2 EA daily)	lisinopril & hydrochlorothiazide 25 MG-20 MG	1	QL(2 EA daily)
valsartan TABS 40 MG, 80 MG, 320 MG	1		losartan potassium & hydrochlorothiazide	1	
Antiadrenergic Antihypertensives			metoprolol & hydrochlorothiazide TABS	1	
clonidine hcl TABS	1		olmesartan medoxomil- amlodipine- hydrochlorothiazide	1	ST
doxazosin mesylate	1				
guanfacine hcl	1				
methyldopa TABS	1				
prazosin hcl CAPS	1				
terazosin hcl 10 MG	1	QL(2 EA daily)			
terazosin hcl 1 MG, 2 MG, 5 MG	1				
Antihypertensive Combinations					
amlodipine besylate- benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG	1	QL(1 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits
<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 25 MG-20 MG</i>	1	QL(1 EA daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
TEKTURNA HCT 25 MG-150 MG	3	ST
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
<i>trandolapril-verapamil hcl</i>	1	
<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	
Antihypertensives - Misc.		
VECAMEYL	3	
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1	
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	
Vasodilators		
<i>hydralazine hcl TABS</i>	1	
<i>minoxidil 2.5 MG, 10 MG</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
Anti-infective Agents - Misc.		
<i>metronidazole CAPS</i>	2	
<i>metronidazole TABS 250 MG, 500 MG</i>	1	
<i>pentamidine isethionate IN</i>	2	
<i>tinidazole 250 MG</i>	1	
<i>tinidazole 500 MG</i>	1	ST
<i>trimethoprim TABS</i>	1	
XIFAXAN 200 MG	3	QL(9 EA per fill retail); PA
XIFAXAN 550 MG	3	QL(2 EA daily); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
<i>atovaquone</i>	2	
LAMPIT	4	PA
<i>nitazoxanide TABS</i>	2	
Carbapenems		
<i>ertapenem sodium IJ</i>	4	PA
<i>imipenem-cilastatin IV</i>	2	PA
INVANZ IJ (<i>ertapenem sodium</i>)	4	PA
<i>meropenem 500 MG</i>	4	PA
PRIMAXIN IV IV 500 MG-500 MG (<i>imipenem-cilastatin</i>)	4	PA
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
Leprostatics		
<i>dapsone 25 MG</i>	1	
<i>dapsone 100 MG</i>	1	QL(4 EA daily)
Lincosamides		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
Monobactams		
CAYSTON	4	PA
Oxazolidinones		
<i>linezolid SUSR</i>	1	QL(210 ML per 90 day(s) retail)
<i>linezolid TABS</i>	1	QL(20 EA per 90 day(s) retail)
SIVEXTRO TABS	2	QL(6 EA per 90 day(s) retail)
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	2	Limit 24 doses per month; QL(0.8 EA daily)
Antimalarials		
<i>chloroquine phosphate TABS</i>	1	
DARAPRIM (<i>pyrimethamine</i>)	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl</i>	1	QL(6 EA per fill retail; 6 per fill mail)
<i>mefloquine hcl</i>	6	
<i>primaquine phosphate TABS</i>	1	
<i>pyrimethamine</i>	4	PA
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 EA daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimychasthenic/Cholinergic Agents		
FIRDAPSE	4	ST; PA
NEOSTIGMINE METHYLSULFATE RFID SOSY (<i>neostigmine methylsulfate</i>)	4	PA
<i>neostigmine methylsulfate SOSY</i>	4	PA
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	4	PA
<i>pyridostigmine bromide SOLN PO</i>	2	PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	2	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	4	
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
PRIFTIN	3	
<i>pyrazinamide</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>rifabutin</i>	2		INLYTA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
<i>rifampin CAPS</i>	1				
TRECTOR	2		LENVIMA (10 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			LENVIMA (12 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
Alkylating Agents			LENVIMA (14 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
<i>cyclophosphamide CAPS</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
CYCLOPHOSPHAMIDE TABS	2		LENVIMA (20 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC	LENVIMA (24 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LEUKERAN	2	AC			
<i>melphalan</i>	1	AC			
MYLERAN TABS	2	AC			
<i>temozolomide CAPS</i>	2	SP; AC			
Antimetabolites					
<i>capecitabine</i>	2	SP; AC			
<i>fludarabine phosphate SOLR</i>	4	PA			
<i>mercaptopurine SUSP 2000 MG/100ML</i>	1	AL(Up to 13 yrs old); AC			
<i>mercaptopurine TABS</i>	1	AC			
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1				
<i>methotrexate sodium SOLR</i>	1				
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC			
ONUREG TABS	4	AC; PA			
TABLOID	4	AC			
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC			
XATMEP SOLN PO	4	AC; PA			
Antineoplastic - Angiogenesis Inhibitors					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (4 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	ERIVEDGE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
LENVIMA (8 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	ODOMZO	4	AC
Antineoplastic - Anti-HER2 Agents			Antineoplastic - Hormonal and Related Agents		
TUKYSA	4	AC; PA	(Abiraterone Acetate) ABIRTEGA 250 MG	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
Antineoplastic - BCL-2 Inhibitors			<i>abiraterone acetate</i>	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
VENCLEXTA STARTING PACK TBPK	4	AC; PA	<i>anastrozole</i>	5	QL(1 EA daily); PV; AC
VENCLEXTA TABS 10 MG	4	QL(2 EA daily); AC; PA	ARIMIDEX (<i>anastrozole</i>)	5	QL(1 EA daily); PV; AC
VENCLEXTA TABS 100 MG	4	QL(4 EA daily); AC; PA	AROMASIN (<i>exemestane</i>)	5	PV; AC
VENCLEXTA TABS 50 MG	4	AC; PA	<i>bicalutamide</i>	1	QL(1 EA daily); AC
Antineoplastic - EGFR Inhibitors			ELIGARD KIT SC 7.5 MG, 45 MG	3	PA
<i>erlotinib hcl</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	EMCYT	2	AC
<i>gefitinib</i>	2	SP; AC; PA	ERLEADA 60 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
GILOTRIF	4	Must use Accredo SP pharmacy; AC; PA	ERLEADA 240 MG	4	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
TAGRISSE	4	SP; AC; PA	EULEXIN	2	AC
VIZIMPRO	4	AC; PA	<i>exemestane</i>	5	PV; AC
Antineoplastic - Hedgehog Pathway Inhibitors			<i>letrozole</i>	1	AC
DAURISMO	4	PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	2	PA

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LUPRON DEPOT (1-MONTH) KIT IM	3	covered w- gender transformation diagnosis; PA required for other diagnosis	AYVAKIT	4	QL(1 EA daily); SP; PA
LYSODREN	2	AC	AYVAKIT	4	QL(1 EA daily); SP; AC; PA
<i>megestrol acetate SUSP</i>	1	AC	Antineoplastic - XPO1 Inhibitors		
<i>megestrol acetate TABS</i>	1	AC	XPOVIO (100 MG ONCE WEEKLY) 50 MG	4	AC; PA
NILANDRON (<i>nilutamide</i>)	4	AC; PA	XPOVIO (40 MG ONCE WEEKLY) 40 MG	4	AC; PA
<i>nilutamide</i>	4	AC; PA	XPOVIO (40 MG TWICE WEEKLY) 40 MG	4	AC; PA
NUBEQA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	XPOVIO (60 MG ONCE WEEKLY) 60 MG	4	AC; PA
SOLTAMOX SOLN	5	PV; AC	XPOVIO (80 MG ONCE WEEKLY) 40 MG	4	AC; PA
<i>tamoxifen citrate TABS</i>	5	PV; AC	XPOVIO (80 MG TWICE WEEKLY)	4	PA
<i>toremifene citrate</i>	2	AC	Antineoplastic Combinations		
XTANDI CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	INQOVI	4	PA
XTANDI TABS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	KISQALI FEMARA (200 MG DOSE)	4	AC; PA
YONSA	4	AC; PA	KISQALI FEMARA (400 MG DOSE)	4	AC; PA
ZYTIGA (<i>abiraterone acetate</i>)	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	KISQALI FEMARA (600 MG DOSE)	4	AC; PA
Antineoplastic - Immunomodulators			LONSURF	4	AC; PA
POMALYST	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	Antineoplastic Enzyme Inhibitors		
Antineoplastic - PDGFR-alpha Inhibitors			(Everolimus) TORPENZ TABS	4	QL(1 EA daily); SP; AC; PA
			AFINITOR DISPERZ TBSO (<i>everolimus</i>)	4	QL(1 EA daily); SP; AC; PA
			AFINITOR TABS (<i>everolimus</i>)	4	QL(1 EA daily); SP; AC; PA
			ALECENSA	4	AC; PA
			ALUNBRIG TABS	4	AC; PA
			ALUNBRIG TBPK	4	AC; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BALVERSA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	<i>everolimus TBSO</i>	4	QL(1 EA daily); SP; AC; PA
<i>bortezomib SOLR IJ</i>	4	PA	IBRANCE CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	4	SP; PA	IBRANCE TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
BOSULIF CAPS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	ICLUSIG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
BOSULIF TABS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	IDHIFA	4	AC; PA
BRAFTOVI 75 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	<i>imatinib mesylate TABS 100 MG</i>	2	QL(3 EA daily); AC; PA
BRUKINSA	4	AC; PA	<i>imatinib mesylate TABS 400 MG</i>	2	QL(2 EA daily); AC; PA
CABOMETYX TABS 20 MG, 60 MG	4	QL(1 EA daily); AC; PA	IMBRUVICA CAPS 140 MG	4	QL(3 EA daily); SP; AC; PA
CABOMETYX TABS 40 MG	4	QL(2 EA daily); AC; PA	IMBRUVICA CAPS 70 MG	4	QL(1 EA daily); SP; AC; PA
CALQUENCE	4	QL(2 EA daily); AC; PA	IMBRUVICA SUSP	4	QL(8 ML daily); SP; AC; PA
CAPRELSA	4	AC; PA	IMBRUVICA TABS	4	QL(1 EA daily); AC; PA
COMETRIQ (100 MG DAILY DOSE) KIT	4	AC; PA	INREBIC	4	AC; PA
COMETRIQ (140 MG DAILY DOSE) KIT	4	AC; PA	ISTODAX SOLR (<i>romidepsin</i>)	4	PA
COMETRIQ (60 MG DAILY DOSE) KIT	4	AC; PA	JAKAFI	4	QL(2 EA daily); AC; PA
COPIKTRA	4	AC; PA	KISQALI (200 MG DOSE)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
COTELLIC	4	AC; PA			
<i>dasatinib</i>	4	SP; AC; PA			
<i>everolimus TABS</i>	4	QL(1 EA daily); SP; AC; PA			

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KISQALI (400 MG DOSE)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	NINLARO	4	Limited to 3 capsules per month;; QL(0.1 EA daily); AC; PA
KISQALI (600 MG DOSE)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	<i>pazopanib hcl</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
KOSELUGO	4	PA	PIQRAY (200 MG DAILY DOSE)	4	AC; PA
<i>lapatinib ditosylate</i>	4	AC; PA	PIQRAY (250 MG DAILY DOSE)	4	AC; PA
LORBRENA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	PIQRAY (300 MG DAILY DOSE)	4	AC; PA
LUMAKRAS 120 MG, 240 MG	4	QL(2 EA daily); PA	QINLOCK	4	AC; PA
LUMAKRAS 320 MG	4	QL(3 EA daily); PA	RETEVMO CAPS	4	AC; PA
LYNPARZA TABS	4	QL(4 EA daily); SP; AC; PA	<i>romidepsin SOLR</i>	4	PA
MEKINIST SOLR	4	SP; AC; PA	ROZLYTREK CAPS	4	AC; PA
MEKINIST TABS	4	SP; AC; PA	RUBRACA	4	AC; PA
MEKTOVI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	RYDAPT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
NERLYNX	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	<i>sorafenib tosylate</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
NEXAVAR (<i>sorafenib tosylate</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	STIVARGA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
			<i>sunitinib malate 25 MG</i>	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA

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<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	XALKORI CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
TABRECTA	4	AC; PA	XALKORI CPSP	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
TAFINLAR CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	XOSPATA	4	AC; PA
TAFINLAR TBSO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA	ZEJULA TABS	4	PA
TALZENNA	4	SP; AC; PA	ZELBORAF	4	AC; PA
TASIGNA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	ZOLINZA	4	AC; PA
TAZVERIK	4	PA	ZYDELIG	3	AC; PA
<i>temsirolimus</i>	4	PA	ZYKADIA TABS	4	AC
TIBSOVO	4	AC; PA	Antineoplastics Misc.		
TORISEL (<i>temsirolimus</i>)	4	PA	ACTIMMUNE 100 MCG/0.5ML	4	PA
TYKERB (<i>lapatinib ditosylate</i>)	4	AC; PA	ALFERON N	4	PA
VELCADE SOLR IJ (<i>bortezomib</i>)	4	PA	BESREMI	4	PA
VERZENIO	4	QL(2 EA daily); AC; PA	<i>bexarotene</i>	4	SP; AC; PA
VITRAKVI CAPS	4	AC; PA	<i>hydroxyurea</i>	1	AC
VITRAKVI SOLN	4	AC; PA	MATULANE	4	AC; PA
VOTRIENT (<i>pazopanib hcl</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	TARGRETIN (<i>bexarotene</i>)	4	SP; AC; PA
			<i>tretinoin (chemotherapy)</i>	2	AC
			Chemotherapy Rescue/Antidote/Protective Agents		
			<i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i>	4	PA
			<i>leucovorin calcium TABS</i>	1	AC
			<i>mesna TABS</i>	1	AC
			MESNEX TABS	3	AC
			Mitotic Inhibitors		
			<i>etoposide CAPS</i>	2	AC
			Topoisomerase I Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits
HYCANTIN CAPS	4	AC; PA
HYCANTIN SOLR (<i>topotecan hcl</i>)	4	PA
<i>topotecan hcl</i> SOLR	4	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	2	
Antiparkinson Anticholinergics		
<i>benztropine mesylate</i> SOLN	4	administered under the medical benefit; PA
<i>benztropine mesylate</i> TABS	1	
<i>trihexyphenidyl hcl</i> SOLN	1	
<i>trihexyphenidyl hcl</i> TABS	1	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1	
TASMAR (<i>tolcapone</i>)	4	
<i>tolcapone</i>	4	
Antiparkinson Dopaminergics		
<i>amantadine hcl</i> CAPS	1	
<i>amantadine hcl</i> TABS	1	
<i>bromocriptine mesylate</i> CAPS	1	
<i>bromocriptine mesylate</i> TABS 2.5 MG	1	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>carbidopa-levodopa</i> TABS	1	
<i>carbidopa-levodopa</i> TBCR 100 MG-25 MG	1	QL(8 EA daily)
<i>carbidopa-levodopa</i> TBCR 200 MG-50 MG	1	
<i>carbidopa-levodopa</i> TBDP	2	
DHIVY TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
NEUPRO	4	
<i>pramipexole dihydrochloride</i> TABS 1.5 MG	1	QL(3 EA daily)
<i>pramipexole dihydrochloride</i> TABS 1 MG	1	QL(4 EA daily)
<i>pramipexole dihydrochloride</i> TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	1	
<i>pramipexole dihydrochloride</i> TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG	2	
<i>pramipexole dihydrochloride</i> TB24 3 MG	2	QL(1 EA daily)
<i>ropinirole hydrochloride</i> TABS	1	
<i>ropinirole hydrochloride</i> TB24 12 MG	1	QL(2 EA daily)
<i>ropinirole hydrochloride</i> TB24 2 MG, 4 MG, 6 MG, 8 MG	1	
RYTARY CPCR	4	QL(10 EA daily); PA
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i> CAPS	1	QL(2 EA daily)
<i>selegiline hcl</i> TABS	1	QL(2 EA daily)
XADAGO	3	PA
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 EA daily)
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
LITHOBID TBCR (<i>lithium carbonate</i>)	3	
Antipsychotics - Misc.		
EQUETRO	3	
<i>lurasidone hcl</i>	2	
NUPLAZID CAPS	4	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	4	QL(1 EA daily); PA
VRAYLAR CAPS	3	
VRAYLAR CPPK	3	
<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 EA daily)
Benzisoxazoles		
FANAPT	4	QL(2 EA daily)
FANAPT TITRATION PACK	4	
<i>paliperidone</i>	1	
PERSERIS PRSY	4	administered under the medical benefit; PA
<i>risperidone SOLN</i>	1	
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
<i>risperidone TABS 3 MG</i>	1	QL(2 EA daily)
<i>risperidone TBDP</i>	1	
Butyrophenones		
<i>haloperidol lactate CONC</i>	1	
<i>haloperidol TABS</i>	1	
Dibenzapines		

Drug Name	Drug Tier	Requirements/ Limits
<i>asenapine maleate</i>	2	
<i>clozapine TABS</i>	1	
<i>clozapine TBDP</i>	2	
<i>loxapine succinate</i>	1	
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 EA daily)
<i>olanzapine TBDP</i>	1	
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1	
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 EA daily)
<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 EA daily)
<i>quetiapine fumarate TB24</i>	1	
SECUADO	3	QL(1 EA daily)
VERSACLOZ SUSP	4	QL(18 ML daily)
Dihydroindolones		
<i>molindone hcl</i>	1	
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 EA daily)
<i>chlorpromazine hcl TABS</i>	2	
<i>fluphenazine hcl CONC</i>	1	
<i>fluphenazine hcl ELIX</i>	2	
<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		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole SOLN PO</i>	1		DESCOVY 200 MG-25 MG	5	PV
<i>aripiprazole TABS 15 MG</i>	1	QL(2 EA daily)	DOVATO	2	
<i>aripiprazole TABS 20 MG</i>	1	QL(1 EA daily)	EDURANT	2	
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1		<i>efavirenz CAPS</i>	1	
<i>aripiprazole TBDP</i>	1	PA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 EA daily)
REXULTI	3		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
Thioxanthenes			<i>efavirenz TABS</i>	1	
<i>thiothixene</i>	1		<i>emtricitabine CAPS</i>	1	
ANTISEPTICS & DISINFECTANTS			<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 EA daily)
Antiseptics & Disinfectants			<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	QL(1 EA daily); PV
<i>formaldehyde SOLN 10 %</i>	1		EMTRIVA SOLN	2	
ANTIVIRALS - Drugs to Treat Viral Infections			<i>etravirine</i>	1	
Antiretrovirals			EVOTAZ	2	
<i>abacavir sulfate-lamivudine</i>	1		<i>fosamprenavir calcium TABS</i>	1	
<i>abacavir sulfate SOLN</i>	1		FUZEON SOLR	4	ST; PA
<i>abacavir sulfate TABS</i>	1		GENVOYA	2	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit	INTELENCE 25 MG	2	
APTIVUS CAPS	2		ISENTRESS HD TABS	2	
<i>atazanavir sulfate CAPS</i>	1		ISENTRESS CHEW	2	
BIKTARVY	2		ISENTRESS PACK	2	
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit	ISENTRESS TABS	2	
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit	JULUCA	2	
CIMDUO	2		KALETRA SOLN	2	
COMPLERA	2		<i>lamivudine SOLN</i>	1	
<i>darunavir TABS</i>	1		<i>lamivudine TABS</i>	1	
DELSTRIGO	2		<i>lamivudine-zidovudine</i>	1	
			<i>lopinavir-ritonavir SOLN</i>	1	
			<i>lopinavir-ritonavir TABS</i>	1	
			<i>maraviroc TABS</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 EA daily)
<i>metoprolol succinate TB24</i>	1	
<i>metoprolol tartrate TABS</i>	1	
<i>nebivolol hcl</i>	1	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	1	
HEMANGEOL SOLN PO	3	PA
INDERAL XL	3	
INNOPRAN XL	3	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	
<i>pindolol TABS</i>	1	
<i>propranolol hcl CP24</i>	1	
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	
<i>propranolol hcl TABS</i>	1	
<i>sotalol hcl (afib/af)</i>	1	
<i>sotalol hcl TABS</i>	1	
SOTYLIZE SOLN PO	3	
<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 EA daily)
<i>timolol maleate TABS 10 MG</i>	1	QL(6 EA daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
(Diltiazem Hcl) DILT-XR CP24	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 EA daily)
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>diltiazem hcl coated beads CP24</i>	1	QL(1 EA daily)
<i>diltiazem hcl extended release beads</i>	1	
<i>diltiazem hcl CP12</i>	1	
<i>diltiazem hcl CP24</i>	1	
<i>diltiazem hcl TABS</i>	1	
<i>diltiazem hcl TB24</i>	1	
<i>felodipine 10 MG</i>	1	QL(1 EA daily)
<i>felodipine 2.5 MG, 5 MG</i>	1	
<i>isradipine CAPS</i>	1	
<i>nicardipine hcl CAPS</i>	1	
<i>nifedipine CAPS</i>	1	
<i>nifedipine TB24</i>	1	QL(1 EA daily)
<i>nifedipine TB24 30 MG, 60 MG</i>	1	
<i>nimodipine CAPS</i>	2	
<i>nimodipine SOLN</i>	1	
<i>nisoldipine</i>	2	
<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 EA daily)
<i>verapamil hcl CP24 180 MG</i>	1	QL(2 EA daily)
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR 120 MG</i>	1	
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 EA daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1	
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1	
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	3	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	2	
ENTRESTO TABS	3	QL(2 EA daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
Impotence Agents		
<i>sildenafil citrate</i>	1	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>tadalafil 2.5 MG</i>	1	QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 TEPK	4	SP; PA
ORENITRAM MONTH 2 TEPK	4	SP; PA
ORENITRAM MONTH 3 TEPK	4	SP; PA
ORENITRAM TBCR	4	SP; PA
TYVASO DPI INSTITUTIONAL KIT POWD	4	QL(4 EA daily); PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 EA daily); PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(8 EA daily); PA
TYVASO DPI TITRATION KIT POWD	4	QL(7 EA daily); PA
TYVASO DPI TITRATION KIT POWD	4	QL(9 EA daily); PA
TYVASO REFILL KIT SOLN IN	4	PA
TYVASO STARTER KIT SOLN IN	4	PA
TYVASO SOLN IN	4	PA
VENTAVIS IN	4	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan 10 MG</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>ambrisentan 5 MG</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 EA daily); PA
<i>bosentan TABS</i>	4	PA
LETAIRIS 10 MG (<i>ambrisentan</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 EA daily); PA
LETAIRIS 5 MG (<i>ambrisentan</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 EA daily); PA
OPSUMIT	4	ST; PA
TRACLEER TABS (<i>bosentan</i>)	4	PA
TRACLEER TBSO	4	ST; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	1	QL(2 EA daily); PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	2	PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	2	QL(3 EA daily); PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	QL(2 EA daily); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	4	ST; PA
UPTRAVI TABS 200 MCG	4	ST; PA

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Drug Name	Drug Tier	Requirements/ Limits
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 EA daily); PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ML daily); ST
<i>ivabradine hcl TABS</i>	2	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>cefazolin sodium SOLR IV 1 GM</i>	4	PA
<i>cephalexin CAPS</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	3	
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1	
CEFOTAN IJ (<i>cefotetan disodium</i>)	4	PA
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	4	PA
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits
CEFOXITIN SODIUM-DEXTROSE	4	PA
<i>cefprozil SUSR</i>	1	
<i>cefprozil TABS</i>	1	
<i>cefuroxime axetil TABS</i>	1	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	
<i>cefdinir SUSR</i>	1	
<i>cefixime CAPS</i>	1	
<i>cefixime SUSR</i>	1	
<i>cefpodoxime proxetil SUSR</i>	1	
<i>cefpodoxime proxetil TABS</i>	1	
SUPRAX CHEW	3	
SUPRAX SUSR 500 MG/5ML	3	
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
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	5	PV

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(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 EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), 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 EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS 0.03 MG-0.15 MG	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28)	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG	5	PV			
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV			

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(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	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, FEIRZA 1.5/30, FEIRZA 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 EQ TABS 1 MG-20 MCG-75 MG	5	PV
(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA	5	PV	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	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, FEIRZA 1.5/30, FEIRZA 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 EQ TABS 1 MG-20 MCG-75 MG	5	PV	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 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 EQ TABS	5	PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	5	PV

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(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG	5	PV	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG	5	PV	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE	5	PV	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG	5	PV	(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG	5	PV	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	5	PV

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(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	PV	MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	5	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV	MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	5	PV
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	5	PV	NATAZIA	5	PV
BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	PV	NEXTSTELLIS	5	PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	PV	<i>norethin acet & estrad-fe CAPS</i>	5	PV
<i>drospirenone-ethinyl estradiol</i>	5	PV	<i>norethin acet & estrad-fe CHEW</i>	5	PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	PV	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	PV
<i>ethynodiol diacet & eth estrad</i>	5	PV	<i>norethindrone & ethinyl estradiol-fe</i>	5	PV
FEMLYV TBDP	5	PV	<i>norethindrone acet & eth estra TABS</i>	5	PV
GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	5	PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	PV
<i>levonorgestrel & eth estradiol TABS</i>	5	PV	<i>norgestimate-ethinyl estradiol</i>	5	PV
<i>levonorgestrel-eth estradiol (triphasic)</i>	5	PV	<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	PV	QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	PV	SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	PV
<i>levonorgestrel-ethinyl estradiol-iron</i>	5	PV	SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV
LO LOESTRIN FE TABS	5	PV	TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	5	PV
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV	TYBLUME CHEW	5	PV
			YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	5	PV
			YAZ (<i>drospirenone-ethinyl estradiol</i>)	5	PV
			Combination Contraceptives - Transdermal		

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(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV
<i>norelgestromin-ethinyl estradiol</i>	5	PV
TWIRLA	5	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV
ANNOVERA	5	PV
<i>etonogestrel-ethinyl estradiol</i>	5	PV
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	5	PV
Emergency Contraceptives		
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	PV
ELLA	5	PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV
PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	5	PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		

Drug Name	Drug Tier	Requirements/ Limits
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL	5	PV
<i>norethindrone (contraceptive)</i>	5	PV
OPILL	5	PV
SLYND	5	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPk	1	
(Prednisolone) MILLIPRED TABS	1	
AGAMREE	4	SP; PA
<i>budesonide TB24</i>	2	PA
<i>deflazacort SUSP</i>	4	SP; PA
<i>deflazacort TABS</i>	4	SP; PA
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
<i>dexamethasone TBPk</i>	1	
EMFLAZA SUSP (<i>deflazacort</i>)	4	SP; PA
EMFLAZA TABS (<i>deflazacort</i>)	4	SP; PA
<i>hydrocortisone TABS</i>	1	
MEDROL TABS	2	
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBPk</i>	1	

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<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML</i>	1		(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
<i>prednisolone sodium phosphate TBDP</i>	1		ACTIDOM DMX LIQD	3	
<i>prednisolone SOLN</i>	1		CODITUSSIN AC LIQD	3	
<i>prednisolone TABS</i>	1		DOMETUSS-DMX LIQD	3	
PREDNISONE INTENSOL CONC	2		GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC
<i>prednisone SOLN</i>	2		GILTUSS COUGH & COLD TABS	3	
<i>prednisone TABS</i>	1		GILTUSS SINUS & CONGESTION TABS	3	RX/OTC
<i>prednisone TBPk</i>	1		<i>guaifenesin-codeine SOLN</i>	1	
Mineralocorticoids			<i>hydrocodone polistirex-chlorpheniramine polistirex SUEP</i>	1	
<i>fludrocortisone acetate TABS</i>	1		NEOTUSS PLUS LIQD	3	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			<i>promethazine w/codeine SOLN</i>	1	QL(30 ML daily)
Antitussives			<i>promethazine w/codeine SYRP</i>	1	QL(30 ML daily)
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1		<i>promethazine-dm SYRP</i>	1	QL(30 ML daily)
<i>benzonatate</i>	1		PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1		<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1		TUSNEL TABS	3	
Cough/Cold/Allergy Combinations			TUSSLIN PEDIATRIC LIQD	3	
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1		TUSSLIN LIQD	3	
(Guaifenesin-Codeine) GUAIFENESIN AC SYRP	1		Expectorants		
			<i>potassium iodide (expectorant) SOLN</i>	1	
			Misc. Respiratory Inhalants		

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(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1		(Tretinoin) AVITA CREA 0.025 %	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1		(Tretinoin) AVITA GEL 0.025 %	1	
HYPERSAL NEBU	2		<i>adapalene-benzoyl peroxide GEL</i>	1	
NEBUSAL NEBU	3		<i>adapalene CREA</i>	1	Limit 45gms per month; QL(1.5 GM daily)
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %</i>	1		<i>adapalene GEL 0.3 %</i>	1	QL(45 GM per fill retail; 135 per fill mail)
Mucolytics			<i>adapalene GEL 0.1 %</i>	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC
<i>acetylcysteine SOLN</i>	1		<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 GM daily)
DERMATOLOGICALS - Drugs to Treat Skin Conditions			<i>clindamycin phosphate (topical) FOAM</i>	1	
Acne Products			<i>clindamycin phosphate (topical) GEL</i>	1	
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC	<i>clindamycin phosphate (topical) LOTN</i>	1	
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	1		<i>clindamycin phosphate (topical) SOLN</i>	1	
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1		<i>clindamycin phosphate (topical) SWAB</i>	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1		<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
(Erythromycin (Acne Aid)) ERY PADS	1		<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1	
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	2		<i>clindamycin phosphate-tretinoin</i>	2	
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1		<i>dapsone (topical) 5 %</i>	1	ST; PA
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1		<i>dapsone (topical) 7.5 %</i>	1	QL(2 GM daily)
			DIFFERIN LOTN	2	
			<i>erythromycin (acne aid) GEL</i>	1	
			<i>erythromycin (acne aid) SOLN</i>	1	

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FABIOR FOAM	3	Limit 50gms per month; QL(1.67 GM daily)	(Ciclopirox) CICLODAN SOLN	1	
<i>sulfacetamide sodium (acne)</i>	1		(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	2	
<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1		(Ketoconazole (Topical)) KETODAN FOAM	2	
<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	2		(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(1 GM daily)	<i>ciclopirox olamine CREA</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	PA	<i>ciclopirox olamine SUSP</i>	1	
SULFACETAMIDE-SULFUR IN UREA EMUL	2		<i>ciclopirox GEL</i>	1	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)	<i>ciclopirox SHAM</i>	1	
<i>tretinoin microsphere 0.04 %</i>	1	Limit 45gms per month; QL(1.7 GM daily)	<i>ciclopirox SOLN</i>	1	
<i>tretinoin microsphere 0.08 %</i>	2	QL(1.7 GM daily)	<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 1 tube per month; QL(1.5 GM daily)
<i>tretinoin microsphere 0.1 %</i>	1	QL(1.67 GM daily)	<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ML daily)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1		<i>econazole nitrate CREA</i>	1	
<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1		ERTACZO	4	QL(1 GM daily); PA
Agents for External Genital and Perianal Warts			EXELDERM SOLN	2	
VEREGEN	3	QL(30 GM per fill retail)	EXODERM	3	
Antibiotics - Topical			<i>iodoquinol-hydrocortisone in aloe vehicle</i>	2	
<i>gentamicin sulfate (topical) CREA</i>	1		JUBLIA	4	QL(0.27 ML daily)
<i>gentamicin sulfate (topical) OINT</i>	1		<i>ketoconazole (topical) CREA</i>	1	QL(2 GM daily)
<i>mupirocin OINT</i>	1		<i>ketoconazole (topical) FOAM</i>	2	
Antifungals - Topical			<i>ketoconazole (topical) SHAM 2 %</i>	1	
			<i>naftifine hcl CREA</i>	2	
			<i>naftifine hcl GEL 2 %</i>	2	
			<i>nystatin (topical) CREA</i>	1	
			<i>nystatin (topical) OINT</i>	1	
			<i>nystatin (topical) POWD EX</i>	1	

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<i>nystatin-triamcinolone CREA</i>	1		CARAC CREA	4	QL(1 GM daily)
<i>nystatin-triamcinolone OINT</i>	1		<i>diclofenac sodium (actinic keratoses) EX</i>	2	PA
<i>oxiconazole nitrate CREA</i>	2		<i>fluorouracil (topical) CREA 0.5 %</i>	4	QL(1 GM daily)
OXISTAT LOTN	3		<i>fluorouracil (topical) CREA 5 %</i>	2	
<i>sulconazole nitrate CREA</i>	2		<i>fluorouracil (topical) SOLN</i>	1	
<i>sulconazole nitrate SOLN</i>	1		PANRETIN	3	PA
Anti-inflammatory Agents - Topical			TARGRETIN (<i>bexarotene (topical)</i>)	4	SP; PA
(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC	VALCHLOR	4	ST; PA
<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC	Antipruritics - Topical		
<i>diclofenac sodium (topical) SOLN EX 2 %</i>	1	QL(4 GM daily); PA	<i>doxepin hcl (antipruritic)</i>	2	QL(3 GM daily)
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ML daily)	Antipsoriatics		
Antineoplastic or Premalignant Lesion Agents - Topical			(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)
<i>bexarotene (topical)</i>	4	SP; PA	<i>acitretin 10 MG</i>	2	QL(1 EA daily)
			<i>acitretin 17.5 MG</i>	2	
			<i>acitretin 25 MG</i>	2	QL(2 EA daily)
			<i>calcipotriene CREA</i>	2	QL(5 GM daily)
			<i>calcipotriene FOAM</i>	1	PA
			CALCIPOTRIENE FOAM	3	PA
			<i>calcipotriene OINT</i>	1	QL(5 GM daily)
			<i>calcipotriene SOLN</i>	1	
			<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.4 GM daily)
			COSENTYX (300 MG DOSE) SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); PA
			COSENTYX SENSOREADY (300 MG) SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); PA

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COSENTYX SENSOREADY PEN SOAJ	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 UNOREADY SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); PA	STELARA SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 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	
COSENTYX SOSY 75 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.18 ML daily); PA	<i>tazarotene GEL</i>	1	
<i>methoxsalen rapid</i>	2		TREMFYA ONE-PRESS SOAJ 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA
SKYRIZI PEN SOAJ	4	Check Plan Documents for coverage; QL(1 ML per 84 day(s) retail); SP; PA	TREMFYA PEN SOAJ 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA
SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ML per 84 day(s) retail); PA	TREMFYA SOSY 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA
SORILUX FOAM	3	PA	USTEKINUMAB SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
STELARA SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA	USTEKINUMAB SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ML daily); SP; PA

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USTEKINUMAB SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1	
Antiseborrheic Products			<i>alclometasone dipropionate CREA</i>	1	
<i>selenium sulfide LOTN 2.5 %</i>	1		<i>alclometasone dipropionate OINT</i>	1	
SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	3		<i>amcinonide LOTN</i>	1	
<i>sulfacetamide sodium LIQD</i>	1		APEXICON E CREA	3	
<i>sulfacetamide sodium SHAM 10 %</i>	1		<i>betamethasone dipropionate (topical) CREA</i>	1	
Antivirals - Topical			<i>betamethasone dipropionate (topical) LOTN</i>	1	
<i>acyclovir topical CREA</i>	1		<i>betamethasone dipropionate (topical) OINT</i>	1	
<i>acyclovir topical OINT</i>	1	QL(1 GM daily)	<i>betamethasone dipropionate augmented CREA</i>	1	
Burn Products			<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	
(Silver Sulfadiazine) SSD	1		<i>betamethasone dipropionate augmented LOTN</i>	1	
<i>mafenide acetate PACK</i>	1		<i>betamethasone dipropionate augmented OINT</i>	1	
<i>silver sulfadiazine</i>	1		<i>betamethasone valerate CREA</i>	1	
SULFAMYLON CREA	3		<i>betamethasone valerate FOAM</i>	2	
Corticosteroids - Topical			<i>betamethasone valerate LOTN</i>	1	
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1		<i>betamethasone valerate OINT</i>	1	
(Clobetasol Propionate Emulsion) TOVET	2		<i>calcipotriene-betamethasone dipropionate OINT</i>	2	ST
(Clobetasol Propionate) CLODAN SHAM	1		<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	QL(2 GM daily); ST
(Desonide) DESRX GEL	1				
(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %	1				
(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	1				

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<i>clobetasol propionate emollient base 0.05 %</i>	1		<i>fluocinolone acetonide OIL</i>	1	
<i>clobetasol propionate emulsion</i>	2		<i>fluocinolone acetonide OINT</i>	1	
<i>clobetasol propionate CREA 0.05 %</i>	1		<i>fluocinolone acetonide SOLN</i>	1	
<i>clobetasol propionate FOAM</i>	2		<i>fluocinonide emulsified base</i>	1	
<i>clobetasol propionate GEL 0.05 %</i>	1		<i>fluocinonide CREA</i>	1	
<i>clobetasol propionate LIQD</i>	2		<i>fluocinonide GEL</i>	1	
<i>clobetasol propionate LOTN</i>	1		<i>fluocinonide OINT</i>	1	
<i>clobetasol propionate OINT 0.05 %</i>	1		<i>fluocinonide SOLN</i>	1	
<i>clobetasol propionate SHAM</i>	1		<i>fluticasone propionate CREA 0.05 %</i>	1	
<i>clobetasol propionate SOLN 0.05 %</i>	1		<i>fluticasone propionate LOTN</i>	1	
<i>clocortolone pivalate</i>	1		<i>fluticasone propionate OINT</i>	1	
CORDRAN TAPE	3		<i>halobetasol propionate CREA</i>	1	
CORTANE-B	3		<i>halobetasol propionate OINT</i>	1	
<i>desonide CREA</i>	1		<i>hydrocortisone (topical) CREA 2.5 %</i>	1	
<i>desonide GEL</i>	1		<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	1	
<i>desonide LOTN</i>	1		<i>hydrocortisone (topical) OINT 2.5 %</i>	1	
<i>desonide OINT</i>	1		<i>hydrocortisone (topical) SOLN 2.5 %</i>	1	
<i>desoximetasone CREA</i>	1		<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	
<i>desoximetasone GEL</i>	1		<i>hydrocortisone butyrate CREA</i>	1	
<i>desoximetasone LIQD</i>	2	ST	<i>hydrocortisone butyrate LOTN</i>	2	
<i>desoximetasone OINT 0.05 %</i>	2		<i>hydrocortisone butyrate OINT</i>	1	
<i>desoximetasone OINT 0.25 %</i>	1		<i>hydrocortisone butyrate SOLN</i>	1	
<i>diflorasone diacetate CREA</i>	1		<i>hydrocortisone valerate CREA</i>	1	
<i>diflorasone diacetate OINT</i>	1				
EPIFOAM FOAM	3				
<i>fluocinolone acetonide CREA</i>	1				

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<i>hydrocortisone valerate OINT</i>	1		DUPIXENT SOSY 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); SP; PA
LOCOID LIPOCREAM	3				
<i>mometasone furoate CREA</i>	1		DUPIXENT SOSY 200 MG/1.14ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); SP; PA
<i>mometasone furoate OINT</i>	1				
<i>mometasone furoate SOLN</i>	1		Emollient/Keratolytic Agents		
NUCORT LOTN	3		(Urea) CEROVEL LOTN 40 %	1	
PRAMOSONE LOTN	3		<i>urea LOTN 40 %</i>	1	
PRAMOSONE OINT	3		Enzymes - Topical		
<i>triamcinolone acetonide (topical) AERS</i>	1		SANTYL OINT	3	
<i>triamcinolone acetonide (topical) CREA</i>	1		Immunomodulating Agents - Topical		
<i>triamcinolone acetonide (topical) LOTN</i>	1		<i>imiquimod 5 %</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1		Immunosuppressive Agents - Topical		
Eczema Agents			<i>pimecrolimus</i>	1	QL(2 GM daily)
DUPIXENT SOAJ 200 MG/1.14ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); SP; PA	<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 GM daily); AL(At least 15 yrs old)
DUPIXENT SOAJ 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); SP; PA	<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 GM daily); AL(At least 2 yrs old)
DUPIXENT SOSY 100 MG/0.67ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.048 ML daily); SP; PA	Keratolytic/Antimitotic/Vesicant Agents		
			(Salicylic Acid) KERALYT SHAM 6 %	1	
			BENSAL HP OINT	3	RX/OTC
			MG217 PSORIASIS MULTI-SYMPTOM OINT	3	RX/OTC
			PODOCON-25 SOLN	3	
			<i>podofilox GEL</i>	2	
			<i>podofilox SOLN</i>	1	
			SALICYLIC ACID OINT	3	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
<i>salicylic acid SHAM 6 %</i>	1	
SALIMEZ CREA	3	
SALYCIM CREA	3	
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	Limited to 3 patches per day; QL(3 EA daily)
CETACAINE AERO	3	
<i>lidocaine hcl SOLN</i>	1	
<i>lidocaine-prilocaine CREA</i>	1	
<i>lidocaine PTCH 5 %</i>	1	Limited to 3 patches per day; QL(3 EA daily)
PREMIUM SCAR	3	
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	ST; Limited to 60 gm per month; QL(2 GM daily); PA
Rosacea Agents		
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	2	PA
<i>doxycycline (rosacea)</i>	2	QL(1 EA daily); PA
FINACEA FOAM	3	
<i>ivermectin (rosacea)</i>	1	QL(1.5 GM daily); PA
<i>metronidazole (topical) CREA</i>	1	
<i>metronidazole (topical) GEL 0.75 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)
<i>metronidazole (topical) GEL 1 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole (topical) LOTN</i>	1	QL(2 ML daily)
NORITATE CREA	4	PA
RHOFADE	3	ST; PA
Scabicides & Pediculicides		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN	2	
<i>ivermectin (pediculicide)</i>	2	
<i>malathion</i>	2	
<i>permethrin CREA</i>	1	QL(2 GM daily)
<i>spinosad</i>	2	AL(At least 4 yrs old)
Wound Care Products		
REGRANEX	3	QL(0.5 GM daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
COVID-19 FLU A&B 3-IN-1 TEST	5	PV
FLOWFLEX PLUS COVID-19/FLU A/B	5	PV
FREESTYLE INSULINX TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE LITE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
KETONE TEST STRP	6	
KETOSTIX STRP	6	
ONETOUGH ULTRA BLUE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUGH ULTRA TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUGH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUGH VERIO STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
PRECISION XTRA KETONE	2	QL(0.36 EA daily)
SPEEDY SWAB COVID-19/FLU HOME	5	PV
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 EA daily)
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 EA daily)
Loop Diuretics		
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
<i>bumetanide TABS 2 MG</i>	1	QL(5 EA daily)
<i>ethacrynic acid</i>	2	ST
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	
<i>furosemide TABS</i>	1	
SOAANZ TABS 20 MG	2	
<i>torsemide TABS 100 MG</i>	1	QL(2 EA daily)
<i>torsemide TABS 5 MG, 10 MG, 20 MG</i>	1	
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1	
<i>spironolactone TABS</i>	1	
<i>triamterene CAPS</i>	2	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	
DIURIL SUSP	3	
<i>hydrochlorothiazide CAPS</i>	1	
<i>hydrochlorothiazide TABS</i>	1	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		

Drug Name	Drug Tier	Requirements/ Limits
Bone Density Regulators		
<i>alendronate sodium SOLN</i>	2	
<i>alendronate sodium TABS 35 MG</i>	1	Limit 1 tab per week; QL(0.144 EA daily)
<i>alendronate sodium TABS 70 MG</i>	1	Limit 1 tab per week; QL(0.15 EA daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>calcitonin (salmon) IJ</i>	4	PA
<i>calcitonin (salmon) NA</i>	1	
<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 EA daily)
MIACALCIN IJ (<i>calcitonin (salmon)</i>)	4	PA
PROLIA SOSY	4	PA
<i>risedronate sodium TABS 150 MG</i>	1	Limited to 1 per month; QL(0.04 EA daily); ST
<i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i>	1	ST
<i>teriparatide SOPN</i>	4	SP; PA
TYMLOS	4	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	4	PA
Growth Hormones		
HUMATROPE CART IJ	4	PA
NORDITROPIN FLEXPPO SOPN	4	PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	PA
ZOMACTON SOLR SC 10 MG	4	PA
ZORBTIVE SC	4	PA
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	5	PV

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OSPHENA	3	QL(1 EA daily)
<i>raloxifene hcl</i>	5	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	3	PA
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w- gender transformation diagnosis; PA required for other diagnosis
SYNAREL	2	
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR PACK	4	Specialty Drug refer to Caremark SP RX
(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	Specialty Drug refer to Caremark SP RX
<i>betaine</i>	4	PA
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 EA daily)
<i>calcitriol CAPS 0.25 MCG</i>	1	
<i>calcitriol SOLN PO</i>	1	
<i>cinacalcet hcl</i>	2	PA
CYSTADANE (<i>betaine</i>)	4	PA
<i>doxercalciferol CAPS</i>	2	
GALAFOLD	4	QL(0.5 EA daily); PA
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	4	Specialty Drug refer to Caremark SP RX
KUVAN TABS (<i>sapropterin dihydrochloride</i>)	4	Specialty Drug refer to Caremark SP RX

Drug Name	Drug Tier	Requirements/ Limits
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	
<i>levocarnitine (metabolic modifiers) TABS</i>	2	
MYALEPT	4	PA
<i>nitisinone CAPS 10 MG</i>	1	PA
<i>nitisinone CAPS 2 MG, 5 MG, 20 MG</i>	1	PA
NITYR TABS	4	PA
ORFADIN SUSP	4	PA
PALYNZIQ	4	PA
<i>paricalcitol CAPS</i>	1	
<i>sapropterin dihydrochloride PACK</i>	4	Specialty Drug refer to Caremark SP RX
<i>sapropterin dihydrochloride TABS</i>	4	Specialty Drug refer to Caremark SP RX
<i>sodium phenylbutyrate POWD</i>	2	SP; PA
<i>sodium phenylbutyrate TABS</i>	2	SP; PA
STRENSIQ	4	PA
XURIDEN	4	
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1	
DESMOPRESSIN ACETATE SOLN NA	3	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 EA daily)
<i>desmopressin acetate TABS 0.1 MG</i>	1	
Progesterone Receptor Antagonists		
MIFEPREX (<i>mifepristone</i>)	5	PV

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<i>mifepristone</i>	5	PV	CLIMARA PRO	2	
Prolactin Inhibitors			COMBIPATCH PTTW	3	
<i>cabergoline</i>	1		DUAVEE	3	
Somatostatic Agents			<i>estradiol & norethindrone acetate TABS</i>	1	
<i>octreotide acetate SOLN 500 MCG/ML</i>	4	PA	<i>norethindrone acetate-ethinyl estradiol</i>	1	
<i>octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML, 1000 MCG/ML</i>	4	SP; PA	ORIAHNN	4	PA
<i>octreotide acetate SOSY</i>	4	SP; PA	PREMPHASE	2	QL(1 EA daily)
SANDOSTATIN SOLN 500 MCG/ML (<i>octreotide acetate</i>)	4	PA	PREMPRO	2	QL(1 EA daily)
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (<i>octreotide acetate</i>)	4	SP; PA	Estrogens		
SIGNIFOR	4	PA	(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)
Vasopressin Receptor Antagonists			ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)
JYNARQUE TBPB 15 MG (<i>tolvaptan</i>)	4	PA	ELESTRIN GEL	3	QL(1.74 GM daily)
<i>tolvaptan TBPB 15 MG</i>	4	PA	<i>estradiol valerate</i>	1	QL(5 ML per fill retail)
ESTROGENS - Hormone Replacement/Modifying Drugs			<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM</i>	1	
Estrogen Combinations			<i>estradiol GEL</i>	1	Limit 50gms per month; QL(1.67 GM daily)
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1		<i>estradiol PTTW</i>	1	QL(0.29 EA daily)
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1		<i>estradiol PTWK</i>	1	Limit 4 patches per month; QL(0.143 EA daily)
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1		<i>estradiol TABS</i>	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1		EVAMIST SOLN	3	QL(0.27 ML daily)
ANGELIQ	3		MENEST 2.5 MG	2	QL(3 EA daily)
			MENEST 0.3 MG, 0.625 MG, 1.25 MG	2	QL(1 EA daily)
			MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
PREMARIN TABS	2	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS</i>	1	
CIPRO SUSR	2	
<i>levofloxacin SOLN PO</i>	1	
<i>levofloxacin TABS</i>	1	QL(14 EA per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 400 MG</i>	2	QL(28 EA per 90 day(s) retail; 28 EA per 90 days mail)
<i>ofloxacin 300 MG</i>	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
<i>prucalopride succinate</i>	1	QL(1 EA daily)
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		
(Chenodiol) CHENODAL	4	PA
CTEXLI 250 MG	4	PA
<i>ursodiol CAPS</i>	2	
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	2	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl TBDP</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1	Limit 280 caps per month; QL(9 EA daily)
DIPENTUM	3	
INFLECTRA SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
<i>mesalamine CP24</i>	1	QL(4 EA daily)
<i>mesalamine CPCR</i>	1	QL(8 EA daily); PA
<i>mesalamine CPDR</i>	1	QL(6 EA daily)
<i>mesalamine ENEM</i>	1	QL(60 ML daily)
<i>mesalamine SUPP</i>	2	QL(1 EA daily)
<i>mesalamine TBEC 800 MG</i>	1	
<i>mesalamine TBEC 1.2 GM</i>	2	QL(4 EA daily)
PENTASA CPCR 250 MG	3	PA
PENTASA CPCR 500 MG	3	QL(8 EA daily); PA
RENFLEXIS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 ; PA
SFROWASA ENEM	2	
SKYRIZI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 1 package(s) per fill retail; PA
<i>sulfasalazine TABS</i>	1	QL(8 EA daily)
<i>sulfasalazine TBEC</i>	1	QL(8 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0715 ML daily); SP; PA
TREMFYA PEN SOAJ SC 200 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0715 ML daily); SP; PA
TREMFYA SOSY SC 200 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0715 ML daily); SP; PA
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	2	
LINZESS	2	QL(1 EA daily)
VIBERZI	3	QL(2 EA daily); PA
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	4	
ENTEREG (<i>alvimopan</i>)	4	
MOVANTIK	3	QL(1 EA daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
<i>calcium acetate (phosphate binder) CAPS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
<i>ferric citrate</i>	1	ST; PA
FOSRENOL PACK	3	
<i>lanthanum carbonate CHEW 1000 MG</i>	2	QL(3 EA daily)
<i>lanthanum carbonate CHEW 750 MG</i>	2	QL(4 EA daily)
<i>lanthanum carbonate CHEW 500 MG</i>	2	
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 EA daily)
<i>sevelamer carbonate PACK 0.8 GM</i>	1	
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl 400 MG</i>	1	PA
<i>sevelamer hcl 800 MG</i>	2	QL(16 EA daily); PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	ST; Specialty Drug refer to Caremark SP RX; 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	
Alkalinizers		
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
CYTRA-3 SYRP	3	
ORACIT	3	
ORAL CITRATE	3	
<i>pot & sod citrates w/citric ac SOLN</i>	1	
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
SOD CITRATE-CITRIC ACID	2	RX/OTC
<i>sodium citrate & citric acid</i>	1	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	4	PA
PROCYSBI CPDR	4	
PROCYSBI PACK	4	PA
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 EA daily); PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 EA daily)
CARDURA XL	3	
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride</i>	1	QL(1 EA daily); AL(At least 40 yrs old)
<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)
Urinary Stone Agents		
(Tiopronin) VENXXIVA TBEC	2	
LITHOSTAT	3	
<i>tiopronin TABS</i>	2	
<i>tiopronin TBEC</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 300 MG</i>	1	QL(2 EA daily)
<i>allopurinol 100 MG</i>	1	QL(3 EA daily)
<i>colchicine CAPS</i>	1	
<i>colchicine TABS</i>	1	
<i>febuxostat 40 MG</i>	1	QL(2 EA daily)
<i>febuxostat 80 MG</i>	1	QL(1 EA daily)
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPROLIX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT	4	SP; PA	XYNTHA SOLOFUSE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT	4	SP; PA	Bradykinin B2 Receptor Antagonists		
OBIZUR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	(Icatibant Acetate) SAJAZIR SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PROFILNINE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	FIRAZYR SOSY (<i>icatibant acetate</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
REBINYN	4	SP; PA	<i>icatibant acetate</i> SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
RECOMBINATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Complement Inhibitors		
RIXUBIS SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	FABHALTA	4	PA
TRETEN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	HAEGARDA SOLR SC	4	Specialty drug-Health Net will refer to SP Pharmacy; PA
VONVENDI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Hemataologic - Tyrosine Kinase Inhibitors		
WILATE KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	TAVALISSE 100 MG	4	ST; PA
XYNTHA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	TAVALISSE 150 MG	4	PA
			Hematorheologic Agents		
			<i>pentoxifylline</i>	1	QL(3 EA daily)
			Human Protein C		
			CEPROTIN	4	PA
			Platelet Aggregation Inhibitors		
			<i>anagrelide hcl</i>	1	
			<i>aspirin-dipyridamole</i>	2	
			<i>cilostazol</i>	1	QL(2 EA daily)
			<i>clopidogrel bisulfate</i>	1	QL(2 EA daily)
			<i>dipyridamole</i>	1	
			<i>prasugrel hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ticagrelor 60 MG, 90 MG</i>	2	QL(2 EA daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
(Miglustat) YARGESA	4	ST; PA
CERDELGA	4	PA
CEREZYME 400 UNIT	4	PA
<i>miglustat</i>	4	ST; PA
ZAVESCA (<i>miglustat</i>)	4	ST; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
<i>glutamine (sickle cell)</i>	2	SP; PA
SIKLOS TABS 1000 MG	4	AC; PA
SIKLOS TABS 100 MG	4	ST; AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV

Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV
<i>folic acid TABS 1 MG</i>	1	RX/OTC
Hematopoietic Growth Factors		
<i>eltrombopag olamine PACK 12.5 MG</i>	4	QL(1 EA daily); PA
<i>eltrombopag olamine PACK 25 MG</i>	4	QL(1 EA daily); PA
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	4	QL(1 EA daily); PA
MULPLETA	4	PA
NYVEPRIA	4	SP; PA
PROMACTA PACK 25 MG (<i>eltrombopag olamine</i>)	4	QL(1 EA daily); PA
PROMACTA PACK 12.5 MG (<i>eltrombopag olamine</i>)	4	QL(1 EA daily); PA
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	4	QL(1 EA daily); PA
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	4	PA
RETACRIT 20000 UNIT/ML	4	PA
UDENYCA ONBODY SOSY	4	SP; PA
UDENYCA SOAJ	4	SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
UDENYCA SOSY	4	PA
ZARXIO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
Hematopoietic Mixtures		
FOLIVANE-F	2	
INTEGRA F	2	
IRON FOLATE-F	2	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	2	
<i>aminocaproic acid TABS</i>	2	
CYKLOKAPRON SOLN (<i>tranexamic acid</i>)	4	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	4	PA
<i>tranexamic acid TABS</i>	1	QL(6 EA daily; 5 Day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL(1 EA daily)
<i>flurazepam hcl 15 MG</i>	2	QL(2 EA daily)
<i>flurazepam hcl 30 MG</i>	2	QL(1 EA daily)
<i>midazolam hcl SYRP</i>	1	
<i>quazepam</i>	2	
<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 EA daily)
<i>temazepam 15 MG</i>	1	QL(2 EA daily)
<i>temazepam 7.5 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>triazolam 0.125 MG</i>	1	
<i>triazolam 0.25 MG</i>	1	QL(1 EA daily)
<i>zaleplon</i>	1	QL(1 EA daily)
<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)
<i>zolpidem tartrate TBCR</i>	1	QL(1 EA daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 EA daily); ST
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	QL(1 EA daily); ST
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBAT	5	PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	5	QL(4000 ML per fill retail); PV
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	5	PV
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	5	QL(4000 ML per fill retail); PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	5	PV	(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FEENAMINT, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
Laxatives - Miscellaneous					
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1				
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	1	Limit 528gms per month; QL(17.6 GM daily)			
<i>lactulose SOLN</i>	1				
<i>polyethylene glycol 3350 POWD</i>	1	Limit 528gms per month; QL(17.6 GM daily)			
Saline Laxatives					
OSMOPREP	5	PV			
Stimulant Laxatives			(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, THE MAGIC BULLET SUPP	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV

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

MACROLIDES - Drugs to Treat Bacterial Infections

Azithromycin		
<i>azithromycin PACK</i>	1	
<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)
ZITHROMAX PACK	3	
Clarithromycin		
<i>clarithromycin SUSR</i>	2	
<i>clarithromycin TABS</i>	1	
<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
<i>erythromycin base CPEP</i>	2	
<i>erythromycin base TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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 day(s) 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)
DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
DUREX TROPICAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
FANTASY LUBRICATED/SPERMICI DE 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)

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KIMONO MAXX-LARGE FLARE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	MAXX PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MICRO THIN PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	MAXX MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MICRO THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	OMNIFLEX DIAPHRAGM	5	PV
KIMONO PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	REALITY LATEX CONDOMS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO PS PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO PS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO SENSATION PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TROJAN ENZ MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO SENSATION MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TROJAN MAGNUM MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO SPECIAL DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TROJAN ULTRA THIN/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TROJAN ULTRA THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TROJAN-ENZ LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
K-Y ME & YOU INTENSE DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TROJAN-ENZ/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
			TRUE COVER DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)

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TRUSTEX COLOR CONDOMS + LUBE 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 LUB/RIBBED/STUDDERED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX-NONNOXYNOL-9/RIB/STUD MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX LUB/SPERMICIDE EX ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 60	5	PV
TRUSTEX LUB/SPERMICIDE XL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 65	5	PV
TRUSTEX LUBRICATED EX LARGE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 70	5	PV
TRUSTEX LUBRICATED EXTRA ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 75	5	PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 80	5	PV
TRUSTEX LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 85	5	PV
TRUSTEX NATURAL CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 90	5	PV
TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 95	5	PV
TRUSTEX RIA LUB/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	Diabetic Supplies		
TRUSTEX RIA LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	1ST TIER UNILET COMFORTOUCH	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
			ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
			ACCU-CHEK SAFE-T PRO LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
			ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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ACTI-LANCE 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ACTI-LANCE LITE LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ADVOCATE SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	AGAMATRIX ULTRA-THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ACTI-LANCE UNIVERSAL 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	AIMSCO TWIST LANCETS 32G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ADVANCED MOBILE LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	AIMSCO TWIST LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ADVOCATE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	AQUALANCE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ADVOCATE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ASSURE COMFORT LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ADVOCATE SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ASSURE HAEMOLANCE PLUS HIGH	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ADVOCATE SAFETY LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ASSURE HAEMOLANCE PLUS LOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ADVOCATE SAFETY LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ASSURE HAEMOLANCE PLUS MICRO	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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ASSURE HAEMOLANCE PLUS NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	BD LANCET ULTRAFINE 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE HAEMOLANCE PLUS PED	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	BD MICROTAINER LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CAREONE LANCET SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CAREONE LANCET THIN 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE PLUS SAFETY 25G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CARESENS LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE PLUS SAFETY 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CARESENS LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE SAFETY LANCET 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CARETOUCH SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
AURORA LANCET SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CARETOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
AURORA LANCET THIN 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CARETOUCH TWIST LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
BD LANCET ULTRAFINE 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CARETOUCH TWIST LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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CARETOUCH TWIST LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	COAGUCHEK LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CARETOUCH TWIST MC LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	COMFORT ASSURED LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CHOSEN LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	COMFORT ASSURED LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CHOSEN SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	COMFORT LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CLEANLET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	COMFORT TOUCH LANCETS 31G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CLEVER CHEK LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	COMFORT TOUCH PLUS LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CLEVER CHOICE COMFORT EZ	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	COMFORT TOUCH PLUS LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CLEVER CHOICE LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	COMFORT TOUCH TWIST LANCET 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CLEVER CHOICE LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CLEVER CHOICE LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS MICRO THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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CVS LANCETS ORIGINAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	DRUG MART LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	DRUG MART ON-THE-GO LANCET 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	DRUG MART UNILET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS ULTRA-THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	DRUG MART UNILET LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CVS ULTRA THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	DRUG MART UNILET LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DIATHRIVE LANCET ULTRA THIN 30	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY COMFORT LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DIATHRIVE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY COMFORT LANCETS TWIST TOP	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DROPLET LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DROPLET PERSONAL LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DROPSAFE ACTI-LANCE 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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EASY TOUCH LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 28G/TWIST	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EMBRACE PRESSURE ACTIVATED 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 30G/TWIST	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EMBRACE PRESSURE ACTIVATED 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 32G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EQL COLOR LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EQL COLOR LANCETS MICRO 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EQL SUPER THIN LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EQL THIN LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCET MICRO-THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCET SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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E-Z JECT LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	FINGERSTIX LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
E-Z JECT LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	FORA LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
E-Z JECT LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	FREDS PHARMACY UNILET LANC 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	FREDS PHARMACY UNILET LANC 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	FREESTYLE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	FREESTYLE UNISTICK II LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GENTEEL BUTTERFLY TOUCH LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FIFTY50 SAFETY SEAL LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET GP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FIFTY50 UNILET LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FINE 30	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GOODSENSE COLOR LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GLUCOCOM LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS 26G UNIV	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GLUCOCOM LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GLUCOCOM LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS 30G UNIV	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GNP LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GNP LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS 33G UNIV	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GNP STERILE LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GNP STERILE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE LOW FLOW LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GNP STERILE LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GOJJI STERILE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS HIGH FLOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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

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LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LIBERTY MEDICAL LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS 28G THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LITE TOUCH LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LITETOUCH LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LIVE BETTER LANCET SUPER THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS MICRO THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LIVE BETTER LANCET ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS SUPER THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LONGS LANCETS STANDARD	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS SUPER THIN 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LONGS LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LONGS LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEDICHOICE SAFETY LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEDICHOICE SAFETY LANCET EXTRA	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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MEDICHOICE SAFETY LANCET NORM	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE EXTRA 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE LITE 25G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS UNIVERSAL 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS EXTRA 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS UNIVERSAL 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS UNIVERSAL 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS LITE 25G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEIJER SUPER THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MICROLET LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MM TWIST LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MOBILE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE UNIVERSAL 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MONOLET LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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MONOLET OPD LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA PLUS LANCET30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MONOLETTOR SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA PLUS LANCET33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MPD SAFETY LANCET 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA SAFETY LANCING	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MPD SAFETY LANCET 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ONETOUCH ULTRASOFT 2 LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MPD SAFETY LANCET 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MPD SAFETY LANCET 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PERFECT LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MYGLUCOHEALTH LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PERFECT LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
NOVA SAFETY LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PERFECT POINT SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
NOVA SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PHARMACIST CHOICE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
NOVA SUREFLEX LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PHARMACY COUNTER LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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PIP LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PRODIGY TWIST TOP LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PIP LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PSS SELECT GP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PRECISION THINS GP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PSS SELECT SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PREFERRED PLUS LANCETS COLORED	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PURE COMFORT LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PREFERRED PLUS LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PX LANCETS MICROTHIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PRO COMFORT LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PX LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PRO COMFORT LANCETS 31G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PX LANCETS ULTRA THIN 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PRO COMFORT SAFETY LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	QC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PRODIGY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	QC LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PRODIGY SAFETY LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	QC UNILET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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QC UNILET LANCETS MICRO THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	RELION LANCETS MICRO-THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RA E-ZJECT LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	RELION LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RA E-ZJECT LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	RELION LANCETS ULTRA-THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RA E-ZJECT LANCETS THIN 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RA E-ZJECT LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN PLUS LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
READYLANCE SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	REXALL LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
REALITY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	RIGHTEST GL300 LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
REALITY TRIGGER LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RELION LANCET DEVICES 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE PLUS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RELION LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SAFETY LANCET 30G/PRESSURE ACT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SHOPKO ON-THE-GO LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SHOPKO UNILET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SHOPKO UNILET LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SINGLE-LET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAPS HEALTH PLUS LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SM LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAPS HEALTH TWIST TOP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SMART SENSE COLOR LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAPS TWIST TOP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SMART SENSE STANDARD LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAPSCARE TWIST TOP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SMART SENSE SUPER THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SB LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SMART SENSE THIN LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SB LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SMARTEST LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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SOLUS V2 LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TECHLITE AST LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SOLUS V2 TWIST LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TECHLITE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
STERILANCE TL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TECHLITE LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SUPER THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TECHLITE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 18G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TGT LANCET MICRO THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TGT LANCET THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TGT LANCET ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	THINLETS GP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TODAYS HEALTH THIN LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SURELITE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TODAYS HEALTH THIN LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOPCARE LANCETS MICRO-THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TWIST TOP LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRAVEL LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ULTILET CLASSIC LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRAVEL LANCETS ADVANCED 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ULTILET LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUE COMFORT SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ULTILET SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUE COMFORT TWIST TOP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ULTILET SAFETY LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ULTRA THIN LANCETS 31G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ULTRA-CARE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ULTRA-THIN II AUTO LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ULTRA-THIN II LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNILET COMFORTOUCH LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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UNILET EXCELITE	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 1	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET EXCELITE II	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 2	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET G.P. LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 2 COMFORT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET G.P. SUPERLITE LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 2 EXTRA	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET GP 28 ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 2 NEONATAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 2 NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET MICRO-THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 2 SUPER	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET SUPERLITE LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET SUPER-THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 COMFORT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET ULTRA-THIN 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 EXTRA	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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UNISTIK 3 GENTLE	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK TOUCH SAFETY LANC 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 NEONATAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK TOUCH SAFETY LANC 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK TOUCH SAFETY LANC 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK CZT COMFORT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNIVERSAL 1 LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK CZT NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNIVERSAL 1 LANCETS THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNIVERSAL 1 LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK PRO SAFETY LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VALUE PLUS LANCET STANDARD 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VALUE PLUS LANCETS SUPER THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK SAFETY LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VALUE PLUS LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VALUMARK LANCET SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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VALUMARK LANCET ULTRA THIN 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VIVAGUARD LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE SAFE LANCET MINI 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VIVAGUARD LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE SAFE LANCET MINI 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VIVAGUARD SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE SAFE LANCET MINI 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	WALGREENS ADV TRAVEL LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE SAFE LANCET MINI 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	WALGREENS LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	WALGREENS LANCETS MICRO THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	WALGREENS LANCETS SUPER THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	WALGREENS THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VIDA MIA UNILET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	WALGREENS ULTRA THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VIDA MIA UNILET LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ZEVRX TWIST TOP LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Parenteral Therapy Supplies			BD PEN NEEDLE SHORT ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
ASSURE ID INSULIN SAFETY SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD AUTOSHIELD	2	Available through Mail Order; QL(6.67 EA daily)	BD VEO INSULIN SYR ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD AUTOSHIELD DUO	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	CAREPOINT POLY HUB NEEDLE	2	RX/OTC
BD DISP NEEDLES	2	RX/OTC	COMFORT EZ INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD ECLIPSE LUER-LOK NEEDLE	2	RX/OTC	DROPLET INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily)	DROPSAFE SAFETY SYRINGE/NEEDLE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE MINI ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC
BD PEN NEEDLE NANO 2ND GEN	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC
BD PEN NEEDLE NANO U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EMBECTA INSULIN SYR ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily)	H-E-B INCONTROL PEN NEEDLES	6	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
POLY HUB NEEDLE	2	RX/OTC
RELION INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	2	PA
AJOVY SOSY	2	PA
EMGALITY (300 MG DOSE) SOSY	2	PA
EMGALITY SOAJ	2	PA
EMGALITY SOSY	2	PA
UBRELVY	3	QL(10 EA per 30 day(s) retail); ST
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
<i>ergotamine w/ caffeine TABS</i>	1	
Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	2	QL(0.27 ML daily); PA
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	2	PA
ERGOMAR SUBL	4	
Serotonin Agonists		
(Zolmitriptan) ZOMIG TABS	1	Limit 6 per month; QL(0.2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>eletriptan hydrobromide</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)
<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 EA daily)
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 EA daily)
<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)
<i>rizatriptan benzoate TBDP</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 EA daily)
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>sumatriptan succinate SOAJ</i>	1	PA
<i>sumatriptan succinate SOCT</i>	1	PA
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	ST; Limit 2mls per month; QL(0.07 ML daily); PA
<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 EA daily)
<i>zolmitriptan SOLN</i>	1	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)
<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)

MINERALS & ELECTROLYTES

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Calcium			(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	
CALCIFOL	3		(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
Fluoride			(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ	1	
FLORIVA	3		(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ	1	
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	5	AL(Up to 6 yrs old); PV	(Potassium Chloride) KLOR-CON PACK PO 20 MEQ	1	
<i>sodium fluoride CHEW 1 MG, 2.2 MG</i>	1	AL(Up to 6 yrs old)	EFFER-K	3	
<i>sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML</i>	5	AL(Up to 6 yrs old); PV; RX/OTC	<i>potassium chloride microencapsulated crystals er</i>	1	
<i>sodium fluoride TABS 0.5 MG</i>	5	AL(Up to 6 yrs old); PV	<i>potassium chloride CPCR</i>	1	
<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old)	<i>potassium chloride PACK PO 20 MEQ</i>	1	
SOLUVITA SOLN	5	AL(Up to 6 yrs old); PV; RX/OTC	<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	
Phosphate			POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (<i>potassium chloride</i>)	4	PA
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1		<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1		Zinc		
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1		GALZIN	3	
Potassium			MISCELLANEOUS THERAPEUTIC CLASSES		
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1		Chelating Agents		

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CUPRIMINE CAPS (<i>penicillamine</i>)	4	PA	<i>everolimus</i> (<i>immunosuppressant</i>)	4	
DEPEN TITRATABS TABS (<i>penicillamine</i>)	4		<i>mycophenolate mofetil</i> CAPS	1	
<i>penicillamine</i> CAPS	4	PA	<i>mycophenolate mofetil</i> SUSR	2	
<i>penicillamine</i> TABS	4		<i>mycophenolate mofetil</i> TABS	1	
SYPRINE (<i>trientine hcl</i>)	4	PA	<i>mycophenolate sodium</i>	2	
<i>trientine hcl</i> 500 MG	4	PA	PROGRAF PACK	4	PA
<i>trientine hcl</i> 250 MG	4	PA	SANDIMMUNE SOLN PO 100 MG/ML	3	
Immunomodulators			<i>sirolimus</i> SOLN	2	
<i>lenalidomide</i> 10 MG, 15 MG, 20 MG, 25 MG	4	QL(1 EA daily); AC; PA	<i>sirolimus</i> TABS	2	
<i>lenalidomide</i> 2.5 MG, 5 MG	4	QL(1 EA daily); SP; AC; PA	<i>tacrolimus</i> CAPS	2	
<i>lenalidomide</i> 5 MG	1	SF; Must use AcariaHlth SP pharmacy 1- 844-538-4661; QL(1 EA daily); AC; PA	THYMOGLOBULIN	3	administered under the medical benefit; PA
THALOMID 50 MG, 100 MG	4	SP; AC; PA	ZORTRESS (<i>everolimus</i> (<i>immunosuppressant</i>))	4	
Immunosuppressive Agents			Potassium Removing Agents		
(Azathioprine) AZASAN TABS 75 MG, 100 MG	2		(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1		LOKELMA	3	QL(1 EA daily); PA
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1		<i>sodium polystyrene</i> <i>sulfonate</i> POWD	1	
ASTAGRAF XL CP24	3	ST	Systemic Lupus Erythematosus Agents		
<i>azathioprine</i> TABS 75 MG, 100 MG	2		BENLYSTA SOAJ	4	MUST USE ACARIA SPECIALTY RX 844-538- 4661; PA
<i>azathioprine</i> TABS 50 MG	1		BENLYSTA SOSY	4	MUST USE ACARIA SPECIALTY RX 844-538- 4661; PA
<i>cyclosporine modified (for microemulsion)</i> CAPS	1		MOUTH/THROAT/DENTAL AGENTS		
<i>cyclosporine modified (for microemulsion)</i> SOLN	1				
<i>cyclosporine</i> CAPS	1				

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Anesthetics Topical Oral			(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORID E/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
<i>lidocaine hcl (mouth-throat)</i>	1				
Anti-infectives - Throat					
<i>clotrimazole</i>	1				
<i>nystatin (mouth-throat)</i>	1				
ORAVIG	3		(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRO N SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	AL(Up to 6 yrs old); RX/OTC
Antiseptics - Mouth/Throat					
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1				
<i>chlorhexidine gluconate (mouth-throat)</i>	1				
Steroids - Mouth/Throat/Dental					
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1		POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)
<i>triamcinolone acetonide (mouth)</i>	1		POLY-VI-FLOR/IRON SUSP	3	RX/OTC
Throat Products - Misc.			QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)
<i>cevimeline hcl</i>	1	QL(3 EA daily)	Ped MV w/ Fluoride		
MUCOTROL WAFR	3		(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORID E CHEW	1	AL(Up to 6 yrs old); RX/OTC
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 EA daily)	(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORID E SOLN	1	AL(Up to 6 yrs old); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMINS			(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
Ped Multi Vitamins w/FI & FE			FLORAFOL PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORID E/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLORAFOL PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
FLOTREX CHEW 0.25 MG, 0.5 MG	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1	
MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC
MULTIVITAMIN/FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC	ATABEX EC TBEC	2	
MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2	
MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL ASSURE	3	
<i>pediatric multivitamins w/fl CHEW</i>	1	AL(Up to 6 yrs old); RX/OTC	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL DHA	2	
POLY-VI-FLOR SUSP	3		CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)	CITRANATAL MEDLEY	3	
QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC	C-NATE DHA CAPS	3	
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC	COMPLETENATE CHEW	2	
SOLUVITA ACD WITH FLUORIDE SOLN	3	AL(Up to 6 yrs old); RX/OTC	CONCEPT DHA	2	
SOLUVITA WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	CONCEPT OB	2	
TRI-VITAMIN WITH FLUORIDE SOLN 0.25 MG/ML	2	AL(Up to 6 yrs old); RX/OTC	FOLIVANE-OB	2	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	3	AL(Up to 6 yrs old); RX/OTC	M-NATAL PLUS TABS	2	RX/OTC
VITAMINS ACD-FLUORIDE SOLN 0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC			
Pediatric Multiple Vitamins & Minerals w/ Fluoride					
FLORIVA	3				
Prenatal Vitamins					

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NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3		PRENATAL 19 TABS	3	RX/OTC
NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3		PRENATAL PLUS VITAMIN/MINERAL TABS	2	RX/OTC
NEONATAL 19	3		PRENATAL PLUS TABS	2	RX/OTC
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC
NEONATAL PLUS TABS	2	RX/OTC	PRENATAL-U CAPS	2	
NESTABS	3		PRENATE	2	
NESTABS DHA	2		PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	3	
NESTABS ONE	3		PRENATE ENHANCE	2	
NIVA-PLUS TABS	2	RX/OTC	PRENATE PIXIE	3	
OB COMPLETE ONE	3		PRENATE RESTORE	3	
OB COMPLETE PETITE	3		PRENATRIX TABS	2	RX/OTC
OB COMPLETE PREMIER	3		PRENATRYL TABS	2	RX/OTC
OB COMPLETE/DHA	3		RELNATE DHA CAPS	3	
OBSTETRIX ONE (WITH DOCUSATE)	3		SELECT-OB+DHA MISC	3	
ONE VITE WOMENS PLUS TABS	2	RX/OTC	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	
PNV-DHA+DOCUSATE	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	
PNV-OMEGA	3		SE-NATAL 19 CHEW	2	
PRENA 1 TRUE	2		SE-NATAL 19 TABS	3	RX/OTC
PRENA1	3		THERANATAL CORE NUTRITION TABS	2	RX/OTC
PRENA1 PEARL	3		THRIVITE RX TABS	2	RX/OTC
PRENAISSANCE	3				
PRENAISSANCE PLUS CAPS	3				
PRENATAL 19 CHEW	2				

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TRICARE TABS	2	RX/OTC
TRINATAL RX 1 TABS	2	
TRISTART DHA	3	
VINATE DHA RF	3	
VINATE ONE TABS	2	
VIRT-NATE DHA CAPS	3	
VITAFOL GUMMIES	3	
VITAFOL-NANO	3	
VITAFOL-ONE CAPS	3	
VITAMEDMD ONE RX/QUATREFOLIC	2	
VITAMEDMD REDICHEW RX	3	
VITAPEARL	3	
VITATHELY WITH GINGER TABS	2	RX/OTC
VITATRUE	2	
VIVA DHA CAPS	3	
WESCAP-C DHA	2	
WESNATE DHA CAPS	3	
WESTAB PLUS TABS	2	RX/OTC
WESTGEL DHA	3	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
(Carisoprodol) VANADOM TABS 350 MG	1	
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
<i>baclofen TABS 15 MG</i>	1	QL(3 EA daily); PA
<i>baclofen TABS 20 MG</i>	1	QL(4 EA daily)
<i>baclofen TABS 10 MG</i>	1	QL(6 EA daily)
<i>baclofen TABS 5 MG</i>	1	
<i>carisoprodol TABS</i>	1	
<i>chlorzoxazone TABS 250 MG</i>	1	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	1	
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
<i>metaxalone 400 MG</i>	1	
<i>metaxalone 800 MG</i>	1	QL(4 EA daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
<i>orphenadrine citrate TB12</i>	1	
<i>tizanidine hcl CAPS</i>	1	
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 EA daily)
<i>tizanidine hcl TABS 2 MG</i>	1	
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	QL(0.77 GM daily)
Nasal Antiallergy		
(Azelastine Hcl) ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ML daily); RX/OTC
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	QL(1 ML daily); RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)
<i>olopatadine hcl (nasal)</i>	1	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal)</i>	1	
Nasal Steroids		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP	1	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC	Relax/Paralyze Muscles		
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC	ALS Agents		
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	1	QL(1.2 ML daily)	RADICAVA ORS STARTER KIT SUSP	4	PA
<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC	RADICAVA ORS SUSP	4	PA
<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 GM daily); RX/OTC	RELYVRIO	4	PA
<i>triamcinolone acetonide (nasal) AERO</i>	1	QL(1.2 ML daily)	<i>riluzole TABS</i>	1	
XHANCE EXHU	3	QL(1.07 ML daily); ST	Spinal Muscular Atrophy Agents (SMA)		
NEUROMUSCULAR AGENTS - Drugs to			EVRYSDI	4	PA
			NUTRIENTS		
			Lipids		
			DOJOLVI	4	PA
			OPHTHALMIC AGENTS - Drugs to Treat the Eye		
			Beta-blockers - Ophthalmic		
			(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	2	
			<i>betaxolol hcl (ophth) SOLN</i>	1	
			BETIMOL 0.25 %	2	
			BETOPTIC-S SUSP	2	
			<i>brimonidine tartrate-timolol maleate</i>	1	
			<i>carteolol hcl (ophth)</i>	1	
			DORZOLAMIDE HCL-TIMOLOL MAL	2	
			<i>dorzolamide hcl-timolol maleate</i>	1	
			<i>levobunolol hcl 0.5 %</i>	1	
			<i>timolol</i>	1	
			<i>timolol maleate (ophth) SOLG</i>	1	
			<i>timolol maleate (ophth) SOLN</i>	1	
			<i>timolol maleate (ophth) SOLN</i>	2	
			Cycloplegic Mydriatics		

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(Homatropine Hbr) HOMATROPAIRE	1		BETADINE OPHTHALMIC PREP	3	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1		CILOXAN OINT	2	
<i>atropine sulfate (ophthalmic) OINT</i>	1		<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
<i>atropine sulfate (ophthalmic) SOLN</i>	1		ERYTHROMYCIN	2	
ATROPINE SULFATE SOLN 1 %	2		<i>erythromycin (ophth)</i>	1	
CYCLOGYL	2		<i>gatifloxacin (ophth)</i>	1	
CYCLOMYDRIL	3		<i>gentamicin sulfate (ophth) SOLN</i>	1	
<i>cyclopentolate hcl 1 %</i>	1		KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
ISOPTO ATROPINE SOLN	2		<i>levofloxacin (ophth) 1.5 %</i>	2	
<i>phenylephrine hcl (mydriatic) SOLN</i>	1		<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	
<i>tropicamide SOLN</i>	1		NATACYN	2	
Miotics			<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ML daily)	<i>neomycin-polymyxin-gramicidin</i>	1	
Ophthalmic Adrenergic Agents			<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail; 5 per fill mail)
<i>apraclonidine hcl</i>	2		<i>polymyxin b-trimethoprim</i>	1	
<i>brimonidine tartrate</i>	1		POVIDONE-IODINE	3	
IOPIDINE	3		<i>sulfacetamide sodium (ophth) OINT</i>	1	
Ophthalmic Anti-infectives			<i>sulfacetamide sodium (ophth) SOLN</i>	1	
(Bacitracin-Polymyxin B (Ophth)) POLYCIN	1		<i>tobramycin (ophth) SOLN</i>	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1		TOBREX OINT	2	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)	<i>trifluridine</i>	1	
<i>bacitracin (ophthalmic)</i>	2		ZIRGAN GEL	3	
<i>bacitracin-polymyxin b (ophth)</i>	1		Ophthalmic Immunomodulators		
BESIVANCE	3		<i>cyclosporine (ophth) EMUL</i>	1	QL(2 EA daily)
			Ophthalmic Local Anesthetics		

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(Tetracaine Hcl (Ophth)) ALTACAINE	1	
AKTEN	3	
<i>proparacaine hcl</i>	1	
<i>tetracaine hcl (ophth)</i>	1	
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail; 4 per fill mail)
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 GM per fill retail; 4 per fill mail)
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>difluprednate</i>	2	
FLAREX	2	
<i>fluorometholone (ophth) SUSP</i>	1	
FML FORTE SUSP	2	
LOTEMAX OINT	3	
<i>loteprednol etabonate GEL</i>	2	
<i>loteprednol etabonate SUSP</i>	2	
MAXIDEX SUSP OP	2	
<i>neomycin-polymyx-dexameth OINT</i>	1	
<i>neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
PRED MILD	2	
<i>prednisolone acetate (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	3	

Drug Name	Drug Tier	Requirements/ Limits
PREDNISOLONE-MOXIFLOXACIN SOLN	3	
<i>sulfacetamide sod-prednisolone SOLN</i>	1	
TOBRADEX ST SUSP	3	
TOBRADEX OINT	3	
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)
ZYLET	3	QL(5 ML per fill retail)
Ophthalmic Surgical Aids		
GELFILM	3	
Ophthalmics - Misc.		
(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %	1	QL(0.09 ML daily); RX/OTC
(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
ACUVAIL	3	
ALOCRIIL	3	
ALOMIDE	2	
<i>azelastine hcl (ophth)</i>	1	
<i>bepotastine besilate</i>	1	QL(0.34 ML daily); ST

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<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ML daily)
<i>bromfenac sodium (ophth) 0.09 %</i>	1	
<i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>	2	
<i>cromolyn sodium (ophth)</i>	1	
CYSTARAN	4	
<i>diclofenac sodium (ophth)</i>	1	
<i>dorzolamide hcl</i>	1	Limit 10mls per month; QL(0.34 ML daily)
DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ML daily)
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	1	
LASTACAFT	3	ST
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	QL(0.09 ML daily); RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
<i>latanoprost SOLN</i>	1	QL(0.09 ML daily)
LATANOPROST SOLN	2	QL(0.09 ML daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ML daily)
<i>tafluprost</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	2	QL(14 EA per fill retail)
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
(Pramoxine-HC-Chloroxylenol) CORTIC-ND	1	
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
PRAMOTIC	3	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	2	QL(10 ML per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		

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Drug Name	Drug Tier	Requirements/ Limits
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS</i>	1	
<i>ampicillin sodium IJ 1 GM, 125 MG</i>	4	PA
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT	4	PA
BICILLIN L-A SUSY	4	PA
PENICILLIN G POT IN DEXTROSE	4	PA
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	4	PA
<i>penicillin g sodium</i>	4	PA
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS</i>	1	
<i>amoxicillin & pot clavulanate TB12</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ampicillin & sulbactam sodium IJ 2 GM-1 GM</i>	4	PA
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
BICILLIN C-R	4	PA
BICILLIN C-R 900/300	4	PA
<i>piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM</i>	4	PA
UNASYN IJ 2 GM-1 GM (<i>ampicillin & sulbactam sodium</i>)	4	PA
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
<i>nafticillin sodium IV 2 GM, 10 GM</i>	4	PA
<i>oxacillin sodium IV 10 GM</i>	4	PA
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
<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>	2	AC
<i>norethindrone acetate TABS</i>	1	
<i>progesterone CAPS</i>	1	QL(1 EA daily)
<i>progesterone OIL</i>	1	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>disulfiram</i>	1	
<i>lofexidine hcl</i>	2	QL(224 EA per 14 day(s) retail); PA
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	4	ST; PA
XYREM SOLN	4	ST; PA
Antidementia Agents		
<i>donepezil hydrochloride TABS</i>	1	QL(1 EA daily)
<i>donepezil hydrochloride TBDP</i>	1	QL(1 EA daily)
<i>galantamine hydrobromide CP24</i>	1	QL(1 EA daily)
<i>galantamine hydrobromide SOLN</i>	2	
<i>galantamine hydrobromide TABS</i>	1	
<i>memantine hcl CP24</i>	1	PA
<i>memantine hcl-donepezil hcl CP24</i>	1	PA
<i>memantine hcl SOLN</i>	1	
<i>memantine hcl TABS</i>	1	
<i>memantine hcl TABS 10 MG</i>	1	QL(2 EA daily)
<i>memantine hcl TABS 5 MG</i>	1	QL(4 EA daily)
NAMZARIC C4PK	3	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate CAPS</i>	1	
Combination Psychotherapeutics		
<i>chlorthalidone-amlodipine</i>	1	
<i>olanzapine-fluoxetine hcl 25 MG-6 MG</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-3 MG, 50 MG-12 MG, 50 MG-6 MG</i>	2	
<i>perphenazine-amitriptyline</i>	1	
SYMBYAX 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	4	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	4	QL(2 EA daily); PA
SAVELLA TABS	4	QL(2 EA daily); PA
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
AUSTEDO XR TB24	4	QL(1 EA daily); SP; PA
AUSTEDO TABS 6 MG	4	ST; QL(2 EA daily); PA
AUSTEDO TABS 12 MG	4	QL(4 EA daily); PA
AUSTEDO TABS 9 MG	4	QL(2 EA daily); PA
INGREZZA CAPS 40 MG, 80 MG	4	QL(1 EA daily); PA
INGREZZA CAPS 60 MG	4	QL(1 EA daily); PA
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
INGREZZA CPSP	4	QL(1 EA daily); SP; PA
<i>tetrabenazine</i>	2	SP; PA
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	2	QL(12 ML per 28 day(s) retail)

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(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	2	QL(1 ML daily)
AVONEX PEN AJKT	4	PA
AVONEX PREFILLED PSKT	4	PA
BETASERON KIT	4	PA
<i>dalfampridine</i>	2	SP; PA
<i>dimethyl fumarate CDPK</i>	2	QL(60 EA per 365 day(s) retail)
<i>dimethyl fumarate CPDR</i>	2	QL(2 EA daily)
<i> fingolimod hcl</i>	2	QL(1 EA daily)
<i>glatiramer acetate SOSY 20 MG/ML</i>	2	QL(1 ML daily)
<i>glatiramer acetate SOSY 40 MG/ML</i>	2	QL(12 ML per 28 day(s) retail)
MAYZENT STARTER PACK TBP 0.25 MG	4	QL(12 EA per 5 day(s) retail); SP; PA
MAYZENT STARTER PACK TBP 0.25 MG	4	SP; PA
MAYZENT TABS 0.25 MG	4	QL(4 EA daily); SP; PA
MAYZENT TABS 2 MG	4	QL(1 EA daily); SP; PA
MAYZENT TABS 1 MG	4	SP; PA
PLEGRIDY STARTER PACK SOAJ	4	PA
PLEGRIDY STARTER PACK SOSY SC	4	PA
PLEGRIDY SOAJ	4	PA
PLEGRIDY SOSY IM	4	PA
PLEGRIDY SOSY SC	4	PA
REBIF REBIDOSE TITRATION PACK SOAJ	4	PA
REBIF REBIDOSE SOAJ	4	PA
REBIF TITRATION PACK SOSY	4	PA
REBIF SOSY	4	PA
<i>teriflunomide</i>	2	QL(1 EA daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hcl (pmdd) TABS</i>	2	
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	4	PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1	
<i>pimozide</i>	1	
Smoking Deterrents		
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 4 MG	5	PV

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

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(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 21 MG/24HR	5	PV
			APO-VARENICLINE TABS 0.5 MG	5	QL(1 EA daily); PV
			APO-VARENICLINE TABS 1 MG	5	QL(2 EA daily); PV
			<i>bupropion hcl (smoking deterrent)</i>	5	PV
			NICODERM CQ PT24 TD (nicotine)	5	PV
			NICORETTE MINI LOZG (nicotine polacrilex)	5	PV

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NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	5	PV	TRIKAFTA TBPk	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(3 EA daily); SP; PA
NICORETTE GUM (<i>nicotine polacrilex</i>)	5	PV	TRIKAFTA THPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(3 EA daily); SP; PA
NICORETTE LOZG (<i>nicotine polacrilex</i>)	5	PV	Pulmonary Fibrosis Agents		
<i>nicotine polacrilex GUM</i>	5	PV	OFEV	4	QL(2 EA daily); PA
<i>nicotine polacrilex LOZG</i>	5	PV	<i>pirfenidone CAPS</i>	2	QL(3 EA daily); SP; PA
NICOTINE KIT	5	PV	<i>pirfenidone TABS</i>	2	QL(3 EA daily); SP; PA
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	PV	SULFONAMIDES - Drugs to Treat Bacterial Infections		
NICOTROL NS SOLN	5	PV	Sulfonamides		
NICOTROL INHA	5	PV	<i>sulfadiazine TABS</i>	1	
<i>varenicline tartrate TABS 1 MG</i>	5	QL(2 EA daily); PV	TETRACYCLINES - Drugs to Treat Bacterial Infections		
<i>varenicline tartrate TABS 0.5 MG</i>	5	QL(1 EA daily); PV	Tetracyclines		
Transthyretin Amyloidosis Agents			(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
TEGSEDI	4	PA	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	2	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
Cystic Fibrosis Agents			<i>demeclocycline hcl TABS</i>	1	
KALYDECO PACK	4	PA	<i>doxycycline (monohydrate) CAPS 150 MG</i>	2	ST
KALYDECO TABS	4	PA	<i>doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG</i>	2	
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA			
ORKAMBI PACK 94 MG-75 MG	4	PA			
ORKAMBI TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA			
PULMOZYME	2	QL(5 ML daily); PA			
SYMDEKO	4	PA			

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

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SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	2		<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2		<i>methscopolamine bromide</i>	1	
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	3		H-2 Antagonists		
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAX ST, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAX ST, EQ FAMOTIDINE MAX ST, EQL HEARTBURN PREVENTION, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAX STRENGTH, GNP ACID REDUCER MAX ST, HEARTBURN RELIEF MAX ST, KLS ACID CONTROLLER MAX ST, MM ACID-PEP MAXIMUM STRENGTH, PX ACID REDUCER MAX ST, QC ACID CONTROLLER MAX ST, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAX ST, SB ACID CONTROLLER MAX ST, SM ACID REDUCER MAX ST, ZANTAC 360 MAX ST TABS 20 MG	1	RX/OTC
Antispasmodics			<i>cimetidine TABS 300 MG, 800 MG</i>	1	
(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG	1		<i>cimetidine TABS 400 MG</i>	1	QL(4 EA daily)
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1		<i>famotidine SUSR</i>	1	
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1		<i>famotidine TABS 40 MG</i>	1	QL(2 EA daily)
BELLADONNA ALKALOIDS-OPIUM	3		<i>famotidine TABS 20 MG</i>	1	RX/OTC
<i>chlordiazepoxide hcl-clidinium bromide</i>	1		<i>nizatidine CAPS</i>	1	
<i>dicyclomine hcl CAPS</i>	1		Misc. Anti-Ulcer		
<i>dicyclomine hcl SOLN PO</i>	1		<i>sucralfate SUSP</i>	1	
<i>dicyclomine hcl TABS</i>	1				
GLYCATE TABS	3				
<i>glycopyrrolate SOLN PO 1 MG/5ML</i>	1				
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1				
GLYCOPYRROLATE TABS	3				
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1				
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1				
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1				

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

1=Preferred Generics 2=Preferred Brands/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs/Specialty Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available
PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy
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Drug Name	Drug Tier	Requirements/ Limits
<i>darifenacin hydrobromide</i>	2	
<i>fesoterodine fumarate</i>	1	QL(1 EA daily)
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 EA daily)
<i>oxybutynin chloride TB24</i>	1	
<i>solifenacin succinate TABS 5 MG</i>	1	
<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 EA daily)
<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)
<i>trospium chloride CP24</i>	1	
<i>trospium chloride TABS</i>	1	QL(2 EA daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
VACCINES		
Viral Vaccines		
ABRYSVO	5	PV
AFLURIA QUADRIVALENT SUSY 0.5 ML	5	PV
AREXVY	5	AL(At least 50 yrs old); PV
COVID VACCINES	5	
FLUAD QUADRIVALENT	5	PV
FLUARIX QUADRIVALENT SUSY	5	PV
FLUBLOK SOSY	5	PV
FLUCELVAX SUSP	5	PV
FLULAVAL QUADRIVALENT SUSY	5	PV
FLUMIST QUADRIVALENT	5	PV
FLUZONE HIGH-DOSE QUADRIVALENT	5	PV
FLUZONE HIGH-DOSE SUSY	5	PV

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT SUSY	5	PV
HEPLISAV-B SOSY	5	Medical Benefit; PV
MODERNA COVID-19 VAC 6M-11Y SUSY	5	PV
MRESVIA	5	AL(At least 60 yrs old); PV
NOVAVAX COVID-19 VACCINE SUSY	5	PV
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	5	PV
OPTIONS GYNOL II CONTRACEPTIVE GEL	5	PV
SHUR-SEAL CONTRACEPTIVE GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM	5	PV
VCF VAGINAL CONTRACEPTIVE FOAM	5	PV
VCF VAGINAL CONTRACEPTIVE GEL	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal CREA</i>	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	1	
VANDAZOLE	2	
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PHEXXI	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	QL(1 per fill mail)
FEMRING	3	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
PREMARIN	2	QL(2 GM daily)
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	ST; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	4	PA
NORTHERA (<i>droxidopa</i>)	4	PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>ergocalciferol CAPS</i>	1	
<i>phytonadione TABS 5 MG</i>	2	

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(Methyltestosterone) METHITEST		POLACRILEX MINI, PX STOP	(Nicotine Polacrilex) CVS NICOTINE,
TABS	10	SMOKING AID, RA MINI NICOTINE,	CVS NICOTINE POLACRILEX, EQ
(Miconazole Nitrate Vaginal)		RA NICOTINE POLACRILEX, SM	NICOTINE, EQ NICOTINE
MICONAZOLE 3 SUPP 200 MG .	111	NICOTINE POLACRILEX LOZG 4	POLACRILEX, FT NICOTINE, GNP
(Miglustat) YARGESA	65	MG	NICOTINE, GNP NICOTINE
(Mometasone Furoate (Nasal))		(Nicotine Polacrilex) CVS NICOTINE,	POLACRILEX, GOODSENSE
ALLERGY NASAL SPRAY SUSP .	98	CVS NICOTINE POLACRILEX, EQ	NICOTINE, KLS QUIT2, KLS QUIT4,
(Naloxone Hcl) FT NALOXONE HCL		NICOTINE, EQ NICOTINE	PX STOP SMOKING AID, RA
LIQD	22	POLACRILEX, EQL NICOTINE	NICOTINE, RA NICOTINE GUM, SM
(Neomycin-Bacitracin Zn-Polymyxin)		POLACRILEX, FT NICOTINE, FT	NICOTINE, SM NICOTINE
NEO-POLYCIN	99	NICOTINE MINI, GNP NICOTINE	POLACRILEX, THRIVE GUM
(Niacin (Antihyperlipidemic)) NIACOR		MINI, GNP NICOTINE	105
TABS	24	POLACRILEX, GOODSENSE	(Nicotine) CVS NICOTINE, EQ
(Nicotine Polacrilex) CVS NICOTINE,		NICOTINE, HM NICOTINE	NICOTINE, EQ NICOTINE STEP 3,
CVS NICOTINE POLACRILEX, EQ		POLACRILEX, KLS QUIT2, KLS	FT NICOTINE, GNP NICOTINE,
NICOTINE, EQ NICOTINE		QUIT4, NICOTINE MINI, NICOTINE	HABITROL, HM NICOTINE,
POLACRILEX, EQL NICOTINE		POLACRILEX MINI, PX STOP	NICOTINE STEP 1, NICOTINE
POLACRILEX, FT NICOTINE, FT		SMOKING AID, RA MINI NICOTINE,	STEP 2, NICOTINE STEP 3, QC
NICOTINE MINI, GNP NICOTINE		RA NICOTINE POLACRILEX, SM	NICOTINE TRANSDERMAL
POLACRILEX, GOODSENSE		NICOTINE POLACRILEX LOZG .	SYSTEM, RA NICOTINE PT24 TD
NICOTINE, HM NICOTINE		105	14 MG/24HR, 21 MG/24HR
POLACRILEX, KLS QUIT2, KLS		(Nicotine Polacrilex) CVS NICOTINE,	106
QUIT4, NICOTINE MINI, NICOTINE		CVS NICOTINE POLACRILEX, EQ	(Nicotine) CVS NICOTINE, EQ
POLACRILEX MINI, PX STOP		NICOTINE, EQ NICOTINE	NICOTINE, EQ NICOTINE STEP 3,
SMOKING AID, RA MINI NICOTINE,		POLACRILEX, FT NICOTINE, GNP	FT NICOTINE, GNP NICOTINE,
RA NICOTINE POLACRILEX, SM		NICOTINE, GNP NICOTINE	HABITROL, HM NICOTINE,
NICOTINE POLACRILEX LOZG 2		POLACRILEX, GOODSENSE	NICOTINE STEP 1, NICOTINE
MG	105	NICOTINE, KLS QUIT2, KLS QUIT4,	STEP 2, NICOTINE STEP 3, QC
(Nicotine Polacrilex) CVS NICOTINE,		PX STOP SMOKING AID, RA	NICOTINE TRANSDERMAL
CVS NICOTINE POLACRILEX, EQ		NICOTINE, RA NICOTINE GUM, SM	SYSTEM, RA NICOTINE PT24 TD
NICOTINE, EQ NICOTINE		NICOTINE, SM NICOTINE	14 MG/24HR
POLACRILEX, EQL NICOTINE		POLACRILEX, THRIVE GUM 2 MG	106
POLACRILEX, FT NICOTINE, FT		105	(Nicotine) CVS NICOTINE, EQ
NICOTINE MINI, GNP NICOTINE		(Nicotine Polacrilex) CVS NICOTINE,	NICOTINE, EQ NICOTINE STEP 3,
MINI, GNP NICOTINE		CVS NICOTINE POLACRILEX, EQ	FT NICOTINE, GNP NICOTINE,
POLACRILEX, GOODSENSE		NICOTINE, EQ NICOTINE	HABITROL, HM NICOTINE,
		POLACRILEX, FT NICOTINE, GNP	NICOTINE STEP 1, NICOTINE
		NICOTINE, GNP NICOTINE	STEP 2, NICOTINE STEP 3, QC
		POLACRILEX, GOODSENSE	NICOTINE TRANSDERMAL
		NICOTINE, KLS QUIT2, KLS QUIT4,	SYSTEM, RA NICOTINE PT24 TD
		PX STOP SMOKING AID, RA	21 MG/24HR
		NICOTINE, RA NICOTINE GUM, SM	106
			(Nicotine) CVS NICOTINE, EQ
			NICOTINE, EQ NICOTINE STEP 3,

FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR 106	MG-20 MCG-75 MG 43	NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG 44
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR 106	(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, FEIRZA 1.5/30, FEIRZA 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 EQ TABS 1.5 MG-30 MCG-75 MG 43	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG 43
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR 106	(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, FEIRZA 1.5/30, FEIRZA 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 EQ TABS ... 43	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG .44
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY 46	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 43	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 44
(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, FEIRZA 1.5/30, FEIRZA 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 EQ TABS 1	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS 43	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG 44
	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21),	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG 44
		(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL ... 46
		(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21),

LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG44	OGESTREL, TURQOZ 30 MCG-0.3 MG 45	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-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 TABS 1.5 MG- 30 MCG44	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 49	(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 94
(Norethindrone Acetate) GALLIFREY TABS102	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %100	(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-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML ... 94
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 59	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 % . 100	(Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML 94
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE44	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG110	(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE CHEW 94
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/744	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR110	(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE SOLN 94
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI- LINYAH, TRI-LO-ESTARYLLA, TRI- LO-MARZIA, TRI-LO-MILI, TRI-LO- SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO . 44	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR110	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 0.25 MG/ML 94
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA 45	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG8	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN94
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG . 8	(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT66
		(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM 66

(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK 66	Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ 92	SUPP 12.5 MG, 25 MG23
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT ..102	(Potassium Chloride) KLOR-CON PACK PO 20 MEQ92	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG23
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 99	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ 92	(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML- 30 MG/5ML-2 MG/5ML 47
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG17	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ92	(Salicylic Acid) KERALYT SHAM 6 %54
(Phenytoin) PHENYTOIN INFATABS CHEW17	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK61	(Sapropterin Dihydrochloride) JAVYGTOR PACK58
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD67	(Potassium Citrate-Citric Acid) CYTRA-K SOLN 61	(Sapropterin Dihydrochloride) JAVYGTOR TABS58
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL 92	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS 92	(Silver Sulfadiazine) SSD 52
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF .. 92	(Pramoxine-HC-Chloroxylenol) CORTIC-ND101	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 48
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ 92	(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F 100	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 48
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 92	(Prednisolone) MILLIPRED TABS .46	(Sodium Citrate & Citric Acid) CYTRA-262
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 92	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS95	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG 92
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 92	(Prenatal Vit W/ Ferrous Fumarate- Folic Acid) PRENATAL 19 CHEW .95	(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML93
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 92	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT95	(Sotalol Hcl) SORINE TABS38
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 92	(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	(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %48
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 92	(Prochlorperazine) COMPRO35	(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM48
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 92	(Promethazine Hcl) PROMETHEGAN	(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %48
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 92		(Sulfamethoxazole-Trimethoprim)

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(Theophylline) ELIXOPHYLLIN ELIX .	ACCU-CHEK FASTCLIX LANCETS .	acyclovir TABS PO 800 MG 38
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(Timolol Maleate (Ophth)) TIMOLOL	ACCU-CHEK SAFE-T PRO	acyclovir topical OINT 52
MALEATE OCUDOSE SOLN 0.5 %	LANCETS 70	ADALIMUMAB-ADAZ SOAJ 40
98	ACCU-CHEK SOFTCLIX LANCETS	MG/0.4ML 3
(Tiopronin) VENXXIVA TBEC62	70	ADALIMUMAB-ADAZ SOAJ 80
(Tretinoin) AVITA CREA 0.025 % . 48	acebutolol hcl CAPS38	MG/0.8ML 3
(Tretinoin) AVITA GEL 0.025 % ... 48	acetaminophen w/ codeine SOLN .. 9	ADALIMUMAB-ADAZ SOSY 40
(Triamcinolone Acetonide (Mouth))	acetaminophen w/ codeine TABS 15	MG/0.4ML 3
KOURZEQ, ORALONE 94	MG-300 MG, 30 MG-300 MG9	ADALIMUMAB-ADAZ SOSY3
(Triamcinolone Acetonide (Nasal))	acetaminophen w/ codeine TABS 60	adapalene CREA 48
ALLERGY SPRAY 24 HOUR, CVS	MG-300 MG9	adapalene GEL 0.1 % 48
NASAL ALLERGY SPRAY, EQ	acetazolamide CP1256	adapalene GEL 0.3 % 48
NASAL ALLERGY, GNP 24 HOUR	acetazolamide TABS 125 MG56	adapalene-benzoyl peroxide GEL .48
NASAL ALLERGY, GOODSENSE	acetazolamide TABS 250 MG56	adefovir dipivoxil 37
NASAL ALLERGY SPRAY, NASAL	acetic acid (otic)101	ADEMPAS 41
ALLERGY 24 HOUR, RA NASAL	acetylcysteine SOLN48	ADIPEX-P CAPS (phentermine hcl) 1
ALLERGY AERO98	acitretin 10 MG50	ADIPEX-P TABS (phentermine hcl) .1
(Triamcinolone Acetonide (Topical))	acitretin 17.5 MG50	ADTHYZA TABS 130 MG 108
TRIDERM CREA 0.5 %52	acitretin 25 MG50	ADTHYZA TABS 15 MG, 16.25 MG,
(Urea) CEROVEL LOTN 40 %54	ACTIDOM DMX LIQD47	30 MG, 32.5 MG, 60 MG, 65 MG, 90
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AFINITOR TABS (everolimus)30	alendronate sodium TABS 5 MG, 10 MG57	ambrisentan 5 MG40
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AIMSCO TWIST LANCETS 32G .71	allopurinol 300 MG62	amitriptyline hcl TABS19
AIMSCO TWIST LANCETS 33G .71	almotriptan malate91	amlodipine besylate TABS 2.5 MG 39
AJOVY SOAJ91	ALOCRIAL100	amlodipine besylate TABS 5 MG, 10 MG39
AJOVY SOSY91	alogliptin benzoate19	amlodipine besylate-atorvastatin calcium39
AKTEN100	ALOMIDE100	amlodipine besylate-benazepril hcl 10 MG-2.5 MG25
AKYNZEO22	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...59	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG- 5 MG, 40 MG-10 MG, 40 MG-5 MG 25
albendazole10	alosetron hcl61	amlodipine besylate-valsartan 10 MG-160 MG25
albuterol sulfate AERS13	ALPHANATE SOLR62	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-
albuterol sulfate NEBU13	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT62	
	ALPRAZOLAM INTENSOL CONC 11	
	alprazolam TABS11	
	alprazolam TB2411	
	alprazolam TBDP11	

320 MG	25	ANCOBON (flucytosine)	22	(fondaparinux sodium)	14
amlodipine-valsartan- hydrochlorothiazide	25	ANDEXXA 200 MG	21	armodafinil 150 MG, 200 MG, 250 MG	2
amoxapine	19	ANGELIQ	59	armodafinil 50 MG	2
amoxicillin & pot clavulanate CHEW . 102		ANNOVERA	46	ARMOUR THYROID TABS	108
amoxicillin & pot clavulanate SUSR 102		ANZEMET TABS 50 MG	22	ARNUITY ELLIPTA	12
amoxicillin & pot clavulanate TABS 102		APEXICON E CREA	52	AROMASIN (exemestane)	29
amoxicillin & pot clavulanate TB12 102		APO-VARENICLINE TABS 0.5 MG 106		asenapine maleate	35
amoxicillin CAPS	102	APO-VARENICLINE TABS 1 MG 106		aspirin CHEW	7
amoxicillin CHEW 125 MG, 250 MG . 102		apraclonidine hcl	99	aspirin TBEC 81 MG	7
amoxicillin SUSR	102	aprepitant CAPS 40 MG	22	aspirin-dipyridamole	64
amoxicillin TABS	102	aprepitant CAPS 80 MG, 125 MG .22		ASSURE COMFORT LANCETS 28G	71
amoxicillin-clarithromycin w/ lansoprazole THPK	110	aprepitant CAPS	22	ASSURE HAEMOLANCE PLUS HIGH	71
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	aprepitant MISC	22	ASSURE HAEMOLANCE PLUS LOW	71
amphetamine-dextroamphetamine TABS 5 MG, 10 MG, 12.5 MG, 20 MG, 30 MG	1	APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	36	ASSURE HAEMOLANCE PLUS MICRO	71
amphetamine-dextroamphetamine TABS 7.5 MG, 15 MG	1	APTIVUS CAPS	36	ASSURE HAEMOLANCE PLUS NORMAL	72
ampicillin & sulbactam sodium IJ 2 GM-1 GM	102	AQUALANCE LANCETS 30G	71	ASSURE HAEMOLANCE PLUS PED	72
ampicillin CAPS 500 MG	102	ARCALYST	4	ASSURE ID INSULIN SAFETY SYR 90	
ampicillin sodium IJ 1 GM, 125 MG 102		AREXVY	111	ASSURE LANCE LANCETS	72
anagrelide hcl	64	ARIKAYCE	2	ASSURE LANCE LANCETS 21G .72	
ANALPRAM-HC LOTN EX	10	ARIMIDEX (anastrozole)	29	ASSURE LANCE PLUS SAFETY 25G	72
anastrozole	29	aripiprazole SOLN PO	36	ASSURE LANCE PLUS SAFETY 30G	72
		aripiprazole TABS 15 MG	36	ASSURE LANCE SAFETY LANCET 28G	72
		aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	36	ASTAGRAF XL CP24	93
		aripiprazole TABS 20 MG	36		
		aripiprazole TBDP	36		
		ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium)	14		
		ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML			

ATABEX EC TBEC	95	azathioprine TABS 50 MG	93	90
atazanavir sulfate CAPS	36	azathioprine TABS 75 MG, 100 MG		BD LANCET ULTRAFINE 30G ... 72
atenolol & chlorthalidone	25	93		BD LANCET ULTRAFINE 33G ... 72
atenolol TABS	38	azelaic acid GEL	55	BD MICROTAINER LANCETS ... 72
atomoxetine hcl 10 MG, 18 MG, 25		azelastine hcl (ophth)	100	BD PEN NEEDLE MICRO
MG, 40 MG	2	azelastine hcl 0.1 %, 137		ULTRAFINE
atomoxetine hcl 60 MG, 80 MG, 100		MCG/SPRAY	97	BD PEN NEEDLE MINI ULTRAFINE
MG	2	azelastine hcl 0.15 %, 205.5		90
atorvastatin calcium TABS	24	MCG/SPRAY	97	BD PEN NEEDLE NANO 2ND GEN .
atovaquone	26	azelastine hcl-fluticasone propionate		90
atovaquone-proguanil hcl	27	SUSP	97	BD PEN NEEDLE NANO U/F90
atropine sulfate (ophthalmic) OINT	99	azithromycin PACK	68	BD PEN NEEDLE NANO
atropine sulfate (ophthalmic) SOLN		azithromycin SUSR	68	ULTRAFINE
99		azithromycin TABS 250 MG	68	BD PEN NEEDLE ORIG ULTRAFINE
ATROPINE SULFATE SOLN 1 % .99		azithromycin TABS 500 MG	68	90
ATROVENT HFA	12	azithromycin TABS 600 MG	68	BD PEN NEEDLE SHORT
AUGMENTIN SUSR 31.25 MG/5ML-		bacitracin (ophthalmic)	99	ULTRAFINE
125 MG/5ML	102	bacitracin-polymyxin b (ophth)	99	90
AURANOFIN 3 MG	4	bacitracin-poly-neomycin-hc	100	BD SAFETYGLIDE INSULIN
AURORA LANCET SUPER THIN		baclofen TABS 10 MG	97	SYRINGE
30G	72	baclofen TABS 15 MG	97	90
AURORA LANCET THIN 23G	72	baclofen TABS 20 MG	97	BD VEO INSULIN SYR ULTRAFINE
AUSTEDO TABS 12 MG	103	baclofen TABS 5 MG	97	90
AUSTEDO TABS 6 MG	103	BALCOLTRA (levonorgestrel-ethinyl		BELLADONNA ALKALOIDS-OPIMUM
AUSTEDO TABS 9 MG	103	estradiol-iron)	45	109
AUSTEDO XR PATIENT TITRATION		BALFAXAR	63	BELSOMRA
TEPK	103	balsalazide disodium CAPS	60	66
AUSTEDO XR TB24	103	BALVERSA	31	benazepril & hydrochlorothiazide . 25
AVONEX PEN AJKT	104	BD AUTOSHIELD	90	benazepril hcl
AVONEX PREFILLED PSKT	104	BD AUTOSHIELD DUO	90	24
AYVAKIT	30	BD DISP NEEDLES	90	BENEFIX KIT
AZASITE	99	BD ECLIPSE LUER-LOK NEEDLE		63
				BENLYSTA SOAJ
				93
				BENLYSTA SOSY
				93
				BENSAL HP OINT
				54
				BENZNIDAZOLE
				10
				benzonatate
				47
				benzoyl peroxide-erythromycin GEL .

48	BETIMOL 0.25 %	98	BRIVIACT TABS 100 MG	15	
benzphetamine hcl 50 MG	1	BETOPTIC-S SUSP	98	BRIVIACT TABS 25 MG, 50 MG, 75 MG	15
benztropine mesylate SOLN	34	bexarotene (topical)	50	bromfenac sodium (ophth) 0.07 %, 0.075 %	101
benztropine mesylate TABS	34	bexarotene	33	bromfenac sodium (ophth) 0.09 %	101
bepotastine besilate	100	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium)	45	bromocriptine mesylate CAPS	34
BESIVANCE	99	bicalutamide	29	bromocriptine mesylate TABS 2.5 MG	34
BESREMI	33	BICILLIN C-R	102	BRUKINSA	31
BETADINE OPHTHALMIC PREP	99	BICILLIN C-R 900/300	102	budesonide (inhalation) SUSP 0.25 MG/2ML	12
betaine	58	BICILLIN L-A SUSY	102	budesonide (inhalation) SUSP 0.5 MG/2ML	12
betamethasone dipropionate (topical) CREA	52	BIKTARVY	36	budesonide (inhalation) SUSP 1 MG/2ML	12
betamethasone dipropionate (topical) LOTN	52	bimatoprost SOLN	101	budesonide (intrarectal)	10
betamethasone dipropionate (topical) OINT	52	bisacodyl SUPP	68	budesonide TB24	46
betamethasone dipropionate augmented CREA	52	bisacodyl TBEC	68	budesonide-formoterol fumarate dihydrate	13
betamethasone dipropionate augmented GEL 0.05 %	52	bisoprolol & hydrochlorothiazide	25	bumetanide TABS 0.5 MG, 1 MG	57
betamethasone dipropionate augmented LOTN	52	bisoprolol fumarate	38	bumetanide TABS 2 MG	57
betamethasone dipropionate augmented OINT	52	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	31	buprenorphine hcl SUBL 2 MG	9
betamethasone valerate CREA	52	bortezomib SOLR IJ	31	buprenorphine hcl SUBL 8 MG	9
betamethasone valerate FOAM	52	bosentan TABS	40	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	9
betamethasone valerate LOTN	52	BOSULIF CAPS	31	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	9
betamethasone valerate OINT	52	BOSULIF TABS	31	buprenorphine hcl-naloxone hcl dihydrate SUBL	9
BETASERON KIT	104	BRAFTOVI 75 MG	31	buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR	9
betaxolol hcl (ophth) SOLN	98	BREZTRI AEROSPHERE	13		
betaxolol hcl	38	brimonidine tartrate (topical)	55		
bethanechol chloride	111	brimonidine tartrate	99		
BETHKIS NEBU (tobramycin)	2	brimonidine tartrate-timolol maleate	98		
		brinzolamide	101		
		BRIVIACT SOLN PO 10 MG/ML	15		
		BRIVIACT TABS 10 MG	15		

bupropion hcl (smoking deterrent) 106	CABOMETYX TABS 20 MG, 60 MG . 31	captopril & hydrochlorothiazide ... 25
bupropion hcl TABS17	CABOMETYX TABS 40 MG31	captopril 24
bupropion hcl TB12 17	caffeine citrate SOLN PO 1	CARAC CREA 50
bupropion hcl TB24 150 MG, 300 MG18	CALCIFOL92	carbamazepine CHEW 100 MG ... 15
bupropion hcl TB24 450 MG18	calcipotriene CREA 50	carbamazepine CP1215
bupirone hcl 11	calcipotriene FOAM50	carbamazepine SUSP 15
butalbital-acetaminophen CAPS 50 MG-300 MG 6	CALCIPOTRIENE FOAM50	carbamazepine TABS15
butalbital-acetaminophen TABS 50 MG-300 MG 6	calcipotriene OINT50	carbamazepine TB12 100 MG15
butalbital-acetaminophen TABS 50 MG-325 MG 6	calcipotriene SOLN 50	carbamazepine TB12 200 MG15
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG 6	calcipotriene-betamethasone dipropionate OINT 52	carbamazepine TB12 400 MG15
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG 6	calcipotriene-betamethasone dipropionate SUSP52	CARBATROL CP12 (carbamazepine) 15
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG9	calcitonin (salmon) IJ 57	carbidopa34
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG9	calcitonin (salmon) NA57	carbidopa-levodopa TABS34
butalbital-aspirin-caffeine CAPS 6	calcitriol (topical)50	carbidopa-levodopa TBCR 100 MG- 25 MG34
butalbital-aspirin-caffeine w/cod9	calcitriol CAPS 0.25 MCG 58	carbidopa-levodopa TBCR 200 MG- 50 MG34
butorphanol tartrate NA 10 MG/ML . 9	calcitriol CAPS 0.5 MCG58	carbidopa-levodopa TBCR 200 MG- 50 MG34
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)36	calcitriol SOLN PO58	carbidopa-levodopa-entacapone .34
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)36	calcium acetate (phosphate binder) CAPS61	carbinoxamine maleate SOLN23
cabergoline59	calcium acetate (phosphate binder) TABS61	carbinoxamine maleate TABS 4 MG . 23
	CALQUENCE 31	CARBINOXAMINE MALEATE TABS . 23
	candesartan cilexetil 32 MG 25	CARDURA XL62
	candesartan cilexetil 4 MG, 8 MG, 16 MG 25	CAREONE LANCET SUPER THIN 30G72
	candesartan cilexetil- hydrochlorothiazide 25	CAREONE LANCET THIN 23G ...72
	capecitabine28	CAREPOINT POLY HUB NEEDLE 90
	CAPRELSA31	CARESENS LANCETS 72

CARESENS LANCETS 30G72	CEFOTAN IJ (cefotetan disodium) 41	chlorzoxazone TABS 250 MG97
CARETOUCH SAFETY LANCETS 72	cefotetan disodium IJ 1 GM, 2 GM 41	chlorzoxazone TABS 375 MG, 500 MG, 750 MG 97
CARETOUCH SAFETY LANCETS 26G72	cefoxitin sodium IV 1 GM, 2 GM ...41	cholestyramine light PACK 23
CARETOUCH TWIST LANCETS 28G72	CEFOXITIN SODIUM-DEXTROSE 41	cholestyramine light POWD 23
CARETOUCH TWIST LANCETS 30G72	cefpodoxime proxetil SUSR41	cholestyramine PACK 23
CARETOUCH TWIST LANCETS 33G73	cefpodoxime proxetil TABS41	cholestyramine POWD 24
CARETOUCH TWIST MC LANCETS 30G73	cefprozil SUSR41	choline fenofibrate 135 MG24
carisoprodol TABS97	cefprozil TABS41	choline fenofibrate 45 MG 24
carteolol hcl (ophth)98	cefuroxime axetil TABS41	CHOSEN LANCETS 30G73
carvedilol 3.125 MG38	celecoxib 400 MG5	CHOSEN SAFETY LANCETS 28G 73
carvedilol 6.25 MG, 12.5 MG, 25 MG 38	celecoxib 50 MG, 100 MG, 200 MG 5	ciclopirox GEL49
carvedilol phosphate38	CELONTIN (methsuximide)17	ciclopirox olamine CREA49
CAYA DPRH68	cephalexin CAPS41	ciclopirox olamine SUSP49
CAYSTON27	cephalexin SUSR41	ciclopirox SHAM49
cefaclor CAPS41	CEPROTIN64	ciclopirox SOLN49
CEFACLO ER TB1241	CERDELGA65	cilostazol64
cefaclor SUSR 125 MG/5ML, 375 MG/5ML41	CEREZYME 400 UNIT65	CILOXAN OINT99
cefadroxil CAPS41	CERVIDIL INST101	CIMDUO36
cefadroxil SUSR41	CETACAINE AERO55	cimetidine TABS 300 MG, 800 MG 109
cefadroxil TABS41	cevimeline hcl94	cimetidine TABS 400 MG109
cefazolin sodium SOLR IV 1 GM ..41	CHEMET21	cinacalcet hcl58
cefdinir CAPS41	chlordiazepoxide hcl CAPS11	CIPRO HC101
cefdinir SUSR41	chlordiazepoxide hcl-clidinium bromide109	CIPRO SUSR60
cefixime CAPS41	chlordiazepoxide-amitriptyline ...103	ciprofloxacin hcl (ophth) SOLN99
cefixime SUSR41	chlorhexidine gluconate (mouth-throat)94	ciprofloxacin hcl (otic)101
	chloroquine phosphate TABS27	ciprofloxacin hcl TABS60
	chlorpromazine hcl TABS35	ciprofloxacin-dexamethasone101
	chlorthalidone 25 MG, 50 MG57	CITALOPRAM HYDROBROMIDE

CAPS	18	clindamycin hcl	27	53
citalopram hydrobromide SOLN ...	18	clindamycin palmitate hydrochloride .		
citalopram hydrobromide TABS ...	18	27		clobetasol propionate SHAM 53
CITRANATAL 90 DHA 120 MG-20		clindamycin phosphate (topical)		clobetasol propionate SOLN 0.05 % .
MG-1 MG-3 MG-400 UNIT-3.4 MG-		FOAM	48	53
20 MG-50 MG-25 MG-2 MG-159 MG-		clindamycin phosphate (topical) GEL	48	clocortolone pivalate
90 MG-150 MCG-30 UNIT-0.75 MG-				53
300 MG	95	clindamycin phosphate (topical)		clomipramine hcl
CITRANATAL ASSURE	95	LOTN	48	19
CITRANATAL B-CALM 120 MG-25		clindamycin phosphate (topical)		clonazepam TABS
MG-1 MG-400 UNIT-120 MG-20 MG		SOLN	48	14
95		clindamycin phosphate (topical)		clonazepam TBDP
CITRANATAL DHA	95	SWAB	48	14
CITRANATAL HARMONY 25 MG-1		clindamycin phosphate vaginal CREA		clonidine hcl (adhd) TB12
MG-400 UNIT-50 MG-104 MG-27			111	2
MG-30 UNIT-260 MG	95	clindamycin phosphate-benzoyl		clonidine hcl TABS
CITRANATAL MEDLEY	95	peroxide (refrigerate)	48	25
clarithromycin SUSR	68	clindamycin phosphate-benzoyl		clopidogrel bisulfate
clarithromycin TABS	68	peroxide GEL 5 %-1 %	48	64
clarithromycin TB24	68	clindamycin phosphate-tretinoin ..	48	clorazepate dipotassium TABS
CLEANLET LANCETS 28G	73	CLINDESSE	111	11
clemastine fumarate TABS 2.68 MG .		clobazam SUSP	14	clotrimazole
23		clobazam TABS 10 MG	14	94
CLEOCIN SUPP	111	clobazam TABS 20 MG	14	clotrimazole w/ betamethasone
CLEVER CHEK LANCETS	73	clobetasol propionate CREA 0.05 % .		CREA
CLEVER CHOICE COMFORT EZ		53		49
73		clobetasol propionate emollient base		clotrimazole w/ betamethasone
CLEVER CHOICE LANCETS 21G		0.05 %	53	LOTN
73		clobetasol propionate emulsion ...	53	49
CLEVER CHOICE LANCETS 23G		clobetasol propionate FOAM	53	clozapine TABS
73		clobetasol propionate GEL 0.05 %	53	35
CLEVER CHOICE LANCETS 28G		clobetasol propionate LIQD	53	clozapine TBDP
73		clobetasol propionate LOTN	53	35
CLIMARA PRO	59	clobetasol propionate OINT 0.05 %		C-NATE DHA CAPS
				95
				COAGUCHEK LANCETS
				73
				COARTEM
				27
				codeine sulfate TABS
				7
				CODITUSSIN AC LIQD
				47
				colchicine CAPS
				62
				colchicine TABS
				62
				colchicine w/ probenecid
				62
				colesevelam hcl PACK
				24
				colesevelam hcl TABS
				24
				colestipol hcl GRAN
				24
				colestipol hcl PACK
				24

colestipol hcl TABS	24	CORIFACT	63	74
COMBIPATCH PTTW	59	CORLANOR SOLN	41	CVS LANCETS ULTRA-THIN 30G
COMBIVENT RESPIMAT AERS ..	13	CORTANE-B	53	74
COMETRIQ (100 MG DAILY DOSE)		CORTIFOAM EX 10 %	10	CVS ULTRA THIN LANCETS
KIT	31	CORTISPORIN-TC	101	cyclobenzaprine hcl TABS 5 MG, 10
COMETRIQ (140 MG DAILY DOSE)		COSENTYX (300 MG DOSE) SOSY .	50	MG
KIT	31	COSENTYX SENSOREADY (300		CYCLOGYL
COMETRIQ (60 MG DAILY DOSE)		MG) SOAJ	50	CYCLOMYDRIL
KIT	31	COSENTYX SENSOREADY PEN		cyclopentolate hcl 1 %
COMFORT ASSURED LANCETS		SOAJ	51	cyclophosphamide CAPS
28G	73	COSENTYX SOSY 150 MG/ML ...	51	CYCLOPHOSPHAMIDE TABS
COMFORT ASSURED LANCETS		COSENTYX SOSY 75 MG/0.5ML .	51	cycloserine
33G	73	COSENTYX UNOREADY SOAJ ..	51	cyclosporine (ophth) EMUL
COMFORT EZ INSULIN SYRINGE .		COTELIC	31	cyclosporine CAPS
90		COVID VACCINES	111	cyclosporine modified (for
COMFORT LANCETS	73	COVID-19 AT HOME TEST KITS .	55	microemulsion) CAPS
COMFORT TOUCH LANCETS 31G .		COVID-19 FLU A&B 3-IN-1 TEST	55	cyclosporine modified (for
73		CREON CPEP	56	microemulsion) SOLN
COMFORT TOUCH PLUS LANCETS		CRESEMBA CAPS 186 MG	23	CYKLOKAPRON SOLN (tranexamic
28G	73	CRINONE GEL 8 %	112	acid)
COMFORT TOUCH PLUS LANCETS		cromolyn sodium (ophth)	101	cyproheptadine hcl SYRP
30G	73	cromolyn sodium NEBU	12	cyproheptadine hcl TABS
COMFORT TOUCH TWIST LANCET		CTEXLI 250 MG	60	CYSTADANE (betaine)
30G	73	CUPRIMINE CAPS (penicillamine)		CYSTAGON CAPS
COMPLERA	36	93		CYSTARAN
COMPLETENATE CHEW	95	CVS LANCETS 21G	73	CYTOMEL TABS 25 MCG, 50 MCG
CONCEPT DHA	95	CVS LANCETS MICRO THIN 33G		(liothyronine sodium)
CONCEPT OB	95	73		CYTOMEL TABS 5 MCG
CONDOMS	68	CVS LANCETS ORIGINAL	74	(liothyronine sodium)
CONTRACE	1	CVS LANCETS THIN 26G	74	CYTRA-3 SYRP
CONZIP CP24 (tramadol hcl)	7	CVS LANCETS ULTRA THIN 30G		dabigatran etexilate mesylate CAPS
COPIKTRA	31			110 MG
CORDRAN TAPE	53			dabigatran etexilate mesylate CAPS

75 MG, 150 MG	14	DEPAKOTE TBEC (divalproex sodium)	17	desvenlafaxine succinate	18
dalfampridine	104	DEPEN TITRATABS TABS (penicillamine)	93	dexamethasone ELIX	46
danazol CAPS	10	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	46	DEXAMETHASONE INTENSOL CONC	46
dantrolene sodium CAPS	97	DESCOVY 200 MG-25 MG	36	dexamethasone sodium phosphate (ophth)	100
dapagliflozin propanediol	21	desipramine hcl TABS	19	dexamethasone SOLN	46
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	19	desloratadine TABS	23	dexamethasone TABS	46
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	19	desloratadine TBDP 2.5 MG	23	dexamethasone TBPK	46
dapsone (topical) 5 %	48	desloratadine TBDP 5 MG	23	dexmethylphenidate hcl CP24	2
dapsone (topical) 7.5 %	48	DESMOPRESSIN ACETATE SOLN NA	58	dexmethylphenidate hcl TABS	2
dapsone 100 MG	27	desmopressin acetate spray	58	dextroamphetamine sulfate CP24 ..	1
dapsone 25 MG	27	desmopressin acetate spray refrigerated 0.01 %	58	dextroamphetamine sulfate SOLN ..	1
DARAPRIM (pyrimethamine)	27	desmopressin acetate TABS 0.1 MG 58		dextroamphetamine sulfate TABS 5 MG, 10 MG	1
darifenacin hydrobromide	111	desmopressin acetate TABS 0.2 MG 58		DHIVY TABS	34
darunavir TABS	36	desogestrel-ethinyl estradiol (biphasic)	45	DIACOMIT CAPS 250 MG	15
dasatinib	31	desonide CREA	53	DIACOMIT CAPS 500 MG	15
DAURISMO	29	desonide GEL	53	DIACOMIT PACK 250 MG	15
deferasirox PACK	21	desonide LOTN	53	DIACOMIT PACK 500 MG	15
deferasirox TABS	21	desonide OINT	53	DIATHRIVE LANCET ULTRA THIN 30	74
deferasirox TBSO	21	desoximetasone CREA	53	DIATHRIVE LANCETS	74
deferiprone TABS 500 MG	21	desoximetasone GEL	53	diazepam (anticonvulsant) GEL ...	14
deflazacort SUSP	46	desoximetasone LIQD	53	diazepam CONC	11
deflazacort TABS	46	desoximetasone OINT 0.05 %	53	diazepam SOLN PO 5 MG/5ML ...	11
DELSTRIGO	36	desoximetasone OINT 0.25 %	53	diazepam TABS 10 MG	11
demeclocycline hcl TABS	107			diazepam TABS 2 MG, 5 MG	11
DEMSEER (metyrosine)	25			diazoxide	19
DEPAKOTE ER TB24 (divalproex sodium)	17			dichlorphenamide	56
DEPAKOTE SPRINKLES CSDR (divalproex sodium)	17			diclofenac potassium TABS 50 MG	.5

diclofenac sodium (actinic keratoses) EX	50	DILANTIN	17	dorzolamide hcl	101
diclofenac sodium (ophth)	101	DILANTIN INFATABS CHEW (phenytoin)	17	DORZOLAMIDE HCL	101
diclofenac sodium (topical) GEL EX 50		DILANTIN SUSP (phenytoin)	17	DORZOLAMIDE HCL-TIMOLOL MAL	98
diclofenac sodium (topical) SOLN EX 1.5 %	50	DILANTIN-125 SUSP (phenytoin) .	17	dorzolamide hcl-timolol maleate ..	98
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diclofenac sodium TB24	5	diltiazem hcl CP12	39	doxazosin mesylate	25
diclofenac sodium TBEC	5	diltiazem hcl CP24	39	doxepin hcl (antipruritic)	50
diclofenac w/ misoprostol TBEC	5	diltiazem hcl extended release beads	39	doxepin hcl CAPS	19
dicloxacillin sodium	102	diltiazem hcl TABS	39	doxepin hcl CONC	19
dicyclomine hcl CAPS	109	diltiazem hcl TB24	39	doxercalciferol CAPS	58
dicyclomine hcl SOLN PO	109	dimethyl fumarate CDPK	104	doxycycline (monohydrate) CAPS 150 MG	107
dicyclomine hcl TABS	109	dimethyl fumarate CPDR	104	doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG	107
diethylpropion hcl TABS	1	DIPENTUM	60	doxycycline (monohydrate) SUSR 108	
diethylpropion hcl TB24	1	diphenhydramine hcl SOLN 50 MG/ML	23	doxycycline (monohydrate) TABS 50 MG, 100 MG, 150 MG	108
DIFFERIN LOTN	48	diphenoxylate w/ atropine LIQD ...	21	doxycycline (monohydrate) TABS 75 MG	108
DIFICID TABS	68	diphenoxylate w/ atropine TABS ...	21	doxycycline (rosacea)	55
diflorasone diacetate CREA	53	dipyridamole	64	doxycycline hyclate CAPS	108
diflorasone diacetate OINT	53	disopyramide phosphate CAPS ...	11	doxycycline hyclate TABS 20 MG, 75 MG, 100 MG, 150 MG	108
diflunisal TABS	7	disulfiram	103	doxylamine-pyridoxine TBEC	22
difluprednate	100	DIURIL SUSP	57	dronabinol CAPS 10 MG	22
digoxin SOLN PO 0.05 MG/ML	39	divalproex sodium CSDR	17	dronabinol CAPS 2.5 MG, 5 MG ..	22
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	39	divalproex sodium TB24	17	DROPLET INSULIN SYRINGE ...	90
dihydroergotamine mesylate SOLN IJ 1 MG/ML	91	divalproex sodium TBEC	17	DROPLET LANCETS ULTRA THIN 30G	74
dihydroergotamine mesylate SOLN NA 4 MG/ML	91	dofetilide	11	DROPLET PERSONAL LANCETS 30G	74
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		donepezil hydrochloride TABS ...	103		
		donepezil hydrochloride TBDP ...	103		

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DRUG MART ON-THE-GO LANCET 30G74	EASY TOUCH HYPODERMIC NEEDLE90	efavirenz-lamivudine-tenofovir disoproxil fumarate36
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etodolac CAPS	5	EZ-LETS LANCETS 30G	76	MG	24
etodolac TABS	5	FABHALTA	64	fenofibrate micronized 43 MG, 67	
etodolac TB24	5	FABIOR FOAM	49	MG, 134 MG	24
etonogestrel-ethinyl estradiol	46	famciclovir	38	fenofibrate TABS 145 MG, 160 MG	
etoposide CAPS	33	famotidine SUSR	109	24	
etravirine	36	famotidine TABS 20 MG	109	fenofibrate TABS 48 MG	24
EUCRISA	55	famotidine TABS 40 MG	109	fenofibrate TABS 54 MG	24
EULEXIN	29	FANAPT	35	fenoprofen calcium TABS	5
EVAMIST SOLN	59	FANAPT TITRATION PACK	35	FENSOLVI (6 MONTH) SC	58
everolimus (immunosuppressant)	93	FANTASY LUBRICATED MISC ...	68	fantanyl citrate LPOP 1600 MCG ...	8
everolimus TABS	31	FANTASY		fantanyl citrate LPOP 200 MCG, 400	
everolimus TBSO	31	LUBRICATED/SPERMICIDE MISC		MCG, 600 MCG, 800 MCG, 1200	
EVISTA (raloxifene hcl)	57	68		MCG	7
EVOTAZ	36	FARXIGA	21	fantanyl PT72 12 MCG/HR, 25	
EVRYSDI	98	FASENRA PEN SOAJ	11	MCG/HR, 50 MCG/HR, 75 MCG/HR,	
EXELDERM SOLN	49	FASENRA SOSY 10 MG/0.5ML ...	11	100 MCG/HR	8
exemestane	29	FASENRA SOSY 30 MG/ML	11	fantanyl PT72 37.5 MCG/HR, 62.5	
EXJADE TBSO (deferiasirox)	21	FC2 FEMALE CONDOM	68	MCG/HR, 87.5 MCG/HR	8
EXODERM	49	febuxostat 40 MG	62	ferric citrate	61
E-Z JECT LANCET MICRO-THIN		febuxostat 80 MG	62	FERRIPROX SOLN	21
33G	75	FEIBA	63	FERRIPROX TABS 500 MG	
E-Z JECT LANCET SUPER THIN		felbamate SUSP	17	(deferiprone)	21
30G	75	felbamate TABS	17	fesoterodine fumarate	111
E-Z JECT LANCETS	76	FELBATOL SUSP (felbamate)	17	FETZIMA CP24 20 MG	18
E-Z JECT LANCETS 21G	76	felodipine 10 MG	39	FETZIMA CP24 40 MG, 80 MG, 120	
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EZ-LETS LANCETS 26G	76	fenofibrate CAPS	24	76	
EZ-LETS LANCETS 28G	76	fenofibrate micronized 130 MG, 200		FIFTY50 UNILET LANCETS 33G ..	76

FINE 30	76	fluocinolone acetonide CREA	53	AEPB 100 MCG/ACT	12
FINGERSTIX LANCETS	76	fluocinolone acetonide OIL	53	fluticasone propionate (inhalation) AEPB 250 MCG/ACT	12
fingolimod hcl	104	fluocinolone acetonide OINT	53	fluticasone propionate (inhalation) AEPB 50 MCG/ACT	12
FIRAZYR SOSY (icatibant acetate) 64		fluocinolone acetonide SOLN	53	fluticasone propionate (nasal) SUSP . 98	
FIRDAPSE	27	fluocinonide CREA	53	fluticasone propionate CREA 0.05 % 53	
FLAREX	100	fluocinonide emulsified base	53	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	12
flavoxate hcl	111	fluocinonide GEL	53	fluticasone propionate hfa 44 MCG/ACT	12
flecainide acetate	11	fluocinonide OINT	53	fluticasone propionate LOTN	53
FLORAFOL PEDIATRIC CHEW ...	94	fluocinonide SOLN	53	fluticasone propionate OINT	53
FLORAFOL PEDIATRIC SOLN ...	95	fluorometholone (ophth) SUSP ...	100	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	13
FLORIVA	92	fluorouracil (topical) CREA 0.5 % ..	50	fluticasone-salmeterol AERO	13
FLORIVA	95	fluorouracil (topical) CREA 5 % ...	50	fluvastatin sodium CAPS	24
FLORIVA PLUS SOLN	95	fluorouracil (topical) SOLN	50	fluvastatin sodium TB24	24
FLOTREX CHEW 0.25 MG, 0.5 MG . 95		fluoxetine hcl (pmdd) TABS	104	fluvoxamine maleate CP24 100 MG 18	
FLOWFLEX PLUS COVID-19/FLU A/B	55	fluoxetine hcl CAPS 10 MG, 20 MG 18		fluvoxamine maleate CP24 150 MG 18	
FLUAD QUADRIVALENT	111	fluoxetine hcl CAPS 40 MG	18	fluvoxamine maleate TABS 100 MG . 18	
FLUARIX QUADRIVALENT SUSY 111		fluoxetine hcl CPDR	18	fluvoxamine maleate TABS 25 MG, 50 MG	18
FLUBLOK SOSY	111	fluoxetine hcl SOLN	18	FLUZONE HIGH-DOSE QUADRIVALENT	111
FLUCELVAX SUSP	111	fluoxetine hcl TABS 10 MG	18	FLUZONE HIGH-DOSE SUSY ...	111
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flucytosine	22	fluphenazine hcl ELIX	35		
fludarabine phosphate SOLR	28	fluphenazine hcl TABS	35		
fludrocortisone acetate TABS	47	flurazepam hcl 15 MG	66		
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FLUMIST QUADRIVALENT	111	flurbiprofen sodium	101		
fluocinolone acetonide (otic)	101	flurbiprofen TABS	5		
		fluticasone furoate-vilanterol	13		
		fluticasone propionate (inhalation)			

FML FORTE SUSP	100	FREESTYLE LITE TEST STRP ...	55	GENERESS FE (norethindrone & ethinyl estradiol-fe)	45
folic acid TABS 1 MG	65	FREESTYLE PRECISION NEO TEST STRP	55	gentamicin sulfate (ophth) SOLN ..	99
folic acid TABS 400 MCG, 800 MCG .	65	FREESTYLE TEST STRP	56	gentamicin sulfate (topical) CREA .	49
FOLIVANE-F	66	FREESTYLE UNISTICK II LANCETS	76	gentamicin sulfate (topical) OINT ..	49
FOLIVANE-OB	95	frovatriptan succinate	91	GENTEEL BUTTERFLY TOUCH LANCET	76
fondaparinux sodium 2.5 MG/0.5ML .	14	furosemide SOLN PO 8 MG/ML, 10 MG/ML	57	GENTLE-LET GP LANCETS	76
fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML	14	furosemide TABS	57	GENTLE-LET LANCETS	76
FORA LANCETS	76	FUZEON SOLR	36	GENVOYA	36
formaldehyde SOLN 10 %	36	FYCOMPA SUSP	14	GILOTRIF	29
formoterol fumarate NEBU	13	FYCOMPA TABS 2 MG	14	GILPHEX TR TABS 10 MG-388 MG .	47
fosamprenavir calcium TABS	36	FYCOMPA TABS 4 MG	14	GILTUSS COUGH & COLD TABS	47
fosfomycin tromethamine	27	FYCOMPA TABS 6 MG	14	GILTUSS SINUS & CONGESTION TABS	47
fosinopril sodium & hydrochlorothiazide	25	FYCOMPA TABS 8 MG, 10 MG, 12 MG	14	glatiramer acetate SOSY 20 MG/ML .	104
fosinopril sodium	24	gabapentin CAPS	15	glatiramer acetate SOSY 40 MG/ML .	104
FOSRENOL PACK	61	gabapentin SOLN	15	GLEOSTINE 10 MG, 40 MG, 100 MG	28
FRAGMIN SOLN 95000 UNIT/3.8ML	14	gabapentin TABS 600 MG, 800 MG	15	glimepiride 1 MG, 2 MG, 4 MG	21
FRAGMIN SOSY 2500 UNIT/0.2ML	14	GALAFOLD	58	glipizide TABS	21
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML ..	14	galantamine hydrobromide CP24	103	glipizide TB24	21
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FREDS PHARMACY UNILET LANC 30G	76	galantamine hydrobromide TABS	103	GLOBAL EASY GLIDE INSULIN SYR	90
FREESTYLE INSULINX TEST STRP	55	GALZIN	92	GLOBAL INJECT EASE LANCETS 28G	76
FREESTYLE LANCETS	76	gatifloxacin (ophth)	99	GLOBAL INJECT EASE LANCETS 30G	77
		GATTEX	61	GLUCAGON EMERGENCY	19
		gefitinib	29		
		GELFILM	100		
		gemfibrozil TABS	24		

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GLUCOCOM LANCETS 30G77		
GLUCOCOM LANCETS 33G77	granisetron hcl TABS22	H-E-B INCONTROL LANCETS 33G . 78
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GLYXAMBI19	HAEGARDA SOLR SC64	HUMALOG KWIKPEN SOPN 100 UNIT/ML20
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GNP STERILE LANCETS 28G ...77	HAEMOLANCE PLUS77	HUMALOG MIX 50/50 KWIKPEN SUPN20
GNP STERILE LANCETS 30G ...77	HAEMOLANCE PLUS HIGH FLOW . 77	HUMALOG MIX 50/50 SUSP20
GNP STERILE LANCETS 33G ...77	HAEMOLANCE PLUS LOW FLOW . 78	HUMALOG MIX 75/25 KWIKPEN SUPN20
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GOODSENSE LANCETS 30G ...77	haloperidol TABS35	HUMATROPE CART IJ57
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HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML4	hydrocodone bitartrate-homatropine methylbromide TABS47	hydrocortisone TABS46
HUMIRA (2 SYRINGE) PSKT4	hydrocodone polistirex- chlorpheniramine polistirex SUER .47	hydrocortisone valerate CREA53
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML9	hydrocortisone valerate OINT54
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML4	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG9	hydrocortisone w/acetic acid101
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HUMIRA-PED>=40KG CROHNS START PSKT4	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG9	hydromorphone hcl TABS8
HUMIRA-PED>=40KG UC STARTER AJKT4	hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG9	hydromorphone hcl TB24 32 MG ...8
HUMIRA-PS/UV/ADOL HS STARTER AJKT4	hydrocodone-ibuprofen 5 MG-200 MG9	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG8
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HUMULIN 70/30 KWIKPEN SUPN 20	hydrocortisone (rectal) EX 2.5 % ..10	hydroxyurea33
HUMULIN 70/30 SUSP20	hydrocortisone (topical) CREA 2.5 % 53	hydroxyzine hcl SYRP11
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HUMULIN N SUSP20	hydrocortisone (topical) OINT 2.5 % . 53	hydroxyzine pamoate CAPS11
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hydrocodone bitartrate T24A8		ibandronate sodium TABS57
		IBRANCE CAPS31
		IBRANCE TABS31
		ibuprofen TABS 400 MG, 600 MG,

800 MG	5	indomethacin SUPP	5	isoniazid TABS	27
icatibant acetate SOSY	64	indomethacin SUSP	5	ISOPTO ATROPINE SOLN	99
ICLUSIG	31	INFLECTRA SOLR	60	isosorbide dinitrate TABS 10 MG, 20 MG, 30 MG	10
icosapent ethyl	23	INGREZZA CAPS 40 MG, 80 MG 103		isosorbide dinitrate TABS 5 MG, 40 MG	10
IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	63	INGREZZA CAPS 60 MG	103	isosorbide dinitrate-hydralazine hcl 39	
IDELVION 3500 UNIT	63	INGREZZA CPPK	103	isosorbide mononitrate TABS	10
IDHIFA	31	INGREZZA CPSP	103	ISOSORBIDE MONONITRATE TABS	10
ILEVRO	101	INLYTA	28	isosorbide mononitrate TB24	10
imatinib mesylate TABS 100 MG ..	31	INNOPRAN XL	38	isradipine CAPS	39
imatinib mesylate TABS 400 MG ..	31	INQOVI	30	ISTODAX SOLR (romidepsin)	31
IMBRUVICA CAPS 140 MG	31	INREBIC	31	itraconazole CAPS	23
IMBRUVICA CAPS 70 MG	31	INSULIN LISPRO PROT & LISPRO SUPN	20	itraconazole SOLN	23
IMBRUVICA SUSP	31	INTEGRA F	66	ivabradine hcl TABS	41
IMBRUVICA TABS	31	INTELENCE 25 MG	36	ivermectin (pediculicide)	55
imipenem-cilastatin IV	26	INVANZ IJ (ertapenem sodium) ...	26	ivermectin (rosacea)	55
imipramine hcl TABS 10 MG, 25 MG . 19		iodoquinol-hydrocortisone in aloe vehicle	49	ivermectin	10
imipramine hcl TABS 50 MG	19	IOPIDINE	99	IXINITY SOLR	63
imipramine pamoate	19	ipratropium bromide (nasal)	97	JADENU SPRINKLE PACK (deferasirox)	21
imiquimod 5 %	54	ipratropium bromide SOLN 0.02 %	12	JADENU TABS (deferasirox)	21
IN TOUCH STERILE LANCETS 30G	78	ipratropium-albuterol SOLN	13	JAKAFI	31
INBRIJA CAPS	34	irbesartan	25	JANUMET TABS	19
INCRELEX	58	irbesartan-hydrochlorothiazide ...	25	JANUMET XR TB24 1000 MG-100 MG	19
INCRUSE ELLIPTA	12	IRON FOLATE-F	66	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	19
indapamide TABS 1.25 MG, 2.5 MG . 57		ISENTRESS CHEW	36	JANUVIA	19
INDERAL XL	38	ISENTRESS HD TABS	36	JARDIANCE	21
indomethacin CAPS 25 MG, 50 MG 5		ISENTRESS PACK	36		
indomethacin CPCP	5	ISENTRESS TABS	36		
		isoniazid SYRP	27		

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JULUCA36	KIMONO MICRO THIN MISC69	KRINTAFEL27
JUXTAPID 10 MG, 20 MG, 30 MG 24	KIMONO MICRO THIN PLUS MISC . 69	KROGER HEALTHPRO LANCET 26G78
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KALETRA SOLN36	KIMONO PS MISC69	KROGER LANCETS MICRO THIN 33G78
KALYDECO PACK107	KIMONO PS PLUS MISC69	KROGER LANCETS SUPER THIN 78
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KEPPRA SOLN PO 100 MG/ML (levetiracetam)15	KINNEY LANCETS78	KUVAN PACK (sapropterin dihydrochloride)58
KEPPRA TABS 1000 MG (levetiracetam)15	KINNEY THIN LANCETS78	KUVAN TABS (sapropterin dihydrochloride)58
KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)15	KISQALI (200 MG DOSE)31	K-Y ME & YOU EXTRA LUBRICATED DEVI69
KEPPRA XR TB24 (levetiracetam) 15	KISQALI (400 MG DOSE)32	K-Y ME & YOU INTENSE DEVI ...69
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ketoconazole (topical) FOAM49	KISQALI FEMARA (200 MG DOSE) . 30	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML15
ketoconazole (topical) SHAM 2 % .49	KISQALI FEMARA (400 MG DOSE) . 30	lacosamide TABS15
ketoconazole23	KISQALI FEMARA (600 MG DOSE) . 30	lactulose (encephalopathy)61
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ketoprofen CP245	KLARITY-A99	LAGEVRIO38
ketorolac tromethamine (ophth) .101	KLOXXADO LIQD22	LAMICTAL CHEW (lamotrigine) ...15
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LAMICTAL XR KIT	15	MG	61	LEUKERAN	28
lamivudine (hbv) TABS	37	lanthanum carbonate CHEW 500 MG	61	leuprolide acetate KIT IJ 1 MG/0.2ML	29
lamivudine SOLN	36	lanthanum carbonate CHEW 750 MG	61	levalbuterol hcl	13
lamivudine TABS	36	LANTUS SOLN	20	levalbuterol tartrate	13
lamivudine-zidovudine	36	LANTUS SOLOSTAR SOPN	20	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	16
lamotrigine CHEW	15	lapatinib ditosylate	32	levetiracetam TABS 1000 MG	16
lamotrigine KIT 25 MG	15	LASTACFT	101	levetiracetam TABS 250 MG, 500 MG, 750 MG	16
lamotrigine KIT	15	latanoprost SOLN	101	levetiracetam TB24	16
lamotrigine TABS	15	LATANOPROST SOLN	101	levobunolol hcl 0.5 %	98
lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	16	leflunomide 10 MG	5	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	58
lamotrigine TB24 250 MG	16	leflunomide 20 MG	5	levocarnitine (metabolic modifiers) TABS	58
lamotrigine TB24 300 MG	16	lenalidomide 10 MG, 15 MG, 20 MG, 25 MG	93	levofloxacin (ophth) 1.5 %	99
lamotrigine TBDP	16	lenalidomide 2.5 MG, 5 MG	93	levofloxacin SOLN PO	60
LAMPIT	26	lenalidomide 5 MG	93	levofloxacin TABS	60
LANCETS	79	LENVIMA (10 MG DAILY DOSE)	28	levonorgestrel & eth estradiol TABS	45
LANCETS 28G THIN	79	LENVIMA (12 MG DAILY DOSE)	28	levonorgestrel (emergency oc) 1.5 MG	46
LANCETS 30G	79	LENVIMA (14 MG DAILY DOSE)	28	levonorgestrel-eth estradiol (triphasic)	45
LANCETS 33G	79	LENVIMA (18 MG DAILY DOSE)	28	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	45
LANCETS MICRO THIN 33G	79	LENVIMA (20 MG DAILY DOSE)	28	levonorgestrel-ethinyl estradiol (continuous)	45
LANCETS SUPER THIN	79	LENVIMA (24 MG DAILY DOSE)	28	levonorgestrel-ethinyl estradiol-iron	45
LANCETS SUPER THIN 28G	79	LENVIMA (4 MG DAILY DOSE)	29	levorphanol tartrate TABS 2 MG	8
LANCETS THIN	79	LENVIMA (8 MG DAILY DOSE)	29	levorphanol tartrate TABS 3 MG	8
LANCETS ULTRA THIN	79	LETAIRIS 10 MG (ambrisentan)	40	levothyroxine sodium CAPS	108
LANCETS ULTRA THIN 30G	79	LETAIRIS 5 MG (ambrisentan)	40		
LANOXIN TABS 125 MCG, 250 MCG (digoxin)	39	letrozole	29		
lansoprazole CPDR	110	leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG	33		
lansoprazole TBDD 15 MG	110	leucovorin calcium TABS	33		
lansoprazole TBDD 30 MG	110				
lanthanum carbonate CHEW 1000					

levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	108	LITETOUCH LANCETS	79	LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	45
levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	108	lithium	34	LOTEMAX OINT	100
LIBERTY MEDICAL LANCETS ...	79	lithium carbonate CAPS 150 MG, 600 MG	35	loteprednol etabonate GEL	100
lidocaine hcl (mouth-throat)	94	lithium carbonate CAPS 300 MG ..	35	loteprednol etabonate SUSP	100
lidocaine hcl SOLN	55	lithium carbonate TABS	35	lovastatin TABS	24
lidocaine PTCH 5 %	55	lithium carbonate TBCR	35	loxapine succinate	35
lidocaine-prilocaine CREA	55	LITHOBID TBCR (lithium carbonate) .	35	lubiprostone	60
linezolid SUSR	27	LITHOSTAT	62	LUMAKRAS 120 MG, 240 MG	32
linezolid TABS	27	LIVE BETTER LANCET SUPER THIN	79	LUMAKRAS 320 MG	32
LINZESS	61	LIVE BETTER LANCET ULTRA THIN	79	LUMIGAN SOLN 0.01 %	101
liothyronine sodium TABS 25 MCG, 50 MCG	108	LO LOESTRIN FE TABS	45	LUPRON DEPOT (1-MONTH) KIT IM	30
liothyronine sodium TABS 5 MCG 108		LOCOID LIPOCREAM	54	LUPRON DEPOT-PED (1-MONTH) 7.5 MG	58
liraglutide	20	lofexidine hcl	103	lurasidone hcl	35
lisdexamphetamine dimesylate CAPS 1		LOKELMA	93	LYNPARZA TABS	32
lisdexamphetamine dimesylate CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG	1	LOMAIRA TABS	1	LYSODREN	30
lisdexamphetamine dimesylate CHEW 60 MG	1	LONGS LANCETS STANDARD ..	79	mafenide acetate PACK	52
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	25	LONGS LANCETS THIN	79	malathion	55
lisinopril & hydrochlorothiazide 25 MG-20 MG	25	LONGS LANCETS ULTRA THIN .	79	maraviroc TABS	36
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	24	LONSURF	30	MARPLAN	18
lisinopril TABS 40 MG	24	loperamide hcl CAPS	21	MATULANE	33
LITE TOUCH LANCETS	79	lopinavir-ritonavir SOLN	36	MAVYRET TABS	37
		lopinavir-ritonavir TABS	36	MAXIDEX SUSP OP	100
		lorazepam CONC	11	MAXX MISC	69
		lorazepam TABS	11	MAXX PLUS MISC	69
		LORBRENA	32	MAYZENT STARTER PACK TBPk 0.25 MG	104
		losartan potassium & hydrochlorothiazide	25	MAYZENT TABS 0.25 MG	104
		losartan potassium	25	MAYZENT TABS 1 MG	104

MAYZENT TABS 2 MG	104	MEIJER LANCETS UNIVERSAL 21G	80	mesalamine CPR	60
meclizine hcl CHEW	22	MEIJER LANCETS UNIVERSAL 30G	80	mesalamine CPDR	60
meclofenamate sodium CAPS	5	MEIJER LANCETS UNIVERSAL 33G	80	mesalamine ENEM	60
MEDICHOICE SAFETY LANCET	79	MEIJER SUPER THIN LANCETS	80	mesalamine SUPP	60
MEDICHOICE SAFETY LANCET EXTRA	79	MEKINIST SOLR	32	mesalamine TBEC 1.2 GM	60
MEDICHOICE SAFETY LANCET NORM	80	MEKINIST TABS	32	mesalamine TBEC 800 MG	60
MEDLANCE EXTRA 21G	80	MEKTOVI	32	mesna TABS	33
MEDLANCE LITE 25G	80	meloxicam TABS 15 MG	5	MESNEX TABS	33
MEDLANCE PLUS EXTRA 21G	80	meloxicam TABS 7.5 MG	5	metaxalone 400 MG	97
MEDLANCE PLUS LANCETS	80	melphalan	28	metaxalone 800 MG	97
MEDLANCE PLUS LITE 25G	80	memantine hcl CP24	103	metformin hcl SOLN	19
MEDLANCE PLUS SPECIAL 0.8MM	80	memantine hcl SOLN	103	metformin hcl TABS 500 MG, 850 MG, 1000 MG	19
MEDLANCE PLUS SUPERLITE 30G	80	memantine hcl TABS 10 MG	103	metformin hcl TB24 500 MG, 750 MG	19
MEDLANCE PLUS UNIVERSAL 21G	80	memantine hcl TABS 5 MG	103	methadone hcl CONC	8
MEDLANCE UNIVERSAL 21G	80	memantine hcl TABS	103	methadone hcl SOLN PO	8
MEDROL TABS	46	memantine hcl-donepezil hcl CP24 103		methadone hcl TABS	8
medroxyprogesterone acetate 10 MG	102	MENEST 0.3 MG, 0.625 MG, 1.25 MG	59	methadone hcl TBSO	8
medroxyprogesterone acetate 2.5 MG, 5 MG	102	MENEST 2.5 MG	59	methamphetamine hcl	1
mefenamic acid CAPS	5	MENOSTAR PTWK	59	methazolamide TABS	56
mefloquine hcl	27	meperidine hcl SOLN PO 50 MG/5ML	8	methenamine hippurate	27
megestrol acetate (appetite)	102	meperidine hcl TABS 50 MG	8	methenamine mandelate	27
megestrol acetate SUSP	30	mercaptopurine SUSP 2000 MG/100ML	28	methimazole TABS	108
megestrol acetate TABS	30	mercaptopurine TABS	28	methocarbamol TABS 500 MG, 750 MG	97
MEIJER LANCETS	80	meropenem 500 MG	26	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	28
MEIJER LANCETS THIN	80	mesalamine CP24	60	methotrexate sodium SOLR	28
				methotrexate sodium TABS 2.5 MG	28

methoxsalen rapid	51	metolazone	57	MG	108
methscopolamine bromide	109	METOPIRONE	55	minocycline hcl TABS 75 MG	108
methsuximide	17	metoprolol & hydrochlorothiazide TABS	25	minoxidil 2.5 MG, 10 MG	26
methyldopa TABS	25	metoprolol succinate TB24	38	MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	45
methylergonovine maleate TABS	102	metoprolol tartrate TABS	38	mirtazapine TABS	17
methylphenidate hcl CHEW	2	metronidazole (topical) CREA	55	mirtazapine TBDP	17
methylphenidate hcl CP24 60 MG ..	2	metronidazole (topical) GEL 0.75 % 55		misoprostol	110
methylphenidate hcl CP24	2	metronidazole (topical) GEL 1 % ..	55	MM TWIST LANCETS	80
methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG	2	metronidazole (topical) LOTN	55	M-NATAL PLUS TABS	95
methylphenidate hcl CPCR 20 MG, 30 MG	2	metronidazole CAPS	26	MOBILE LANCETS 30G	80
methylphenidate hcl SOLN	2	metronidazole TABS 250 MG, 500 MG	26	modafinil	2
methylphenidate hcl TABS 20 MG ..	2	metronidazole vaginal	111	MODERNA COVID-19 VAC 6M-11Y SUSY	111
methylphenidate hcl TABS 5 MG, 10 MG	2	metirosine	25	moexipril hcl	24
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	2	mexiletine hcl	11	molindone hcl	35
methylphenidate hcl TB24 36 MG ..	2	MG217 PSORIASIS MULTI- SYMPTOM OINT	54	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	37
methylphenidate hcl TBCR 10 MG, 20 MG	2	MIACALCIN IJ (calcitonin (salmon)) 57		mometasone furoate (nasal) SUSP 98	
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	2	MICROLET LANCETS	80	mometasone furoate CREA	54
methylphenidate hcl TBCR 54 MG ..	2	midazolam hcl SYRP	66	mometasone furoate OINT	54
methylphenidate PTCH	2	midodrine hcl	112	mometasone furoate SOLN	54
methylprednisolone TABS	46	MIFEPREX (mifepristone)	58	MONOLET LANCETS	80
methylprednisolone TBPk	46	mifepristone	59	MONOLET OPD LANCETS	81
methyltestosterone CAPS	10	miglitol	19	MONOLETTOR SAFETY LANCETS 81	
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	60	miglustat	65	montelukast sodium CHEW	12
metoclopramide hcl TABS	60	MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	45	montelukast sodium PACK	12
metoclopramide hcl TBDP	60	minocycline hcl CAPS	108	montelukast sodium TABS	12
		minocycline hcl TABS 50 MG, 100		morphine sulfate beads	8
				morphine sulfate CP24 10 MG, 20	

MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG8	MYGLUCOHEALTH LANCETS 30G 81	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 MG96
morphine sulfate SOLN PO 10 MG/5ML8	MYLERAN TABS28	nefazodone hcl18
morphine sulfate SOLN PO 20 MG/5ML, 20 MG/ML, 100 MG/5ML .8	MYSOLINE (primidone)16	neomycin sulfate TABS2
morphine sulfate SUPP8	MYTESI21	neomycin-bacitracin zn-polymyxin 99
morphine sulfate TABS8	nabumetone 500 MG5	neomycin-polymy-dexameth OINT 100
morphine sulfate TBCR8	nabumetone 750 MG5	neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %100
MOVANTIK61	nadolol TABS 20 MG, 40 MG, 80 MG38	neomycin-polymyxin-gramicidin ...99
moxifloxacin hcl (ophth) SOLN OP 99	naftifine hcl CREA49	neomycin-polymyxin-hc (ophth) .100
moxifloxacin hcl TABS60	naftifine hcl GEL 2 %49	neomycin-polymyxin-hc (otic) SOLN . 101
MPD SAFETY LANCET 21G81	NALOCET TABS9	neomycin-polymyxin-hc (otic) SUSP . 101
MPD SAFETY LANCET 23G81	naloxone hcl LIQD22	NEONATAL 1996
MPD SAFETY LANCET 28G81	naloxone hcl SOSY 2 MG/2ML22	NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG- 27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG96
MPD SAFETY LANCET 30G81	naltrexone hcl22	NEONATAL PLUS TABS96
MRESVIA111	NAMZARIC C4PK103	NEOSTIGMINE METHYLSULFATE RFID SOSY (neostigmine methylsulfate)27
MUCOTROL WAFR94	naproxen sodium TABS 275 MG, 550 MG5	NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML27
MULPLETA65	naproxen SUSP5	neostigmine methylsulfate SOSY ..27
MULTIVITAMIN + FLUORIDE CHEW95	naproxen TABS5	NEOTUSS PLUS LIQD47
MULTIVITAMIN/FLUORIDE CHEW 95	naratriptan hcl91	NERLYNX32
MULTIVITAMIN/FLUORIDE SOLN 95	NATACHEW CHEW 120 MG-10 MG- 20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG 96	NESTABS96
MULTI-VIT-FLOR CHEW95	NATACYN99	NESTABS DHA96
mupirocin OINT49	NATAZIA45	
MYALEPT58	nateglinide21	
mycophenolate mofetil CAPS93	NAYZILAM14	
mycophenolate mofetil SUSR93	nebivolol hcl38	
mycophenolate mofetil TABS93	NEBUSAL NEBU48	
mycophenolate sodium93		

NESTABS ONE	96	nifedipine TB24 30 MG, 60 MG	39	MG-20 MCG-75 MG, 1.5 MG-30	
NEUPRO	34	nifedipine TB24	39	MCG-75 MG	45
NEURONTIN CAPS (gabapentin) .	16	NILANDRON (nilutamide)	30	norethindrone & ethinyl estradiol-fe	45
NEURONTIN SOLN (gabapentin) .	16	nilutamide	30	norethindrone (contraceptive)	46
NEURONTIN TABS (gabapentin) .	16	nimodipine CAPS	39	norethindrone acet & eth estra TABS	
NEVANAC	101	nimodipine SOLN	39	45	
nevirapine SUSP	37	NINLARO	32	norethindrone acetate TABS	102
nevirapine TABS	37	nisoldipine	39	norethindrone acetate-ethinyl	
nevirapine TB24	37	nitazoxanide TABS	26	estradiol	59
NEXAVAR (sorafenib tosylate) ...	32	nitisinone CAPS 10 MG	58	norethindrone acetate-ethinyl	
NEXTSTELLIS	45	nitisinone CAPS 2 MG, 5 MG, 20 MG		estradiol-fe	45
niacin (antihyperlipidemic) TABS ..	24		58	norgestimate-ethinyl estradiol	
niacin (antihyperlipidemic) TBCR ..	24	NITRO-BID OINT	10	(triphasic)	45
nicardipine hcl CAPS	39	NITRO-DUR PT24	10	norgestimate-ethinyl estradiol	45
NICODERM CQ PT24 TD (nicotine) .		nitrofurantoin	27	NORITATE CREA	55
106		nitrofurantoin macrocrystal	27	NORPACE CR CP12	11
NICORETTE GUM (nicotine		nitrofurantoin monohyd macro	27	NORTHERA (droxidopa)	112
polacrilex)	107	nitroglycerin (intra-anal)	10	nortriptyline hcl CAPS	19
NICORETTE LOZG (nicotine		nitroglycerin PT24	10	nortriptyline hcl SOLN	19
polacrilex)	107	nitroglycerin SOLN TL 0.4		NORVIR PACK	37
NICORETTE MINI LOZG (nicotine		MG/SPRAY	10	NOVA SAFETY LANCETS 23G ..	81
polacrilex)	106	nitroglycerin SUBL	10	NOVA SAFETY LANCETS 28G ..	81
NICORETTE STARTER KIT GUM		NITYR TABS	58	NOVA SUREFLEX LANCETS	81
(nicotine polacrilex)	107	NIVA THYROID TABS	108	NOVAVAX COVID-19 VACCINE	
NICOTINE KIT	107	NIVA-PLUS TABS	96	SUSY	111
nicotine polacrilex GUM	107	nizatidine CAPS	109	NOVOEIGHT	63
nicotine polacrilex LOZG	107	NORDITROPIN FLEXPPO SOPN .	57	NOVOSEVEN RT	63
nicotine PT24 TD 7 MG/24HR, 14		norelgestromin-ethinyl estradiol ..	46	NP THYROID TABS	108
MG/24HR, 21 MG/24HR	107	norethin acet & estrad-fe CAPS ...	45	NUBEQA	30
NICOTROL INHA	107	norethin acet & estrad-fe CHEW ..	45	NUCALA SOAJ	12
NICOTROL NS SOLN	107	norethin acet & estrad-fe TABS 1		NUCALA SOLR	12
nifedipine CAPS	39				

NUCALA SOSY 100 MG/ML	12	MCG/ML, 100 MCG/ML, 200 MCG/ML, 1000 MCG/ML	59	olopatadine hcl 0.2 %	101
NUCALA SOSY 40 MG/0.4ML	12	octreotide acetate SOLN 500 MCG/ML	59	omega-3-acid ethyl esters	23
NUCORT LOTN	54	octreotide acetate SOSY	59	omeprazole CPDR 10 MG	110
NUEDEXTA	104	ODEFSEY	37	omeprazole CPDR 20 MG, 40 MG 110	
NUPLAZID CAPS	35	ODOMZO	29	omeprazole magnesium CPDR ..	110
NUPLAZID TABS 10 MG	35	OFEV	107	OMNIFLEX DIAPHRAGM	69
NUVARING (etonogestrel-ethinyl estradiol)	46	ofloxacin (ophth)	99	ondansetron hcl SOLN PO 4 MG/5ML	22
NUWIQ KIT 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	63	ofloxacin (otic)	101	ondansetron hcl TABS 4 MG, 8 MG 22	
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT	64	ofloxacin 300 MG	60	ondansetron TBDP 4 MG, 8 MG ..	22
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT	64	ofloxacin 400 MG	60	ONE VITE WOMENS PLUS TABS 96	
nystatin (mouth-throat)	94	olanzapine TABS 15 MG, 20 MG ..	35	ONETOUCH DELICA PLUS LANCET30G	81
nystatin (topical) CREA	49	olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	35	ONETOUCH DELICA PLUS LANCET33G	81
nystatin (topical) OINT	49	olanzapine TBDP	35	ONETOUCH DELICA SAFETY LANCING	81
nystatin (topical) POWD EX	49	olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-3 MG, 50 MG-12 MG, 50 MG-6 MG	103	ONETOUCH ULTRA BLUE TEST STRP	56
nystatin TABS	22	olanzapine-fluoxetine hcl 25 MG-6 MG	103	ONETOUCH ULTRA STRP	56
nystatin-triamcinolone CREA	50	olmesartan medoxomil 40 MG	25	ONETOUCH ULTRA TEST STRP ..	56
nystatin-triamcinolone OINT	50	olmesartan medoxomil 5 MG, 20 MG 25		ONETOUCH ULTRASOFT 2 LANCETS	81
NYVEPRIA	65	olmesartan medoxomil-amlodipine-hydrochlorothiazide	25	ONETOUCH VERIO STRP	56
OB COMPLETE ONE	96	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG . 26		ONUREG TABS	28
OB COMPLETE PETITE	96	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	26	OPILL	46
OB COMPLETE PREMIER	96	olopatadine hcl (nasal)	97	OPSUMIT	40
OB COMPLETE/DHA	96	olopatadine hcl 0.1 %	101	OPTIONS GYNOL II CONTRACEPTIVE GEL	111
OBIZUR	64			ORACIT	62
OBSTETRIX ONE (WITH DOCUSATE)	96				
OALIVA 10 MG	60				
OALIVA 5 MG	60				
octreotide acetate SOLN 50					

ORAL CITRATE62	oxcarbazepine SUSP16	paliperidone35
ORAVIG94	oxcarbazepine TABS 150 MG16	PALYNZIQ58
ORENITRAM MONTH 1 TEPK40	oxcarbazepine TABS 300 MG16	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 UNIT56
ORENITRAM MONTH 2 TEPK40	oxcarbazepine TABS 600 MG16	PANRETIN50
ORENITRAM MONTH 3 TEPK40	oxcarbazepine TB24 150 MG, 300 MG16	pantoprazole sodium PACK110
ORENITRAM TBCR40	oxcarbazepine TB24 600 MG16	pantoprazole sodium TBEC110
ORFADIN SUSP58	oxiconazole nitrate CREA50	paricalcitol CAPS58
ORIAHNN59	OXISTAT LOTN50	paromomycin sulfate2
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG107	oxybutynin chloride TABS 5 MG .111	paroxetine hcl SUSP18
ORKAMBI PACK 94 MG-75 MG .107	oxybutynin chloride TB24111	paroxetine hcl TABS18
ORKAMBI TABS107	oxycodone hcl CAPS8	paroxetine hcl TB2418
orlistat1	oxycodone hcl CONC 100 MG/5ML 8	PAXLOVID (150/100)37
orphenadrine citrate TB1297	oxycodone hcl SOLN8	PAXLOVID (300/100)37
oseltamivir phosphate CAPS38	oxycodone hcl TABS 30 MG8	pazopanib hcl32
oseltamivir phosphate SUSR38	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG8	PC LANCETS SUPER THIN 30G .81
OSMOPREP67	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ...9	pediatric multivitamins w/fl CHEW .95
OSPHENA58	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG9	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid66
OTEZLA TABS5	oxycodone w/ acetaminophen TABS 325 MG-5 MG9	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 66
OTEZLA TBPk5	OXYCODONE-ACETAMINOPHEN TABS9	peg 3350-potassium chloride-sod bicarbonate-sod chloride66
OTREXUP SOAJ 10 MG/0.4ML3	oxymorphone hcl TABS 10 MG8	PEGASYS SOLN37
OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML3	oxymorphone hcl TABS 5 MG8	PEG-PREP66
oxacillin sodium IV 10 GM102	oxymorphone hcl TB128	penicillamine CAPS93
oxaprozin TABS5	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN20	penicillamine TABS93
OXAYDO TABS 5 MG8	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML20	
OXAYDO TABS 7.5 MG8	OZEMPIC (2 MG/DOSE) SOPN ..20	
oxazepam CAPS 10 MG, 15 MG ..11		
oxazepam CAPS 30 MG11		

PENICILLIN G POT IN DEXTROSE . 102	phenylephrine hcl (mydriatic) SOLN 99	piroxicam CAPS 20 MG5
penicillin g potassium 5000000 UNIT, 20000000 UNIT102	phenytoin CHEW17	pitavastatin calcium 24
penicillin g sodium 102	phenytoin sodium extended 100 MG, 200 MG, 300 MG17	PLAN B ONE-STEP (levonorgestrel (emergency oc)) 46
penicillin v potassium SOLR102	phenytoin SUSP 17	PLEGRIDY SOAJ104
penicillin v potassium TABS102	PHEXXI 111	PLEGRIDY SOSY IM104
pentamidine isethionate IN 26	phytonadione TABS 5 MG112	PLEGRIDY SOSY SC 104
PENTASA CPCR 250 MG60	PIFELTRO37	PLEGRIDY STARTER PACK SOAJ . 104
PENTASA CPCR 500 MG60	pilocarpine hcl (oral) 5 MG94	PLEGRIDY STARTER PACK SOSY SC104
pentazocine w/ naloxone hcl 9	pilocarpine hcl (oral) 7.5 MG94	PNV-DHA+DOCUSATE96
pentoxifylline64	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 99	PNV-OMEGA96
PERFECT LANCETS 28G81	pimecrolimus 54	PODOCON-25 SOLN54
PERFECT LANCETS 30G81	pimozide104	podofilox GEL54
PERFECT POINT SAFETY LANCETS 81	pindolol TABS38	podofilox SOLN 54
perindopril erbumine 24	pioglitazone hcl 15 MG 21	POLY HUB NEEDLE91
permethrin CREA 55	pioglitazone hcl 30 MG, 45 MG ...21	polyethylene glycol 3350 POWD .. 67
perphenazine TABS35	pioglitazone hcl-glimepiride 19	polymyxin b-trimethoprim 99
perphenazine-amitriptyline103	pioglitazone hcl-metformin hcl TABS . 19	POLY-VI-FLOR CHEW 95
PERSERIS PRSY35	PIP LANCETS 28G82	POLY-VI-FLOR SUSP95
PHARMACIST CHOICE LANCETS . 81	PIP LANCETS 30G82	POLY-VI-FLOR/IRON CHEW 94
PHARMACY COUNTER LANCETS . 81	piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM102	POLY-VI-FLOR/IRON SUSP 94
phenelzine sulfate18	PIQRAY (200 MG DAILY DOSE) .32	POMALYST 30
phenobarbital ELIX66	PIQRAY (250 MG DAILY DOSE) .32	posaconazole SUSP23
phenobarbital TABS66	PIQRAY (300 MG DAILY DOSE) .32	posaconazole TBEC23
phenoxybenzamine hcl25	pirfenidone CAPS107	pot & sod citrates w/citric ac SOLN 62
phentermine hcl CAPS1	pirfenidone TABS107	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..92
phentermine hcl TABS 1	piroxicam CAPS 10 MG5	potassium chloride CPCR 92
phentermine hcl-topiramate 1		potassium chloride

microencapsulated crystals er	92	prazosin hcl CAPS	25	PREMARIN TABS	60
potassium chloride PACK PO 20 MEQ	92	PRECISION THINS GP LANCETS 82		PREMIUM SCAR	55
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (potassium chloride) 92		PRECISION XTRA BLOOD GLUCOSE STRP	56	PREMPHASE	59
potassium chloride SOLN PO 10 %, 20 %, 10 %	92	PRECISION XTRA KETONE	56	PREMPRO	59
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	92	PRED MILD	100	PRENA 1 TRUE	96
potassium citrate (alkalinizer) TBCR . 62		prednisolone acetate (ophth)	100	PRENA1	96
potassium citrate-citric acid SOLN .62		PREDNISOLONE SODIUM PHOSPHATE	100	PRENA1 PEARL	96
potassium iodide (expectorant) SOLN	47	prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML 47		PRENAISSANCE	96
POVIDONE-IODINE	99	prednisolone sodium phosphate TBDP	47	PRENAISSANCE PLUS CAPS	96
PRALUENT SOAJ	24	prednisolone SOLN	47	PRENATAL 19 CHEW	96
pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	34	prednisolone TABS	47	PRENATAL 19 TABS	96
pramipexole dihydrochloride TABS 1 MG	34	PREDNISOLONE-MOXIFLOXACIN SOLN	100	PRENATAL PLUS TABS	96
pramipexole dihydrochloride TABS 1.5 MG	34	PREDNISONE INTENSOL CONC 47		PRENATAL PLUS VITAMIN/MINERAL TABS	96
pramipexole dihydrochloride TABS 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG	34	prednisone SOLN	47	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	96
pramipexole dihydrochloride TB24 3 MG	34	prednisone TABS	47	PRENATAL-U CAPS	96
PRAMOSONE LOTN	54	prednisone TBPK	47	PRENATE	96
PRAMOSONE OINT	54	PREFERRED PLUS LANCETS COLORED	82	PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG ..	96
PRAMOTIC	101	PREFERRED PLUS LANCETS THIN	82	PRENATE ENHANCE	96
prasugrel hcl	64	pregabalin CAPS 225 MG, 300 MG 16		PRENATE PIXIE	96
pravastatin sodium	24	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	16	PRENATE RESTORE	96
praziquantel	10	pregabalin SOLN	16	PRENATRIX TABS	96
		PREMARIN	112	PRENATRYL TABS	96
				PREPIDIL GEL	101
				PREZCOBIX	37
				PREZISTA SUSP	37

PREZISTA TABS 75 MG, 150 MG	37	(eltrombopag olamine)	65	82	
PRIFTIN	27	PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	65	PULMICORT FLEXHALER AEPB .13	
PRIOSEC PACK	110	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	23	PULMOZYME	107
primaquine phosphate TABS	27	promethazine hcl SUPP 12.5 MG, 25 MG	23	PURE COMFORT LANCETS 30G	82
PRIMAXIN IV IV 500 MG-500 MG (imipenem-cilastatin)	26	promethazine hcl TABS 12.5 MG ..	23	PX LANCETS MICROTHIN 33G ..	82
primidone 50 MG, 250 MG	16	promethazine hcl TABS 25 MG ...	23	PX LANCETS ULTRA THIN	82
PRO COMFORT LANCETS 30G ..	82	promethazine hcl TABS 50 MG ...	23	PX LANCETS ULTRA THIN 28G ..	82
PRO COMFORT LANCETS 31G ..	82	promethazine w/codeine SOLN ...	47	pyrazinamide	27
PRO COMFORT SAFETY LANCETS 30G	82	promethazine w/codeine SYRP ...	47	pyridostigmine bromide SOLN PO ..	27
PROAIR RESPICLICK AEPB	13	promethazine-dm SYRP	47	pyridostigmine bromide TABS 60 MG	27
probenecid	62	propafenone hcl CP12	11	pyridostigmine bromide TBCR	27
prochlorperazine	35	propafenone hcl TABS 150 MG ...	11	pyrimethamine	27
prochlorperazine maleate TABS ...	35	propafenone hcl TABS 225 MG, 300 MG	11	QBRELIS SOLN	24
PROCTOFOAM HC FOAM EX	10	proparacaine hcl	100	QC LANCETS SUPER THIN 30G	82
PROCYSBI CPDR	62	propranolol hcl CP24	38	QC LANCETS ULTRA THIN	82
PROCYSBI PACK	62	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	38	QC UNILET LANCETS 28G	82
PRODIGY LANCETS 28G	82	propranolol hcl TABS	38	QC UNILET LANCETS MICRO THIN	83
PRODIGY SAFETY LANCETS 26G .	82	propylthiouracil	108	QINLOCK	32
PRODIGY TWIST TOP LANCETS 28G	82	PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	47	QSYMIA 11.25 MG-69 MG, 15 MG-92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG (phentermine hcl-topiramate) ...	1
PROFILNINE	64	protriptyline hcl	19	QUARTETTE (levonorgestrel-ethinyl estradiol (91-day))	45
progesterone CAPS	102	prucalopride succinate	60	quazepam	66
progesterone OIL	102	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	47	quetiapine fumarate TABS 200 MG	35
PROGRAF PACK	93	PSS SELECT GP LANCETS	82	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	35
PROLATE TABS	9	PSS SELECT SAFETY LANCETS		quetiapine fumarate TABS 300 MG, 400 MG	35
PROLIA SOSY	57				
PROMACTA PACK 12.5 MG (eltrombopag olamine)	65				
PROMACTA PACK 25 MG					

quetiapine fumarate TB24	35	ramipril CAPS	24	33G	83
QUFLORA FE PEDIATRIC LIQD ..	94	ranolazine TB12 1000 MG	10	RELION LANCETS THIN 26G	83
QUFLORA GUMMIES CHEW	95	ranolazine TB12 500 MG	10	RELION LANCETS ULTRA-THIN	
QUFLORA PEDIATRIC CHEW	95	rasagiline mesylate	34	30G	83
QUFLORA PEDIATRIC SOLN	95	RASUVO SOAJ 20 MG/0.4ML	3	RELION ULTRA THIN LANCETS	
QUILLICHEW ER CHER 20 MG, 40		RASUVO SOAJ 7.5 MG/0.15ML, 10		30G	83
MG	2	MG/0.2ML, 12.5 MG/0.25ML, 15		RELION ULTRA THIN PLUS	
QUILLICHEW ER CHER 30 MG	2	MG/0.3ML, 17.5 MG/0.35ML, 22.5		LANCETS	83
QUILLIVANT XR SRER	2	MG/0.45ML, 25 MG/0.5ML, 30		RELNATE DHA CAPS	96
		MG/0.6ML	3	RELYVRIO	98
quinapril hcl	24	READYLANCE SAFETY LANCETS .		RENFLEXIS	60
quinapril-hydrochlorothiazide 12.5		83		RENTHYROID TABS 15 MG, 30 MG,	
MG-10 MG, 12.5 MG-20 MG	26	REALITY LANCETS	83	60 MG, 90 MG, 120 MG	108
quinapril-hydrochlorothiazide 25 MG-		REALITY LATEX CONDOMS MISC .		repaglinide	21
20 MG	26	69		RETACRIT 2000 UNIT/ML, 3000	
quinidine gluconate TBCR	11	REALITY LATEX/ULTRA		UNIT/ML, 4000 UNIT/ML, 10000	
quinine sulfate CAPS 324 MG	27	TEXTURED DEVI	69	UNIT/ML, 40000 UNIT/ML	65
QVAR REDIHALER 40 MCG/ACT .13		REALITY LATEX/ULTRA THIN DEVI		RETACRIT 20000 UNIT/ML	65
QVAR REDIHALER 80 MCG/ACT .13		69		RETEVMO CAPS	32
RA E-ZJECT LANCETS 28G	83	REALITY TRIGGER LANCETS ..	83	REXALL LANCETS ULTRA THIN	
RA E-ZJECT LANCETS THIN 26G		REBIF REBIDOSE SOAJ	104	30G	83
83		REBIF REBIDOSE TITRATION		REXULTI	36
RA E-ZJECT LANCETS THIN 28G		PACK SOAJ	104	REYATAZ PACK	37
83		REBIF SOSY	104	RHOFADE	55
RA E-ZJECT LANCETS ULTRA		REBIF TITRATION PACK SOSY .104		ribavirin (hepatitis c) CAPS	37
THIN	83	REBINYN	64	ribavirin	38
RABEPRAZOLE SODIUM CPSP 110		RECOMBINATE SOLR	64	RIDAURA	4
rabeprazole sodium TBEC	110	REGRANEX	55	rifabutin	28
RADICAVA ORS STARTER KIT		RELENZA DISKHALER	38	rifampin CAPS	28
SUSP	98	RELION INSULIN SYRINGE	91	RIGHTEST GL300 LANCETS	83
RADICAVA ORS SUSP	98	RELION LANCET DEVICES 30G .83		riluzole TABS	98
raloxifene hcl	58	RELION LANCETS	83	rimantadine hydrochloride TABS ..	38
ramelteon	66	RELION LANCETS MICRO-THIN			

RINVOQ LQ SOLN	3	RYBELSUS TABS	20	SAPS HEALTH TWIST TOP LANCETS	84
RINVOQ TB24	3	RYDAPT	32	SAPS TWIST TOP LANCETS	84
risedronate sodium TABS 150 MG	57	RYTARY CPCR	34	SAPSCARE TWIST TOP LANCETS	84
risedronate sodium TABS 5 MG, 30 MG, 35 MG	57	RYVENT TABS	23	SAVELLA TABS	103
risperidone SOLN	35	SABRIL PACK (vigabatrin)	17	SAVELLA TITRATION PACK MISC	103
risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	35	SABRIL TABS (vigabatrin)	17	saxagliptin hcl	19
risperidone TABS 3 MG	35	SAFE-T-LANCE	83	saxagliptin-metformin hcl	19
risperidone TBDP	35	SAFE-T-LANCE PLUS	83	SAXENDA	1
ritonavir TABS	37	SAFETY LANCET 30G/PRESSURE ACT	83	SB LANCETS THIN	84
rivaroxaban TABS 2.5 MG	14	SAFETY LANCETS	84	SB LANCETS ULTRA THIN	84
rivastigmine	103	SAFETY LANCETS 21G	84	scopolamine	22
rivastigmine tartrate CAPS	103	SAFETY LANCETS 23G	84	SEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	45
RIXUBIS SOLR	64	SAFETY LANCETS 28G	84	SECUADO	35
rizatriptan benzoate TABS	91	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ...	45	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
rizatriptan benzoate TBDP	91	SALICYLIC ACID OINT	54	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
roflumilast	12	salicylic acid SHAM 6 %	55	SELECT-OB+DHA MISC	96
romidepsin SOLR	32	SALIMEZ CREA	55	selegiline hcl CAPS	34
ropinirole hydrochloride TABS	34	salsalate	7	selegiline hcl TABS	34
ropinirole hydrochloride TB24 12 MG 34		SALYCIM CREA	55	selenium sulfide LOTN 2.5 %	52
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG	34	SANCUSO PTCH	22	SELZENTRY SOLN	37
rosuvastatin calcium TABS	24	SANDIMMUNE SOLN PO 100 MG/ML	93	SE-NATAL 19 CHEW	96
ROZLYTREK CAPS	32	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (octreotide acetate) .	59	SE-NATAL 19 TABS	96
RUBRACA	32	SANDOSTATIN SOLN 500 MCG/ML (octreotide acetate)	59	SEREVENT DISKUS	13
rufinamide SUSP	16	SANTYL OINT	54		
rufinamide TABS 200 MG	16	sapropterin dihydrochloride PACK .	58		
rufinamide TABS 400 MG	16	sapropterin dihydrochloride TABS .	58		
RUKOBIA	37	SAPS HEALTH PLUS LANCETS .	84		

SEROSTIM SC 4 MG, 5 MG, 6 MG 57	SINGLE-LET 84	sodium phenylbutyrate TABS 58
SERTRALINE HCL CAPS 18	sirolimus SOLN 93	sodium polystyrene sulfonate POWD 93
sertraline hcl CONC 18	sirolimus TABS 93	SODIUM SULFACETAMIDE- BAKUCHIOL LIQD 52
sertraline hcl TABS 18	SIVEXTRO TABS 27	sodium sulfate-potassium sulfate- magnesium sulfate 66
sevelamer carbonate PACK 0.8 GM . 61	SKYRIZI PEN SOAJ 51	solifenacin succinate TABS 10 MG 111
sevelamer carbonate PACK 2.4 GM . 61	SKYRIZI SOCT 60	solifenacin succinate TABS 5 MG 111
sevelamer carbonate TABS 61	SKYRIZI SOSY 51	SOLTAMOX SOLN 30
sevelamer hcl 400 MG 61	SLYND 46	SOLUS V2 LANCETS 28G 85
sevelamer hcl 800 MG 61	SM LANCETS 33G 84	SOLUS V2 TWIST LANCETS 30G 85
SFROWASA ENEM 60	SMART SENSE COLOR LANCETS 33G 84	SOLUVITA ACD WITH FLUORIDE SOLN 95
SHOPKO ON-THE-GO LANCETS 30G 84	SMART SENSE STANDARD LANCETS 84	SOLUVITA SOLN 92
SHOPKO UNILET LANCETS 28G 84	SMART SENSE SUPER THIN LANCETS 84	SOLUVITA WITH FLUORIDE SOLN . 95
SHOPKO UNILET LANCETS 30G 84	SMART SENSE THIN LANCETS 26G 84	SOMAVERT 57
SHUR-SEAL CONTRACEPTIVE GEL 111	SMARTEST LANCETS 28G 84	sorafenib tosylate 32
SIGNIFOR 59	SOAANZ TABS 20 MG 57	SORILUX FOAM 51
SIKLOS TABS 100 MG 65	SOD CITRATE-CITRIC ACID 62	sotalol hcl (afib/afl) 38
SIKLOS TABS 1000 MG 65	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 % 48	sotalol hcl TABS 38
sildenafil citrate (pulmonary hypertension) SUSR 40	sodium citrate & citric acid 62	SOTYLIZE SOLN PO 38
sildenafil citrate (pulmonary hypertension) TABS 40	sodium fluoride CHEW 0.25 MG, 0.5 MG 92	SPEEDY SWAB COVID-19/FLU HOME 56
sildenafil citrate 39	sodium fluoride CHEW 1 MG, 2.2 MG 92	spinosad 55
silodosin 4 MG 62	sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML 92	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT 12
silodosin 8 MG 62	sodium fluoride TABS 0.5 MG 92	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT 12
silver sulfadiazine 52	sodium fluoride TABS 1 MG 92	spironolactone & hydrochlorothiazide .
simvastatin TABS 24	SODIUM OXYBATE SOLN 103	
	sodium phenylbutyrate POWD 58	

56		sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	85
spironolactone TABS	57		SURE COMFORT LANCETS 21G
SPRAVATO (56 MG DOSE)	18	sulfacetamide sod-prednisolone SOLN	85
SPRAVATO (84 MG DOSE)	18		SURE COMFORT LANCETS 23G
STELARA SOLN 45 MG/0.5ML	51	SULFACETAMIDE-SULFUR IN UREA EMUL	85
STELARA SOSY 45 MG/0.5ML	51		SURE COMFORT LANCETS 28G
STELARA SOSY 90 MG/ML	51	sulfadiazine TABS	85
STERILANCE TL	85		SURE COMFORT LANCETS 30G
STIOLTO RESPIMAT	13	sulfamethoxazole-trimethoprim SUSP	85
STIVARGA	32		SURELITE LANCETS
STRENSIQ	58	sulfamethoxazole-trimethoprim TABS	85
streptomycin sulfate SOLR	2		SYMBYAX 25 MG-6 MG (olanzapine-fluoxetine hcl)
STRIBILD	37	SULFAMYLON CREA	103
STRIVERDI RESPIMAT	13		SYMDEKO
sucralfate SUSP	109	sulfasalazine TABS	107
sucralfate TABS	110		SYMTUZA
sulconazole nitrate CREA	50	sulfasalazine TBEC	37
sulconazole nitrate SOLN	50	sulindac TABS 150 MG	58
sulfacetamide sodium (acne)	49		SYNDROS SOLN
sulfacetamide sodium (ophth) OINT	99	sulindac TABS 200 MG	22
		sumatriptan 20 MG/ACT	19
sulfacetamide sodium (ophth) SOLN	99		SYNJARDY TABS
		sumatriptan 5 MG/ACT	19
sulfacetamide sodium LIQD	52	sumatriptan succinate SOAJ	19
sulfacetamide sodium SHAM 10 %	52		SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG
		sumatriptan succinate SOCT	19
sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	49		SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG
		sumatriptan succinate SOLN 6 MG/0.5ML	108
sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %	49		SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)
		sumatriptan succinate TABS	109
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	49	sunitinib malate 12.5 MG, 37.5 MG, 50 MG	93
			SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)
		sunitinib malate 25 MG	93
		SUPER THIN LANCETS	28
		SUPRAX CHEW	33
		SUPRAX SUSR 500 MG/5ML	54
		SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	54
			93
		SURE COMFORT LANCETS 18G	

tadalafil (pulmonary hypertension) TABS	40	TEGRETOL TABS (carbamazepine) . 16	testosterone SOLN	10	
tadalafil 2.5 MG	40	TEGRETOL-XR TB12 100 MG (carbamazepine)	16	tetrabenazine	103
tadalafil 5 MG, 10 MG, 20 MG	39	TEGSEDI	107	tetracaine hcl (ophth)	100
TAFINLAR CAPS	33	TEKTURN HCT 25 MG-150 MG	26	tetracycline hcl CAPS	108
TAFINLAR TBSO	33	telmisartan 20 MG, 40 MG	25	TGT LANCET MICRO THIN 33G	85
tafluprost	101	telmisartan 80 MG	25	TGT LANCET THIN 26G	85
TAGRISSO	29	telmisartan-amlodipine	26	TGT LANCET ULTRA THIN 30G	85
TALZENNA	33	telmisartan-hydrochlorothiazide	26	THALITONE	57
tamoxifen citrate TABS	30	temazepam 15 MG	66	THALOMID 50 MG, 100 MG	93
tamsulosin hcl	62	temazepam 22.5 MG, 30 MG	66	THEO-24 CP24	13
TARGRETIN (bexarotene (topical)) 50		temazepam 7.5 MG	66	theophylline ELIX	13
TARGRETIN (bexarotene)	33	temozolomide CAPS	28	theophylline SOLN	13
TASIGNA	33	temsirolimus	33	theophylline TB12 300 MG	13
TASMAR (tolcapone)	34	tenofovir disoproxil fumarate TABS 37		theophylline TB12 450 MG	13
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