

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 All previous versions are no longer in effect.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



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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 fifty 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).
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.
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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 maintenance 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.

Are infertility drugs covered?

Check your plan documents for your specific coverage. A new regulation (SB 729) requires new and renewing Groups, after July 1, 2025, will pay only their Tier copayment. Many Groups currently have a 50% coinsurance, which will go away after their renewal.

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	
Anorexiant 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		
CONTRAVE	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 50 MG</i>	1	ST; PA
<i>armodafinil 150 MG, 200 MG, 250 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 20 MG, 30 MG</i>	1	QL(2 EA daily)
<i>methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG</i>	1	
<i>methylphenidate hcl SOLN</i>	1	
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 EA daily)
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
<i>methylphenidate hcl TB24 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 54 MG</i>	1	QL(2 EA daily)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)
<i>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	SP; PA
BETHKIS NEBU (<i>tobramycin</i>)	4	SP; PA
HUMATIN	2	SP
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>tobramycin</i>)	4	SP; PA
<i>neomycin sulfate TABS</i>	1	
<i>streptomycin sulfate SOLR</i>	4	PA
TOBI PODHALER CAPS	4	SP; PA
TOBI NEBU (<i>tobramycin</i>)	4	SP; PA
<i>tobramycin NEBU</i>	4	SP; PA
<i>tobramycin NEBU</i>	4	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ LQ SOLN	4	QL(12 ML daily); SP; PA
RINVOQ TB24	4	QL(1 EA daily); SP; 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
XELJANZ XR TB24	4	QL(1 EA daily); SP; PA	HADLIMA SOSY	4	QL(0.143 ML daily); SP; PA
XELJANZ SOLN	4	QL(10 ML daily); SP; PA	HUMIRA (2 PEN) AJKT	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA
XELJANZ TABS	4	QL(2 EA daily); SP; PA	HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	Check Plan Documents for coverage; QL(0.072 EA daily); SP; PA
Antirheumatic Antimetabolites					
OTREXUP SOAJ 10 MG/0.4ML, 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 ; SP; PA	HUMIRA (2 SYRINGE) PSKT	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA
OTREXUP SOAJ 10 MG/0.4ML, 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; SP; PA	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
RASUVO SOAJ 20 MG/0.4ML	4	ST; SP; PA	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	SP; PA	HUMIRA-PED<40KG CROHNS STARTER PSKT	4	Check plan documents for coverage; QL(2 EA per 365 day(s) retail); SP; PA
Anti-TNF-alpha - Monoclonal Antibodies					
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ML daily); SP; PA	HUMIRA-PED>=40KG CROHNS START PSKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	4	QL(0.072 ML 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
ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ML daily); SP; PA			
ADALIMUMAB-ADAZ SOSY	4	QL(0.143 ML daily); SP; PA			
HADLIMA PUSHTOUCH SOAJ	4	QL(0.143 ML daily); SP; PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA	<i>diclofenac w/ misoprostol TBEC</i>	1	
HUMIRA-PSORIASIS/UEVIT STARTER AJKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA	<i>etodolac CAPS</i>	1	
Gold Compounds			<i>etodolac TABS</i>	1	
AURANOFIN 3 MG	4		<i>etodolac TB24</i>	1	QL(2 EA daily)
RIDAURA	4		<i>fenoprofen calcium TABS</i>	6	
Interleukin-1 Blockers			<i>flurbiprofen TABS</i>	1	
ARCALYST	4	ST; SP; PA	<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
Interleukin-6 Receptor Inhibitors			<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
KEVZARA SOAJ	4	ST; Check plan documents for coverage; QL(0.082 ML daily); SP; PA	<i>indomethacin CPCR</i>	1	
KEVZARA SOSY	4	ST; Check plan documents for coverage; QL(0.082 ML daily); SP; PA	<i>indomethacin SUPP</i>	4	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>indomethacin SUSP</i>	2	
(Flurbiprofen) LURBIPR TABS 100 MG	1		<i>ketoprofen CP24</i>	1	
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1		<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail)
(Indomethacin) INDOCIN SUPP	4		<i>meclofenamate sodium CAPS</i>	1	
<i>celecoxib 400 MG</i>	1	QL(2 EA daily); PA	<i>mefenamic acid CAPS</i>	2	
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 EA daily)	<i>meloxicam TABS 7.5 MG</i>	1	QL(2 EA daily)
<i>diclofenac potassium TABS 50 MG</i>	1		<i>meloxicam TABS 15 MG</i>	1	QL(1 EA daily)
<i>diclofenac sodium TB24</i>	1		<i>nabumetone 500 MG</i>	1	QL(4 EA daily)
<i>diclofenac sodium TBEC</i>	1		<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	QL(2 EA daily); SP; PA
OTEZLA TBPK				4	QL(55 EA per 365 day(s) retail); SP; PA

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Drug Name	Drug Tier	Requirements/Limits
Pyrimidine Synthesis Inhibitors		
<i>leflunomide 10 MG</i>	1	QL(2 EA daily)
<i>leflunomide 20 MG</i>	1	QL(1 EA daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	QL(0.15 ML daily); SP; PA
ENBREL SURECLICK SOAJ	4	QL(0.143 ML daily); SP; PA
ENBREL SOLN	4	QL(0.143 ML daily); SP; PA
ENBREL SOSY 50 MG/ML	4	QL(0.28 ML daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ML daily); SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	2	
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN-CAFF) TABS 40 MG-50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	2	

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 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 1600 MCG</i>	2	ST; QL(4 EA daily); PA

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<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	ST; PA	<i>morphine sulfate SOLN PO 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	Not available through mail order
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 EA daily)	<i>morphine sulfate SUPP</i>	2	
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	Limit 15 patches per month; QL(0.5 EA daily)	<i>morphine sulfate TABS</i>	1	
<i>hydrocodone bitartrate T24A</i>	2	PA	<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)
<i>hydromorphone hcl LIQD</i>	1		OXAYDO TABS 5 MG	2	
<i>hydromorphone hcl TABS</i>	1		OXAYDO TABS 7.5 MG	3	QL(4 EA daily)
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 EA daily)	<i>oxycodone hcl CAPS</i>	1	
<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 EA daily)	<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
HYSINGLA ER T24A	3	PA	<i>oxycodone hcl SOLN</i>	1	
<i>levorphanol tartrate TABS 2 MG</i>	4	PA	<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
<i>levorphanol tartrate TABS 3 MG</i>	4		<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 EA daily)
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	2		<i>oxymorphone hcl TABS 10 MG</i>	2	QL(8 EA daily)
<i>meperidine hcl TABS 50 MG</i>	1		<i>oxymorphone hcl TABS 5 MG</i>	2	
<i>methadone hcl CONC</i>	1		<i>oxymorphone hcl TB12</i>	2	QL(2 EA daily)
<i>methadone hcl SOLN PO</i>	1		<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	1	
<i>methadone hcl TABS</i>	1	QL(12 EA daily)	<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)
<i>methadone hcl TBSO</i>	1		<i>tramadol hcl TABS 100 MG</i>	1	
<i>morphine sulfate beads</i>	2	QL(1 EA daily)	<i>tramadol hcl TB24</i>	1	
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 EA daily)	<i>tramadol hcl TB24 200 MG</i>	1	QL(1 EA daily)
<i>morphine sulfate SOLN PO 10 MG/5ML</i>	1		<i>tramadol hcl TB24 100 MG</i>	1	QL(3 EA daily)
			Opioid Combinations		
			(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	1	
			(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 EA daily)

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(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 EA daily)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG</i>	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	1		NALOCET TABS	3	
<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)	<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 EA daily)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1	PA	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-aspirin-caffeine w/cod</i>	1		<i>tramadol-acetaminophen</i>	1	QL(8 EA daily)
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1		Opioid Partial Agonists		
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1		<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 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 SUBL</i>	1	
<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	2		<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 EA daily)
			<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 EA daily)
			<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>	1	Limited to 4 patches per month; QL(4 EA per 28 day(s) retail)
			<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ML daily)
			<i>pentazocine w/ naloxone hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
(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 1 %</i>	1	QL(10 GM daily)
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 GM daily)
<i>testosterone SOLN</i>	1	QL(6 ML daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
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		

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

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	
<i>hydroxyzine pamoate CAPS</i>	1	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam TABS</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 2 MG, 5 MG</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 EA daily)
<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		

Drug Name	Drug Tier	Requirements/Limits
heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	2	
NORPACE CR CP12	3	
<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 150 MG</i>	1	QL(6 EA daily)
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 EA daily)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	2	
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	QL(0.036 ML daily); SP; PA
FASENRA SOSY 10 MG/0.5ML	4	QL(0.018 ML daily); SP; PA
FASENRA SOSY 30 MG/ML	4	QL(0.036 ML daily); SP; PA
NUCALA SOAJ	4	QL(0.1073 ML daily); SP; PA
NUCALA SOLR	4	QL(0.1073 EA daily); SP; PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ML daily); SP; PA
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ML daily); SP; PA
Anti-Inflammatory Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium NEBU</i>	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 GM daily)
INCRUSE ELLIPTA	2	QL(1 EA daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)
<i>tiotropium bromide monohydrate CAPS</i>	2	QL(1 EA daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily)
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)
<i>montelukast sodium TABS</i>	1	QL(1 EA daily)
<i>zafirlukast 20 MG</i>	1	QL(2 EA daily)
<i>zafirlukast 10 MG</i>	1	
<i>zileuton TB12</i>	4	ST
ZYFLO TABS	3	ST
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	1	QL(1 EA daily)
Steroid Inhalants		
ARNUITY ELLIPTA	2	QL(1 EA daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	2	QL(8 ML daily)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	2	QL(4 ML daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 GM daily)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 GM daily)
PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 EA per fill retail; 3 per fill mail)
QVAR REDHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 GM daily)
QVAR REDHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 GM daily)
Sympathomimetics		
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	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>albuterol sulfate AERS</i>	1	QL(0.47 GM daily)
<i>albuterol sulfate AERS</i>	1	QL(0.72 GM daily)
<i>albuterol sulfate AERS</i>	1	QL(1.2 GM daily)
<i>albuterol sulfate NEBU</i>	1	

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ALBUTEROL SULFATE NEBU	2	
<i>albuterol sulfate SYRP</i>	1	
<i>albuterol sulfate TABS</i>	1	
BREZTRI AEROSPHERE	2	QL(0.36 GM daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 GM daily)
<i>fluticasone furoate-vilanterol</i>	1	QL(2 EA daily)
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 EA daily)
<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 GM daily)
<i>formoterol fumarate NEBU</i>	2	QL(4 ML daily)
<i>ipratropium-albuterol SOLN</i>	1	
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	QL(0.6 GM daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 EA daily)
SEREVENT DISKUS	2	QL(2 EA daily)
STIOLTO RESPIMAT	2	QL(0.14 GM daily)
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
<i>terbutaline sulfate TABS</i>	1	
TRELEGY ELLIPTA	2	QL(2 EA daily)
<i>umeclidinium-vilanterol</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits
Xanthines		
(Theophylline) ELIXOPHYLLIN ELIX	1	
THEO-24 CP24	2	
<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		
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN TABS	1	
<i>warfarin sodium TABS</i>	1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(74 EA per 30 day(s) retail)
ELIQUIS TABS	2	QL(2 EA daily)
<i>rivaroxaban TABS 2.5 MG</i>	1	QL(1 EA daily)
XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)
XARELTO SUSR	2	QL(900 ML per 30 day(s) retail)
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 EA daily)
XARELTO TABS 2.5 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	2	QL(1 EA daily)
XARELTO TABS 10 MG	2	QL(2 EA daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA 2.5 MG/0.5ML (<i>fondaparinux sodium</i>)	4	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); SP; PA
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (<i>fondaparinux sodium</i>)	4	SP; PA

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<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(0.1 ML daily); SP; PA	FYCOMPA TABS 2 MG (<i>perampanel</i>)	4	QL(6 EA daily)
<i>enoxaparin sodium SOSY</i>	1	QL(4 ML per 7 day(s) retail); SP	<i>perampanel TABS 2 MG</i>	4	QL(6 EA daily)
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); SP; PA	<i>perampanel TABS 6 MG</i>	4	QL(2 EA daily)
<i>fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML</i>	4	SP; PA	<i>perampanel TABS 4 MG</i>	4	QL(3 EA daily)
FRAGMIN SOLN 95000 UNIT/3.8ML	4	SP; PA	<i>perampanel TABS 8 MG, 10 MG, 12 MG</i>	4	QL(1 EA daily)
FRAGMIN SOSY 2500 UNIT/0.2ML	4	SP	Anticonvulsants - Benzodiazepines		
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	4	SP; PA	<i>clobazam SUSP</i>	2	
<i>heparin sodium (porcine) SOLN IJ 10000 UNIT/ML</i>	4	PA	<i>clobazam TABS 10 MG</i>	2	QL(1 EA daily)
Thrombin Inhibitors			<i>clobazam TABS 20 MG</i>	2	QL(2 EA daily)
<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	QL(4 EA daily)	<i>clonazepam TABS</i>	1	
<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 EA daily)	<i>clonazepam TBDP</i>	1	
ANTICONVULSANTS - Drugs to Treat Seizures			<i>diazepam (anticonvulsant) GEL</i>	2	QL(0.14 EA daily)
AMPA Glutamate Receptor Antagonists			NAYZILAM	4	QL(10 EA per 30 day(s) retail); PA
FYCOMPA SUSP	4	QL(24 ML daily)	VALTOCO 10 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
FYCOMPA TABS 4 MG (<i>perampanel</i>)	4	QL(3 EA daily)	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
FYCOMPA TABS 8 MG, 10 MG, 12 MG (<i>perampanel</i>)	4	QL(1 EA daily)	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
FYCOMPA TABS 6 MG (<i>perampanel</i>)	4	QL(2 EA daily)	VALTOCO 5 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
			Anticonvulsants - Misc.		
			(Carbamazepine) EPITOL TABS	1	
			(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	2	

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(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	2		<i>gabapentin SOLN</i>	1	
(Lamotrigine) SUBVENITE TABS	1		<i>gabapentin TABS 600 MG, 800 MG</i>	1	
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 EA daily)	KEPPRA XR TB24 (<i>levetiracetam</i>)	3	QL(4 EA daily)
BRIVIACT SOLN PO 10 MG/ML	4	SP	KEPPRA SOLN PO 100 MG/ML (<i>levetiracetam</i>)	3	
BRIVIACT TABS 100 MG	4	QL(2 EA daily); SP	KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	3	QL(6 EA daily)
BRIVIACT TABS 10 MG	4	ST; SP	KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	3	QL(3 EA daily)
BRIVIACT TABS 25 MG, 50 MG, 75 MG	4	SP	<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ML daily)
<i>carbamazepine CHEW 100 MG</i>	1		<i>lacosamide TABS</i>	1	QL(2 EA daily)
<i>carbamazepine CP12</i>	1		LAMICTAL XR KIT	3	PA
<i>carbamazepine SUSP</i>	1		LAMICTAL CHEW (<i>lamotrigine</i>)	3	
<i>carbamazepine TABS</i>	1		LAMICTAL TABS (<i>lamotrigine</i>)	3	
<i>carbamazepine TB12 100 MG</i>	1		<i>lamotrigine CHEW</i>	1	
<i>carbamazepine TB12 400 MG</i>	1	QL(4 EA daily)	<i>lamotrigine KIT</i>	2	PA
<i>carbamazepine TB12 200 MG</i>	1	QL(8 EA daily)	<i>lamotrigine KIT 25 MG</i>	2	
CARBATROL CP12 (<i>carbamazepine</i>)	3		<i>lamotrigine TABS</i>	1	
DIACOMIT CAPS 250 MG	4	QL(12 EA daily); SP; PA	<i>lamotrigine TB24 250 MG</i>	2	PA
DIACOMIT CAPS 500 MG	4	QL(6 EA daily); SP; PA	<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	2	QL(1 EA daily); PA
DIACOMIT PACK 500 MG	4	QL(6 EA daily); SP; PA	<i>lamotrigine TB24 300 MG</i>	2	QL(2 EA daily)
DIACOMIT PACK 250 MG	4	QL(12 EA daily); SP; PA	<i>lamotrigine TBDP</i>	2	PA
EPIDIOLEX	4	ST; SP; PA	<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1	
<i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i>	1	QL(2 EA daily); ST	<i>levetiracetam TABS 1000 MG</i>	1	QL(3 EA daily)
<i>gabapentin CAPS</i>	1		<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 EA daily)
			<i>levetiracetam TB24</i>	1	QL(4 EA daily)
			MYSOLINE (<i>primidone</i>)	3	
			NEURONTIN CAPS (<i>gabapentin</i>)	3	

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NEURONTIN SOLN (gabapentin)	3		TOPAMAX TABS 50 MG (topiramate)	3	QL(8 EA daily)
NEURONTIN TABS (gabapentin)	3		topiramate CP24 25 MG, 50 MG, 100 MG	2	PA
oxcarbazepine SUSP	1	QL(40 ML daily)	topiramate CP24 200 MG	2	QL(2 EA daily); PA
oxcarbazepine TABS 600 MG	1	QL(4 EA daily)	topiramate CPSP 15 MG, 25 MG	1	
oxcarbazepine TABS 150 MG	1		topiramate CS24 25 MG, 50 MG	2	QL(2 EA daily); PA
oxcarbazepine TABS 300 MG	1	QL(8 EA daily)	topiramate CS24 100 MG, 150 MG, 200 MG	2	QL(1 EA daily); PA
oxcarbazepine TB24 600 MG	1	QL(4 EA daily); ST	topiramate TABS 100 MG	1	QL(4 EA daily)
oxcarbazepine TB24 150 MG, 300 MG	1	ST	topiramate TABS 50 MG	1	QL(8 EA daily)
pregabalin CAPS 225 MG, 300 MG	1	QL(2 EA daily)	topiramate TABS 200 MG	1	QL(2 EA daily)
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	1	QL(3 EA daily)	topiramate TABS 25 MG	1	
pregabalin SOLN	1	QL(30 ML daily)	TRILEPTAL SUSP (oxcarbazepine)	3	QL(40 ML daily)
primidone 50 MG, 250 MG	1		TRILEPTAL TABS 600 MG (oxcarbazepine)	3	QL(4 EA daily)
rufinamide SUSP	2	SP	TRILEPTAL TABS 150 MG (oxcarbazepine)	3	
rufinamide TABS 400 MG	2	QL(8 EA daily); SP	TRILEPTAL TABS 300 MG (oxcarbazepine)	3	QL(8 EA daily)
rufinamide TABS 200 MG	2	SP	ZONEGRAN CAPS 100 MG (zonisamide)	3	QL(6 EA daily)
TEGRETOL SUSP (carbamazepine)	3		ZONEGRAN CAPS 25 MG (zonisamide)	3	
TEGRETOL TABS (carbamazepine)	3		zonisamide CAPS 100 MG	1	QL(6 EA daily)
TEGRETOL-XR TB12 100 MG (carbamazepine)	3		zonisamide CAPS 25 MG, 50 MG	1	
TOPAMAX SPRINKLE CPSP (topiramate)	3		Carbamates		
TOPAMAX TABS 25 MG (topiramate)	3		felbamate SUSP	1	
TOPAMAX TABS 100 MG (topiramate)	3	QL(4 EA daily)	felbamate TABS	1	
TOPAMAX TABS 200 MG (topiramate)	3	QL(2 EA daily)	FELBATOL SUSP (felbamate)	3	
			GABA Modulators		
			(Vigabatrin) VIGADRONE, VIGPODER PACK	4	QL(6 EA daily); SP

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(Vigabatrin) VIGADRONE TABS	4	SP
SABRIL PACK (<i>vigabatrin</i>)	4	QL(6 EA daily); SP
SABRIL TABS (<i>vigabatrin</i>)	4	SP
<i>tiagabine hcl</i>	2	
<i>vigabatrin PACK</i>	4	QL(6 EA daily); SP
<i>vigabatrin TABS</i>	4	SP
Hydantoins		
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN (<i>phenytoin sodium extended</i>)	3	
DILANTIN	3	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	3	
DILANTIN-125 SUSP (<i>phenytoin</i>)	3	
DILANTIN SUSP (<i>phenytoin</i>)	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>bupropion hcl TB24 450 MG</i>	2	QL(1 EA daily)
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 EA daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 EA daily)
MARPLAN	3	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	2	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	4	SP; PA
SPRAVATO (84 MG DOSE)	4	SP; PA

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Selective Serotonin Reuptake Inhibitors (SSRIs)			Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CITALOPRAM HYDROBROMIDE CAPS	3		<i>trazodone hcl TABS</i>	1	
<i>citalopram hydrobromide SOLN</i>	1	QL(20 ML daily)	TRINTELLIX	3	ST
<i>citalopram hydrobromide TABS</i>	1	QL(1 EA daily)	VIIBRYD STARTER PACK KIT	3	PA
<i>escitalopram oxalate SOLN</i>	1		<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 EA daily)
<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 EA daily)	<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 EA daily)	Tricyclic Agents		
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1		<i>desvenlafaxine succinate</i>	1	QL(1 EA daily)
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 EA daily)	<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 EA daily)
<i>fluoxetine hcl CPDR</i>	2		FETZIMA TITRATION C4PK	3	ST
<i>fluoxetine hcl SOLN</i>	1	QL(15 ML daily)	FETZIMA CP24 20 MG	3	QL(2 EA daily); ST
<i>fluoxetine hcl TABS 10 MG</i>	1		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)	<i>venlafaxine hcl CP24</i>	1	QL(2 EA daily)
<i>fluvoxamine maleate CP24 150 MG</i>	2		<i>venlafaxine hcl TABS</i>	1	
<i>fluvoxamine maleate CP24 100 MG</i>	2	QL(3 EA daily)	<i>venlafaxine hcl TB24 225 MG</i>	1	
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1		<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 EA daily)
<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 EA daily)	amitriptyline hcl TABS		
<i>paroxetine hcl SUSP</i>	1		<i>amoxapine</i>	1	
<i>paroxetine hcl TABS</i>	1		<i>clomipramine hcl</i>	2	
<i>paroxetine hcl TB24</i>	1		<i>desipramine hcl TABS</i>	1	
SERTRALINE HCL CAPS	2		<i>doxepin hcl CAPS</i>	1	
<i>sertraline hcl CONC</i>	1		<i>doxepin hcl CONC</i>	1	
<i>sertraline hcl TABS</i>	1	QL(2 EA daily)	<i>imipramine hcl TABS 50 MG</i>	1	QL(4 EA daily)
Serotonin Modulators			<i>imipramine hcl TABS 10 MG, 25 MG</i>	1	
<i>nefazodone hcl</i>	1		<i>imipramine pamoate</i>	1	
			<i>nortriptyline hcl CAPS</i>	1	
			<i>nortriptyline hcl SOLN</i>	1	

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<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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
Incretin Mimetic Agents		
<i>liraglutide</i>	2	Not available through Mail Order; 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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRULICITY	2	Not available through mail order; PA	HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ML daily)
Insulin			HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ML daily)
AFREZZA POWD	3	QL(3 EA daily)	HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)
AFREZZA POWD	3	QL(6 EA daily)	HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)
AFREZZA POWD	3		INSULIN LISPRO PROT & LISPRO SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ML daily)	LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ML daily)	LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)	TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ML daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ML daily)	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	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)	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limited to 27 mls /month without prior authorization; QL(0.9 ML daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	TRESIBA SOLN	2	QL(1.5 ML daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)	Insulin Sensitizing Agents		
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)	<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 EA daily)
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	<i>pioglitazone hcl 15 MG</i>	1	
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	Meglitinide Analogues		
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	<i>nateglinide</i>	1	
HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ML daily)			

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Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	1	QL(1 EA daily)
FARXIGA	2	QL(1 EA daily)
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	
<i>glipizide TABS</i>	1	
<i>glipizide TB24</i>	1	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 EA daily); PA
Antiperistaltic Agents		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI-DIARRHEAL CAPS	1	RX/OTC
<i>diphenoxylate w/ atropine LIQD</i>	2	
<i>diphenoxylate w/ atropine TABS</i>	1	
<i>loperamide hcl CAPS</i>	1	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox TABS</i>	4	SP; PA
<i>deferasirox TBSO</i>	4	SP; PA
<i>deferiprone TABS 500 MG</i>	4	SP; PA
EXJADE TBSO (<i>deferasirox</i>)	4	SP; PA
FERRIPROX SOLN	4	SP; PA
FERRIPROX TABS 500 MG (<i>deferiprone</i>)	4	SP; PA
JADENU SPRINKLE PACK (<i>deferasirox</i>)	4	SP; PA
JADENU TABS (<i>deferasirox</i>)	4	SP; PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	4	SP; PA
VISTOGARD	4	
Opioid Antagonists		
(Naloxone Hcl) FT NALOXONE HCL, GNP 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)

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Drug Name	Drug Tier	Requirements/Limits
<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, GNP MOTION SICKNESS RELIEF, 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	
<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)

Drug Name	Drug Tier	Requirements/Limits
<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)
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)
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		

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Drug Name	Drug Tier	Requirements/Limits
(Dexchlorpheniramine Maleate) RYCLORA SOLN	1	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1	
<i>carbinoxamine maleate TABS 4 MG</i>	1	
CARBINOXAMINE MALEATE TABS	3	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	4	PA
RYVENT TABS	3	
Antihistamines - Non-Sedating		
<i>desloratadine TABS</i>	1	ST; QL(1 EA daily); PA
<i>desloratadine TBDP 5 MG</i>	1	PA
<i>desloratadine TBDP 2.5 MG</i>	1	ST; PA
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2	
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 EA daily)
<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 12.5 MG</i>	1	
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 EA daily)
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 EA daily)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cyproheptadine hcl TABS</i>	1	
ANTIHYPERLIPIDEMICS - 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	
<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 135 MG</i>	1	QL(1 EA daily)
<i>choline fenofibrate 45 MG</i>	1	
<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 EA daily)
<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
<i>fenofibrate CAPS</i>	1	
<i>fenofibrate TABS 48 MG</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG	4	ST; SP; PA
JUXTAPID 10 MG, 20 MG, 30 MG	4	SP; PA
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
<i>niacin (antihyperlipidemic) TABS</i>	1	
<i>niacin (antihyperlipidemic) TBCR</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	SP; 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 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>lisinopril TABS 40 MG</i>	1	QL(2 EA daily)
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS SOLN	3	QL(5 ML daily)
<i>quinapril hcl</i>	1	
<i>ramipril CAPS</i>	1	QL(2 EA daily)
<i>trandolapril</i>	1	
Agents for Pheochromocytoma		
DEMSEK (<i>metyrosine</i>)	4	SP
<i>metyrosine</i>	4	SP
<i>phenoxybenzamine hcl</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
<i>candesartan cilexetil 32 MG</i>	1	QL(1 EA daily)
EDARBI 40 MG	3	
EDARBI 80 MG	3	QL(1 EA daily)
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 EA daily)	<i>captopril & hydrochlorothiazide</i>	1	
<i>telmisartan 80 MG</i>	1	QL(1 EA daily)	EDARBYCLOR	3	QL(1 EA daily)
<i>telmisartan 20 MG, 40 MG</i>	1		<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>valsartan TABS 160 MG</i>	1	QL(2 EA daily)	<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1		<i>irbesartan-hydrochlorothiazide</i>	1	
Antiadrenergic Antihypertensives			<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)
<i>clonidine hcl TABS</i>	1		<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>doxazosin mesylate</i>	1		<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>guanfacine hcl</i>	1		<i>metoprolol & hydrochlorothiazide TABS</i>	1	
<i>methyldopa TABS</i>	1		<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
<i>prazosin hcl CAPS</i>	1		<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1		<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 EA daily)
<i>terazosin hcl 10 MG</i>	1	QL(2 EA daily)	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 EA daily)
Antihypertensive Combinations			<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 EA daily)	TEKTRUNA HCT 25 MG-150 MG	3	ST
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1		<i>telmisartan-amlodipine</i>	1	
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 EA daily)	<i>telmisartan-hydrochlorothiazide</i>	1	
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1		<i>trandolapril-verapamil hcl</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1				
<i>atenolol & chlorthalidone</i>	1				
<i>benazepril & hydrochlorothiazide</i>	1				
<i>bisoprolol & hydrochlorothiazide</i>	1				
<i>candesartan cilexetil-hydrochlorothiazide</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
<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.		
VECAMYL	3	SP
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1	
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	
Vasodilators		
<i>hydralazine hcl TABS</i>	1	
<i>minoxidil 2.5 MG, 10 MG</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole CAPS</i>	2	
<i>metronidazole TABS 250 MG, 500 MG</i>	1	
<i>pentamidine isethionate IN</i>	2	
<i>tinidazole 500 MG</i>	1	ST
<i>tinidazole 250 MG</i>	1	
<i>trimethoprim TABS</i>	1	
XIFAXAN 550 MG	3	QL(2 EA daily); PA
XIFAXAN 200 MG	3	QL(9 EA per fill retail); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	

Drug Name	Drug Tier	Requirements/Limits
<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	SP; PA
<i>imipenem-cilastatin IV</i>	2	PA
INVANZ IJ (<i>ertapenem sodium</i>)	4	SP; PA
<i>meropenem 500 MG</i>	4	PA
PRIMAXIN IV IV 500 MG-500 MG (<i>imipenem-cilastatin</i>)	4	PA
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1	QL(2 EA daily)
Leprostatics		
<i>dapsone 25 MG</i>	1	
<i>dapsone 100 MG</i>	1	QL(4 EA daily)
Lincosamides		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
Monobactams		
CAYSTON	4	SP; 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		

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Drug Name	Drug Tier	Requirements/Limits
<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	SP; PA
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl</i>	6	
<i>mefloquine hcl</i>	1	QL(6 EA per fill retail; 6 per fill mail)
<i>primaquine phosphate TABS</i>	1	
<i>pyrimethamine</i>	4	SP; PA
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 EA daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	ST; SP; PA

Drug Name	Drug Tier	Requirements/Limits
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	
<i>rifabutin</i>	2	
<i>rifampin CAPS</i>	1	
TRECTOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC
LEUKERAN	2	AC
<i>melphalan</i>	1	AC
MYLERAN TABS	2	AC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>temozolomide CAPS</i>	2	SP; AC	TUKYSA	4	SP; AC; PA
Antimetabolites			Antineoplastic - BCL-2 Inhibitors		
<i>capecitabine</i>	2	SP; AC	VENCLEXTA STARTING PACK TBPK	4	SP; AC; PA
<i>fludarabine phosphate SOLR</i>	4	SP; PA	VENCLEXTA TABS 100 MG	4	QL(4 EA daily); SP; AC; PA
<i>mercaptopurine SUSP 2000 MG/100ML</i>	1	AL(Up to 13 yrs old); AC	VENCLEXTA TABS 50 MG	4	SP; AC; PA
<i>mercaptopurine TABS</i>	1	AC	VENCLEXTA TABS 10 MG	4	QL(2 EA daily); SP; AC; PA
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1		Antineoplastic - EGFR Inhibitors		
<i>methotrexate sodium SOLR</i>	1		<i>erlotinib hcl</i>	4	SP; AC; PA
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC	<i>gefitinib</i>	2	SP; AC; PA
ONUREG TABS	4	SP; AC; PA	GILOTRIF	4	SP; AC; PA
TABLOID	4	SP; AC	TAGRISO	4	SP; AC; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC	VIZIMPRO	4	SP; AC; PA
XATMEP SOLN PO	4	AC; PA	Antineoplastic - Hedgehog Pathway Inhibitors		
Antineoplastic - Angiogenesis Inhibitors			DAURISMO	4	SP; PA
INLYTA	4	SP; AC; PA	ERIVEDGE	4	SP; AC; PA
LENVIMA (10 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA	ODOMZO	4	SP; AC
LENVIMA (12 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA	Antineoplastic - Hormonal and Related Agents		
LENVIMA (14 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA	(Abiraterone Acetate) ABIRTEGA 250 MG	4	SP; AC; PA
LENVIMA (18 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA	<i>abiraterone acetate</i>	4	SP; AC; PA
LENVIMA (20 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA	<i>anastrozole</i>	5	QL(1 EA daily); PV; AC
LENVIMA (24 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA	ARIMIDEX (<i>anastrozole</i>)	5	QL(1 EA daily); PV; AC
LENVIMA (4 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA	AROMASIN (<i>exemestane</i>)	5	PV; AC
LENVIMA (8 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA	<i>bicalutamide</i>	1	QL(1 EA daily); AC
Antineoplastic - Anti-HER2 Agents			ELIGARD KIT SC 7.5 MG, 45 MG	3	SP; PA
			EMCYT	2	SP; AC
			ERLEADA	4	SP; AC; PA
			EULEXIN	2	AC
			<i>exemestane</i>	5	PV; AC
			<i>letrozole</i>	1	AC

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<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	2	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	3	covered w-gender transformation diagnosis; PA required for other diagnosis; SP
LYSODREN	2	SP; AC
<i>megestrol acetate SUSP</i>	1	AC
<i>megestrol acetate TABS</i>	1	AC
NILANDRON (<i>nilutamide</i>)	4	AC; PA
<i>nilutamide</i>	4	AC; PA
NUBEQA	4	SP; AC; PA
SOLTAMOX SOLN	5	PV; AC
<i>tamoxifen citrate TABS</i>	5	PV; AC
<i>toremifene citrate</i>	2	AC
XTANDI CAPS	4	SP; AC; PA
XTANDI TABS	4	SP; AC; PA
YONSA	4	SP; AC; PA
ZYTIGA (<i>abiraterone acetate</i>)	4	SP; AC; PA
Antineoplastic - Immunomodulators		
POMALYST	4	SP; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	4	QL(1 EA daily); SP; PA
AYVAKIT	4	QL(1 EA daily); SP; AC; PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) 50 MG	4	SP; AC; PA
XPOVIO (40 MG ONCE WEEKLY) 40 MG	4	SP; AC; PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG	4	SP; AC; PA
XPOVIO (60 MG ONCE WEEKLY) 60 MG	4	SP; AC; PA

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (80 MG ONCE WEEKLY) 40 MG	4	SP; AC; PA
XPOVIO (80 MG TWICE WEEKLY)	4	SP; PA
Antineoplastic Combinations		
INQOVI	4	SP; PA
KISQALI FEMARA (200 MG DOSE)	4	SP; AC; PA
KISQALI FEMARA (400 MG DOSE)	4	SP; AC; PA
KISQALI FEMARA (600 MG DOSE)	4	SP; AC; PA
LONSURF	4	SP; AC; PA
Antineoplastic Enzyme 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	SP; AC; PA
ALUNBRIG TABS	4	SP; AC; PA
ALUNBRIG TBPk	4	SP; AC; PA
BALVERSA	4	SP; AC; PA
<i>bortezomib SOLR IJ</i>	4	SP; PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	4	SP; PA
BOSULIF CAPS	4	SP; AC; PA
BOSULIF TABS	4	SP; AC; PA
BRAFTOVI 75 MG	4	SP; AC; PA
BRUKINSA	4	SP; AC; PA
CABOMETYX TABS 40 MG	4	QL(2 EA daily); SP; AC; PA
CABOMETYX TABS 20 MG, 60 MG	4	QL(1 EA daily); SP; AC; PA
CALQUENCE	4	QL(2 EA daily); SP; AC; PA
CAPRELSA	4	SP; AC; PA
COMETRIQ (100 MG DAILY DOSE) KIT	4	SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ (140 MG DAILY DOSE) KIT	4	SP; AC; PA	LUMAKRAS 120 MG, 240 MG	4	QL(2 EA daily); SP; PA
COMETRIQ (60 MG DAILY DOSE) KIT	4	SP; AC; PA	LYNPARZA TABS	4	QL(4 EA daily); SP; AC; PA
COPIKTRA	4	SP; AC; PA	MEKINIST SOLR	4	SP; AC; PA
COTELLIC	4	SP; AC; PA	MEKINIST TABS	4	SP; AC; PA
<i>dasatinib</i>	4	SP; AC; PA	MEKTOVI	4	SP; AC; PA
<i>everolimus TABS</i>	4	QL(1 EA daily); SP; AC; PA	NERLYNX	4	SP; AC; PA
<i>everolimus TBSO</i>	4	QL(1 EA daily); SP; AC; PA	NEXAVAR (<i>sorafenib tosylate</i>)	4	SP; AC; PA
IBRANCE CAPS	4	SP; AC; PA	<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	4	SP; AC; PA
IBRANCE TABS	4	SP; AC; PA	NINLARO	4	Limited to 3 capsules per month;; QL(0.1 EA daily); SP; AC; PA
ICLUSIG	4	QL(1 EA daily); SP; AC; PA	<i>pazopanib hcl</i>	4	SP; AC; PA
IDHIFA	4	SP; AC; PA	PIQRAY (200 MG DAILY DOSE)	4	SP; AC; PA
<i>imatinib mesylate TABS 100 MG</i>	2	QL(3 EA daily); SP; AC; PA	PIQRAY (250 MG DAILY DOSE)	4	SP; AC; PA
<i>imatinib mesylate TABS 400 MG</i>	2	QL(2 EA daily); SP; AC; PA	PIQRAY (300 MG DAILY DOSE)	4	SP; AC; PA
IMBRUVICA CAPS 140 MG	4	QL(3 EA daily); SP; AC; PA	QINLOCK	4	SP; AC; PA
IMBRUVICA CAPS 70 MG	4	QL(1 EA daily); SP; AC; PA	RETEVMO CAPS	4	SP; AC; PA
IMBRUVICA SUSP	4	QL(8 ML daily); SP; AC; PA	<i>romidepsin SOLR</i>	4	SP; PA
IMBRUVICA TABS	4	QL(1 EA daily); SP; AC; PA	ROZLYTREK CAPS	4	SP; AC; PA
INREBIC	4	SP; AC; PA	RUBRACA	4	SP; AC; PA
ISTODAX SOLR (<i>romidepsin</i>)	4	SP; PA	RYDAPT	4	SP; AC; PA
JAKAFI	4	QL(2 EA daily); SP; AC; PA	<i>sorafenib tosylate</i>	4	SP; AC; PA
KISQALI (200 MG DOSE)	4	QL(1 EA daily); SP; AC; PA	STIVARGA	4	SP; AC; PA
KISQALI (400 MG DOSE)	4	QL(1 EA daily); SP; AC; PA	<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	2	QL(1 EA daily); SP; AC; PA
KISQALI (600 MG DOSE)	4	QL(1 EA daily); SP; AC; PA	<i>sunitinib malate 25 MG</i>	2	SP; AC; PA
KOSELUGO	4	SP; PA	TABRECTA	4	SP; AC; PA
<i>lapatinib ditosylate</i>	4	SP; AC; PA	TAFINLAR CAPS	4	SP; AC; PA
LORBRENA	4	SP; AC; PA	TAFINLAR TBSO	4	SP; PA
LUMAKRAS 320 MG	4	QL(3 EA daily); SP; PA	TALZENNA	4	SP; AC; PA
			TASIGNA 50 MG, 150 MG, 200 MG (<i>nilotinib hcl</i>)	4	SP; AC; PA

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Drug Name	Drug Tier	Requirements/Limits
TAZVERIK	4	SP; PA
<i>temsirolimus</i>	4	SP; PA
TIBSOVO	4	SP; AC; PA
TORISEL (<i>temsirolimus</i>)	4	SP; PA
TYKERB (<i>lapatinib ditosylate</i>)	4	SP; AC; PA
VELCADE SOLR IJ (<i>bortezomib</i>)	4	SP; PA
VERZENIO	4	QL(2 EA daily); SP; AC; PA
VITRAKVI CAPS	4	SP; AC; PA
VITRAKVI SOLN	4	SP; AC; PA
VOTRIENT (<i>pazopanib hcl</i>)	4	SP; AC; PA
XALKORI CAPS	4	SP; AC; PA
XALKORI CPSP	4	SP; AC; PA
XOSPATA	4	SP; AC; PA
ZEJULA TABS	4	SP; PA
ZELBORAF	4	SP; AC; PA
ZOLINZA	4	SP; AC; PA
ZYDELIG	3	SP; AC; PA
ZYKADIA TABS	4	SP; AC
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
ALFERON N	4	SP; PA
BESREMI	4	SP; PA
<i>bexarotene</i>	4	SP; AC; PA
<i>hydroxyurea</i>	1	AC
MATULANE	4	SP; AC; PA
TARGRETIN (<i>bexarotene</i>)	4	SP; AC; PA
<i>tretinoin (chemotherapy)</i>	2	SP; 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

Drug Name	Drug Tier	Requirements/Limits
<i>mesna TABS</i>	1	SP; AC
MESNEX TABS	3	SP; AC
Mitotic Inhibitors		
<i>etoposide CAPS</i>	2	SP; AC
Topoisomerase I Inhibitors		
HYCANTIN CAPS	4	SP; AC; PA
HYCANTIN SOLR (<i>topotecan hcl</i>)	4	SP; PA
<i>topotecan hcl SOLR</i>	4	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	2	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	4	administered under the medical benefit; PA
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1	
TASMAR (<i>tolcapone</i>)	4	
<i>tolcapone</i>	4	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>amantadine hcl TABS</i>	1	
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>carbidopa-levodopa TABS</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 EA daily)
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
LITHOBID TBCR (<i>lithium carbonate</i>)	3	
Antipsychotics - Misc.		
EQUETRO	3	
<i>lurasidone hcl</i>	2	
NUPLAZID CAPS	4	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	4	QL(1 EA daily); PA
VRAYLAR CAPS	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; SP; PA
<i>risperidone SOLN</i>	1	
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
<i>risperidone TABS 3 MG</i>	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone TBDP</i>	1	
Butyrophenones		
<i>haloperidol lactate CONC</i>	1	
<i>haloperidol TABS</i>	1	
Dibenzapines		
<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 200 MG</i>	1	QL(4 EA daily)
<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 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	

Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine hcl 50 MG</i>	1	QL(4 EA daily)
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		
<i>aripiprazole SOLN PO</i>	1	
<i>aripiprazole TABS 15 MG</i>	1	QL(2 EA daily)
<i>aripiprazole TABS 20 MG</i>	1	QL(1 EA daily)
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
<i>aripiprazole TBDP</i>	1	PA
REXULTI	3	
Thioxanthenes		
<i>thiothixene</i>	1	
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde SOLN 10 %</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate SOLN</i>	1	
<i>abacavir sulfate TABS</i>	1	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
APTIVUS CAPS	2	
<i>atazanavir sulfate CAPS</i>	1	
BIKTARVY	2	
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit

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

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Drug Name	Drug Tier	Requirements/Limits
VIREAD TABS 150 MG, 200 MG, 250 MG	2	
<i>zidovudine CAPS</i>	1	
<i>zidovudine SYRP</i>	1	
<i>zidovudine TABS</i>	1	
Antiviral Combinations		
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
PAXLOVID (150/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
PAXLOVID (300/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
CMV Agents		
<i>valganciclovir hcl SOLR</i>	1	Limit 630mls per month; QL(21 ML daily)
<i>valganciclovir hcl TABS</i>	1	
Hepatitis Agents		
<i>adefovir dipivoxil</i>	2	
<i>entecavir TABS</i>	2	
EPCLUSA PACK	2	SP; PA
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Eplclusa; SP; PA
EPCLUSA TABS 50 MG-200 MG	2	SP; PA
<i>lamivudine (hbv) TABS</i>	2	
MAVYRET TABS	4	SP; PA
PEGASYS SOLN	3	SP; PA
<i>ribavirin (hepatitis c) CAPS</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/Limits
VEMLIDY	4	SP; ST
VOSEVI	2	SP; PA
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 SUSR</i>	1	QL(75 ML daily; 5 Day(s) limit)
RELENZA DISKHALER	3	
<i>rimantadine hydrochloride TABS</i>	1	
Misc. Antivirals		
LAGEVRIO	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
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	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl CP24 180 MG</i>	1	QL(2 EA daily)
<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 EA daily)
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 EA daily)
<i>verapamil hcl TBCR 120 MG</i>	1	

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	
<i>sacubitril-valsartan TABS</i>	1	QL(2 EA daily); PA

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
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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
<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

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); SP; PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 EA daily); SP; PA
TYVASO DPI TITRATION KIT POWD	4	QL(9 EA daily); SP; PA
TYVASO DPI TITRATION KIT POWD	4	QL(7 EA daily); SP; PA
TYVASO REFILL KIT SOLN IN	4	SP; PA
TYVASO STARTER KIT SOLN IN	4	SP; PA
TYVASO SOLN IN	4	SP; PA
VENTAVIS IN	4	SP; PA

Pulmonary Hypertension - Endothelin Receptor Antagonists

<i>ambrisentan</i>	4	QL(1 EA daily); SP; PA
<i>bosentan TABS</i>	4	SP; PA
LETAIRIS (<i>ambrisentan</i>)	4	QL(1 EA daily); SP; PA
OPSUMIT	4	ST; SP; PA

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Drug Name	Drug Tier	Requirements/Limits
TRACLEER TABS (<i>bosentan</i>)	4	SP; PA
TRACLEER TBSO	4	ST; SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	1	QL(2 EA daily); SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	2	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	2	QL(3 EA daily); SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	4	ST; SP; PA
UPTRAVI TABS 200 MCG	4	ST; SP; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	SP; PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ML daily); SP; ST
<i>ivabradine hcl TABS</i>	2	QL(2 EA daily); ST
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 EA daily); SP; PA
VYNDAQEL	4	QL(4 EA daily); SP; PA

CEPHALOSPORINS - Drugs to Treat Bacterial

Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Combination Contraceptives - Oral			(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG	5	PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	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
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 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
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	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
(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	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
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV			
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV			
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV			

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(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLE, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, 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-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	5	PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, 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
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSÉ	5	PV			
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSÉ 0.03 MG-0.15 MG	5	PV			
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	PV			
(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA	5	PV			

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	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	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	5	PV	BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	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	BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	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 LO	5	PV	<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	PV
			<i>drospirenone-ethinyl estradiol</i>	5	PV
			<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	PV
			<i>ethynodiol diacet & eth estrad</i>	5	PV
			FEMLYV TBDP	5	PV
			GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	5	PV
			<i>levonorgestrel & eth estradiol TABS</i>	5	PV
			<i>levonorgestrel-eth estradiol (triphasic)</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol-iron</i>	5	PV
			LO LOESTRIN FE TABS	5	PV
			LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV

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Drug Name	Drug Tier	Requirements/Limits
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	5	PV
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	5	PV
NATAZIA	5	PV
NEXTSTELLIS	5	PV
<i>norethin acet & estrad-fe CAPS</i>	5	PV
<i>norethin acet & estrad-fe CHEW</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>norethindrone & ethinyl estradiol-fe</i>	5	PV
<i>norethindrone acet & eth estra TABS</i>	5	PV
<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	PV
<i>norgestimate-ethinyl estradiol</i>	5	PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV
QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV
SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	PV
SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV
TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	5	PV
TYBLUME CHEW	5	PV
YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	5	PV
YAZ (<i>drospirenone-ethinyl estradiol</i>)	5	PV
Combination Contraceptives - Transdermal		

Drug Name	Drug Tier	Requirements/Limits
(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 (MEDROXYPROGESTER ONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, SHAROBEL	5	PV	<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML</i>	1	
<i>norethindrone (contraceptive)</i>	5	PV	<i>prednisolone sodium phosphate TBP</i>	1	
OPILL	5	PV	<i>prednisolone SOLN</i>	1	
SLYND	5	PV	<i>prednisolone TABS</i>	1	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			PREDNISONE INTENSOL CONC	2	
Glucocorticosteroids			<i>prednisone SOLN</i>	2	
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBP	1		<i>prednisone TABS</i>	1	
(Prednisolone) MILLIPRED TABS	1		<i>prednisone TBP</i>	1	
AGAMREE	4	SP; PA	Mineralocorticoids		
<i>budesonide TB24</i>	2	PA	<i>fludrocortisone acetate TABS</i>	1	
<i>deflazacort SUSP</i>	4	SP; PA	COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
<i>deflazacort TABS</i>	4	SP; PA	Antitussives		
DEXAMETHASONE INTENSOL CONC	2		(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
<i>dexamethasone ELIX</i>	1		<i>benzonatate</i>	1	
<i>dexamethasone SOLN</i>	1		<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
<i>dexamethasone TABS</i>	1		<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1	
<i>dexamethasone TBP</i>	1		Cough/Cold/Allergy Combinations		
EMFLAZA SUSP (<i>deflazacort</i>)	4	SP; PA	(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
EMFLAZA TABS (<i>deflazacort</i>)	4	SP; PA	(Guaifenesin-Codeine) GUAIFENESIN AC SYRP	1	
<i>hydrocortisone TABS</i>	1				
MEDROL TABS	2				
<i>methylprednisolone TABS</i>	1				
<i>methylprednisolone TBP</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
ACTIDOM DMX LIQD	3	
CODITUSSIN AC LIQD	3	
DOMETUSS-DMX LIQD	3	
GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC
GILTUSS COUGH & COLD TABS	3	
GILTUSS SINUS & CONGESTION TABS	3	RX/OTC
<i>guaifenesin-codeine SOLN</i>	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1	
NEOTUSS PLUS LIQD	3	
<i>promethazine w/codeine SOLN</i>	1	QL(30 ML daily)
<i>promethazine w/codeine SYRP</i>	1	QL(30 ML daily)
<i>promethazine-dm SYRP</i>	1	QL(30 ML daily)
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1	
TUSNEL TABS	3	
TUSSLIN PEDIATRIC LIQD	3	
TUSSLIN LIQD	3	
Expectorants		
<i>potassium iodide (expectorant) SOLN</i>	1	
Misc. Respiratory Inhalants		

Drug Name	Drug Tier	Requirements/Limits
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1	
HYPERSAL NEBU	2	
NEBUSAL NEBU	3	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %</i>	1	
Mucolytics		
<i>acetylcysteine SOLN</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE, GNP ADAPALENE GEL 0.1 %	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	1	
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
(Erythromycin (Acne Aid)) ERY PADS	1	
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	2	
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	

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Drug Name	Drug Tier	Requirements/Limits
(Tretinoin) AVITA CREA 0.025 %	1	
<i>adapalene-benzoyl peroxide GEL</i>	1	
<i>adapalene CREA</i>	1	Limit 45gms per month; QL(1.5 GM daily)
<i>adapalene GEL 0.1 %</i>	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC
<i>adapalene GEL 0.3 %</i>	1	QL(45 GM per fill retail; 135 per fill mail)
<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 GM daily)
<i>clindamycin phosphate (topical) FOAM</i>	1	
<i>clindamycin phosphate (topical) GEL</i>	1	
<i>clindamycin phosphate (topical) LOTN</i>	1	
<i>clindamycin phosphate (topical) SOLN</i>	1	
<i>clindamycin phosphate (topical) SWAB</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1	
<i>clindamycin phosphate-tretinoin</i>	2	
<i>dapsone (topical) 7.5 %</i>	1	QL(2 GM daily)
<i>dapsone (topical) 5 %</i>	1	ST; PA
DIFFERIN LOTN	2	
<i>erythromycin (acne aid) GEL</i>	1	
<i>erythromycin (acne aid) SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
<i>sulfacetamide sodium (acne)</i>	1	
<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1	
<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	2	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(1 GM daily)
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	PA
SULFACETAMIDE-SULFUR IN UREA EMUL	2	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
<i>tretinoin microsphere 0.04 %</i>	1	Limit 45gms per month; QL(1.7 GM daily)
<i>tretinoin microsphere 0.1 %</i>	1	QL(1.67 GM daily)
<i>tretinoin microsphere 0.08 %</i>	2	QL(1.7 GM daily)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(30 GM per fill retail)
Antibiotics - Topical		
<i>gentamicin sulfate (topical) CREA</i>	1	
<i>gentamicin sulfate (topical) OINT</i>	1	
<i>mupirocin OINT</i>	1	
Antifungals - Topical		

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(Ciclopirox) CICLODAN SOLN	1		<i>nystatin-triamcinolone CREA</i>	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	2		<i>nystatin-triamcinolone OINT</i>	1	
(Ketoconazole (Topical)) KETODAN FOAM	2		<i>oxiconazole nitrate CREA</i>	2	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1		OXISTAT LOTN	3	
<i>ciclopirox olamine CREA</i>	1		<i>sulconazole nitrate CREA</i>	2	
<i>ciclopirox olamine SUSP</i>	1		<i>sulconazole nitrate SOLN</i>	1	
<i>ciclopirox GEL</i>	1		Anti-inflammatory Agents - Topical		
<i>ciclopirox SHAM</i>	1		(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
<i>ciclopirox SOLN</i>	1				
<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 1 tube per month; QL(1.5 GM daily)			
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ML daily)			
<i>econazole nitrate CREA</i>	1				
ERTACZO	4	QL(1 GM daily); PA			
EXELDERM SOLN	2				
EXODERM	3				
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	2				
JUBLIA	4	QL(0.27 ML daily)			
<i>ketoconazole (topical) CREA</i>	1	QL(2 GM daily)			
<i>ketoconazole (topical) FOAM</i>	2				
<i>ketoconazole (topical) SHAM 2 %</i>	1			<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
<i>naftifine hcl CREA</i>	2		<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ML daily)
<i>naftifine hcl GEL 2 %</i>	2		<i>diclofenac sodium (topical) SOLN EX 2 %</i>	1	QL(4 GM daily); PA
<i>nystatin (topical) CREA</i>	1		Antineoplastic or Premalignant Lesion Agents - Topical		
<i>nystatin (topical) OINT</i>	1		<i>bexarotene (topical)</i>	4	SP; PA
<i>nystatin (topical) POWD EX</i>	1				

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CARAC CREA	4	QL(1 GM daily)	COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ML daily); SP; PA
<i>diclofenac sodium (actinic keratosis) EX</i>	2	PA	COSENTYX SOSY 150 MG/ML	4	QL(0.036 ML daily); SP; PA
<i>fluorouracil (topical) CREA 5 %</i>	2		<i>methoxsalen rapid</i>	2	
<i>fluorouracil (topical) CREA 0.5 %</i>	4	QL(1 GM daily)	SKYRIZI PEN SOAJ	4	Check Plan Documents for coverage; QL(1 ML per 84 day(s) retail); SP; PA
<i>fluorouracil (topical) SOLN</i>	1		SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ML per 84 day(s) retail); SP; PA
PANRETIN	3	PA	SORILUX FOAM	3	PA
TARGRETIN (<i>bexarotene (topical)</i>)	4	SP; PA	STELARA SOLN 45 MG/0.5ML	4	SP; PA
VALCHLOR	4	ST; SP; PA	STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ML daily); SP; PA
Antipruritics - Topical			STELARA SOSY 90 MG/ML	4	QL(0.018 ML daily); SP; PA
<i>doxepin hcl (antipruritic)</i>	2	QL(3 GM daily)	<i>tazarotene CREA</i>	1	
Antipsoriatics			<i>tazarotene GEL</i>	1	
(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)	TREMFYA ONE-PRESS SOAJ 100 MG/ML	4	QL(0.018 ML daily); SP; PA
<i>acitretin 10 MG</i>	2	QL(1 EA daily)	TREMFYA PEN SOAJ 100 MG/ML	4	QL(0.018 ML daily); SP; PA
<i>acitretin 17.5 MG</i>	2		TREMFYA SOSY 100 MG/ML	4	QL(0.018 ML daily); SP; PA
<i>acitretin 25 MG</i>	2	QL(2 EA daily)	USTEKINUMAB SOLN 45 MG/0.5ML	4	SP; PA
<i>calcipotriene CREA</i>	2	QL(5 GM daily)	USTEKINUMAB SOSY 90 MG/ML	4	QL(0.018 ML daily); SP; PA
CALCIPOTRIENE FOAM	3	PA	USTEKINUMAB SOSY 45 MG/0.5ML	4	QL(0.012 ML daily); SP; PA
<i>calcipotriene OINT</i>	1	QL(5 GM daily)	Antiseborrheic Products		
<i>calcipotriene SOLN</i>	1		<i>selenium sulfide LOTN 2.5 %</i>	1	
<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.4 GM daily)			
COSENTYX (300 MG DOSE) SOSY	4	QL(0.72 ML daily); SP; PA			
COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(0.72 ML daily); SP; PA			
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.72 ML daily); SP; PA			
COSENTYX UNOREADY SOAJ	4	QL(0.72 ML daily); SP; PA			

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SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	3		<i>betamethasone dipropionate (topical) CREA</i>	1	
<i>sulfacetamide sodium LIQD</i>	1		<i>betamethasone dipropionate (topical) LOTN</i>	1	
<i>sulfacetamide sodium SHAM 10 %</i>	1		<i>betamethasone dipropionate (topical) OINT</i>	1	
Antivirals - Topical			<i>betamethasone dipropionate augmented CREA</i>	1	
<i>acyclovir topical CREA</i>	1		<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	
<i>acyclovir topical OINT</i>	1	QL(1 GM daily)	<i>betamethasone dipropionate augmented LOTN</i>	1	
Burn Products			<i>betamethasone dipropionate augmented OINT</i>	1	
(Silver Sulfadiazine) SSD	1		<i>betamethasone valerate CREA</i>	1	
<i>mafenide acetate PACK</i>	1		<i>betamethasone valerate FOAM</i>	2	
<i>silver sulfadiazine</i>	1		<i>betamethasone valerate LOTN</i>	1	
SULFAMYLON CREA	3		<i>betamethasone valerate OINT</i>	1	
Corticosteroids - Topical			<i>calcipotriene-betamethasone dipropionate OINT</i>	2	ST
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1		<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	QL(2 GM daily); ST
(Clobetasol Propionate Emulsion) TOVET	2		<i>clobetasol propionate emollient base 0.05 %</i>	1	
(Clobetasol Propionate) CLODAN SHAM	1		<i>clobetasol propionate emulsion</i>	2	
(Desonide) DESRX GEL	1		<i>clobetasol propionate CREA 0.05 %</i>	1	
(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %	1		<i>clobetasol propionate FOAM</i>	2	
(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	1				
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1				
<i>alclometasone dipropionate CREA</i>	1				
<i>alclometasone dipropionate OINT</i>	1				
<i>amcinonide LOTN</i>	1				
APEXICON E CREA	3				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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		<i>hydrocortisone valerate OINT</i>	1	
EPIFOAM FOAM	3		LOCOID LIPOCREAM	3	
<i>fluocinolone acetonide CREA</i>	1		<i>mometasone furoate CREA</i>	1	
<i>fluocinolone acetonide OIL</i>	1		<i>mometasone furoate OINT</i>	1	
<i>fluocinolone acetonide OINT</i>	1				
<i>fluocinolone acetonide SOLN</i>	1				
<i>fluocinonide emulsified base</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate SOLN</i>	1	
NUCORT LOTN	3	
PRAMOSONE LOTN	3	
PRAMOSONE OINT	3	
<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
Eczema Agents		
DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily); SP; PA
DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ML daily); SP; PA
DUPIXENT SOSY 100 MG/0.67ML	4	QL(0.048 ML daily); SP; PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ML daily); SP; PA
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily); SP; PA
Emollient/Keratolytic Agents		
(Urea) CEROVEL LOTN 40 %	1	
<i>urea LOTN 40 %</i>	1	
Enzymes - Topical		
SANTYL OINT	3	
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1	
Immunosuppressive Agents - Topical		
<i>pimecrolimus</i>	1	QL(2 GM daily)
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 GM daily); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 GM daily); AL(At least 15 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	
BENSAL HP OINT	3	RX/OTC
MG217 PSORIASIS MULTI-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
<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		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>azelaic acid GEL</i>	1		COVID-19 FLU A&B 3-IN-1 TEST	5	PV
<i>brimonidine tartrate (topical)</i>	2	PA	COVID-19 FLU A+B ANTIGEN TEST	5	PV
<i>doxycycline (rosacea)</i>	2	QL(1 EA daily); PA	FLOWFLEX PLUS COVID-19/FLU A/B	5	PV
FINACEA FOAM	3		FREESTYLE INSULINX TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
<i>ivermectin (rosacea)</i>	1	QL(1.5 GM daily); PA	FREESTYLE LITE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
<i>metronidazole (topical) CREA</i>	1		FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
<i>metronidazole (topical) GEL 1 %</i>	1		FREESTYLE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
<i>metronidazole (topical) GEL 0.75 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)	KETONE TEST STRP	6	
<i>metronidazole (topical) LOTN</i>	1	QL(2 ML daily)	KETOSTIX STRP	6	
NORITATE CREA	4	PA	ONETOUCH ULTRA BLUE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
RHOFADE	3	ST; PA	ONETOUCH ULTRA TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
Scabicides & Pediculicides			ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN	2		ONETOUCH VERIO STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
<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			

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Drug Name	Drug Tier	Requirements/Limits
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)
RAPIDGO FLU A/B COVID-19 HOME	5	PV
SPEEDY SWAB COVID-19/FLU HOME	5	PV
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT, 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	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide CP12</i>	1	QL(2 EA daily)
<i>acetazolamide TABS 125 MG</i>	1	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 EA daily)
<i>dichlorphenamide</i>	4	SP; PA
KEVEYIS (<i>dichlorphenamide</i>)	4	SP; PA
<i>methazolamide TABS</i>	1	
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 EA daily)
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 EA daily)
Loop Diuretics		
<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>torseamide TABS 100 MG</i>	1	QL(2 EA daily)
<i>torseamide TABS 5 MG, 10 MG, 20 MG</i>	1	
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1	
<i>spironolactone TABS</i>	1	
<i>triamterene CAPS</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	
DIURIL SUSP	3	
<i>hydrochlorothiazide CAPS</i>	1	
<i>hydrochlorothiazide TABS</i>	1	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium SOLN</i>	2	
<i>alendronate sodium TABS 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>alendronate sodium TABS 35 MG</i>	1	Limit 1 tab per week; QL(0.144 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	SP; 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	PA
TYMLOS	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Growth Hormone Receptor Antagonists		
SOMAVERT	4	SP; PA
Growth Hormones		
HUMATROPE CART IJ	4	SP; PA
NORDITROPIN FLEXPRO SOPN	4	SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	SP; PA
ZOMACTON SOLR SC 10 MG	4	SP; PA
ZORBTIVE SC	4	SP; PA
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	5	PV
OSPHENA	3	QL(1 EA daily)
<i>raloxifene hcl</i>	5	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	3	SP; PA
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis; SP
SYNAREL	2	SP
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR PACK	4	SP
(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	SP
<i>betaine</i>	4	SP; PA
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol CAPS 0.25 MCG</i>	1	
<i>calcitriol SOLN PO</i>	1	
<i>cinacalcet hcl</i>	2	SP; PA
CYSTADANE (<i>betaine</i>)	4	SP; PA
<i>doxercalciferol CAPS</i>	2	
GALAFOLD	4	QL(0.5 EA daily); SP; PA
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	4	SP
KUVAN TABS (<i>sapropterin dihydrochloride</i>)	4	SP
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	
<i>levocarnitine (metabolic modifiers) TABS</i>	2	
MYALEPT	4	SP; PA
<i>nitisinone CAPS 2 MG, 5 MG, 20 MG</i>	1	SP; PA
<i>nitisinone CAPS 10 MG</i>	1	SP; PA
NITYR TABS	4	SP; PA
ORFADIN SUSP	4	SP; PA
PALYNZIQ	4	SP; PA
<i>paricalcitol CAPS</i>	1	
<i>sapropterin dihydrochloride PACK</i>	4	SP
<i>sapropterin dihydrochloride TABS</i>	4	SP
<i>sodium phenylbutyrate POWD</i>	2	SP; PA
<i>sodium phenylbutyrate TABS</i>	2	SP; PA
STRENSIQ	4	SP; PA
XURIDEN	4	SP
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1	
DESMOPRESSIN ACETATE SOLN NA	3	SP
<i>desmopressin acetate TABS 0.1 MG</i>	1	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 EA daily)
Progesterone Receptor Antagonists		
MIFEPREX (<i>mifepristone</i>)	5	PV
<i>mifepristone</i>	5	PV
Prolactin Inhibitors		
<i>cabergoline</i>	1	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	4	SP; PA
<i>octreotide acetate SOSY</i>	4	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	4	SP; PA
SIGNIFOR	4	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK 15 MG (<i>tolvaptan</i>)	4	SP; PA
<i>tolvaptan TBPK 15 MG</i>	4	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) ABIGALE LO, AMABELZ, MIMVEY TABS	1	
(Estradiol & Norethindrone Acetate) ABIGALE LO, AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	

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Drug Name	Drug Tier	Requirements/Limits
(Estradiol & Norethindrone Acetate) ABIGALE LO, AMABELZ, MIMVEY TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
ANGELIQ	3	
CLIMARA PRO	2	
COMBIPATCH PTTW	3	
DUAVEE	3	
<i>estradiol & norethindrone acetate TABS</i>	1	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
ORIAHNN	4	PA
PREMPHASE	2	QL(1 EA daily)
PREMPRO	2	QL(1 EA daily)
Estrogens		
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)
ELESTRIN GEL	3	QL(1.74 GM daily)
<i>estradiol valerate</i>	1	QL(5 ML per fill retail)
<i>estradiol GEL</i>	1	Limit 50gms per month; QL(1.67 GM daily)
<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM</i>	1	
<i>estradiol PTTW</i>	1	QL(0.29 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol PTWK</i>	1	Limit 4 patches per month; QL(0.143 EA daily)
<i>estradiol TABS</i>	1	
EVAMIST SOLN	3	QL(0.27 ML daily)
MENEST 0.3 MG, 0.625 MG, 1.25 MG	2	QL(1 EA daily)
MENEST 2.5 MG	2	QL(3 EA daily)
MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 EA daily)
PREMARIN TABS	2	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS</i>	1	
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 10 MG	4	QL(1 EA daily); SP; PA
OCALIVA 5 MG	4	ST; QL(1 EA daily); SP; PA
Gallstone Solubilizing Agents		
(Chenodiol) CHENODAL	4	SP; PA

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CTEXLI 250 MG	4	SP; 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	
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1	Limit 280 caps per month; QL(9 EA daily)
DIPENTUM	3	
INFLECTRA SOLR	4	SP; 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 1.2 GM</i>	2	QL(4 EA daily)
<i>mesalamine TBEC 800 MG</i>	1	
PENTASA CPCR 250 MG	3	PA
PENTASA CPCR 500 MG	3	QL(8 EA daily); PA
RENFLEXIS	4	SP; PA
SFROWASA ENEM	2	
SKYRIZI SOCT	4	1 package(s) per fill retail; SP; PA
<i>sulfasalazine TABS</i>	1	QL(8 EA daily)
<i>sulfasalazine TBEC</i>	1	QL(8 EA daily)

Drug Name	Drug Tier	Requirements/Limits
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	4	QL(0.0715 ML daily); SP; PA
TREMFYA PEN SOAJ SC 200 MG/2ML	4	QL(0.0715 ML daily); SP; PA
TREMFYA SOSY SC 200 MG/2ML	4	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	
<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 500 MG</i>	2	
<i>lanthanum carbonate CHEW 750 MG</i>	2	QL(4 EA daily)
<i>sevelamer carbonate PACK 0.8 GM</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate</i> PACK 2.4 GM	1	QL(5 EA daily)
<i>sevelamer carbonate</i> TABS	1	
<i>sevelamer hcl</i> 400 MG	1	PA
<i>sevelamer hcl</i> 800 MG	2	QL(16 EA daily); PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	ST; SP; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	4	ST; Not available through mail; SP; 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
(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</i> SOLN	1	
<i>potassium citrate (alkalinizer)</i> TBCR	1	
<i>potassium citrate-citric acid</i> SOLN	1	RX/OTC
<i>sodium citrate & citric acid</i>	1	RX/OTC
Cystinosis Agents		

Drug Name	Drug Tier	Requirements/Limits
CYSTAGON CAPS	4	SP; PA
PROCYSBI CPDR	4	SP
PROCYSBI PACK	4	SP; 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	SP
LITHOSTAT	3	
<i>tiopronin TABS</i>	2	SP
<i>tiopronin TBEC</i>	2	SP
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 100 MG</i>	1	QL(3 EA daily)
<i>allopurinol 300 MG</i>	1	QL(2 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	

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Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	4	SP; PA
ADYNOVATE	4	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	SP; PA
ALPHANATE SOLR	4	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	SP; PA
ALPROLIX	4	SP; PA
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	4	SP; PA
BALFAXAR	4	SP; PA
BENEFIX KIT	4	SP; PA
CORIFACT	4	SP; PA
ELOCTATE	4	SP; PA
ESPEROCT	4	SP; PA
FEIBA	4	SP; PA
HEMLIBRA	4	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	3	SP; PA
HUMATE-P SOLR	4	SP; PA
IDELVION	4	SP; PA
IXINITY SOLR	4	SP; PA
JIVI	4	SP; PA
KCENTRA	4	SP; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	SP; PA
KOATE SOLR	3	SP; PA
KOVALTRY	4	SP; PA
NOVOEIGHT	4	SP; PA
NOVOSEVEN RT	4	SP; PA

Drug Name	Drug Tier	Requirements/Limits
NUWIQ KIT	4	SP; PA
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT	4	SP; PA
OBIZUR	4	SP; PA
PROFILNINE	4	SP; PA
REBINYN	4	SP; PA
RECOMBINATE SOLR	4	SP; PA
RIXUBIS SOLR	4	SP; PA
TRETTEN	4	SP; PA
VONVENDI	4	SP; PA
WILATE KIT	4	SP; PA
XYNTHA	4	SP; PA
XYNTHA SOLOFUSE	4	SP; PA
Bradykinin B2 Receptor Antagonists		
(Icatibant Acetate) SAJAZIR SOSY	4	SP; PA
FIRAZYR SOSY (<i>icatibant acetate</i>)	4	SP; PA
<i>icatibant acetate SOSY</i>	4	SP; PA
Complement Inhibitors		
FABHALTA	4	SP; PA
HAEGARDA SOLR SC	4	SP; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE 150 MG	4	SP; PA
TAVALISSE 100 MG	4	ST; SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	QL(3 EA daily)
Human Protein C		
CEPROTIN	4	SP; 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)

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Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole</i>	1	
<i>prasugrel hcl</i>	1	
<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; SP; PA
CERDELGA	4	SP; PA
CEREZYME 400 UNIT	4	SP; PA
<i>miglustat</i>	4	ST; SP; PA
ZAVESCA (<i>miglustat</i>)	4	ST; SP; 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 800 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 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 400 MCG	5	PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>folic acid TABS 1 MG</i>	1	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV
Hematopoietic Growth Factors		
<i>eltrombopag olamine PACK 25 MG</i>	4	QL(1 EA daily); SP; PA
<i>eltrombopag olamine PACK 12.5 MG</i>	4	QL(1 EA daily); SP; PA
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	4	QL(1 EA daily); SP; PA
MULPLETA	4	SP; PA
NYVEPRIA	4	SP; PA
PROMACTA PACK 25 MG (<i>eltrombopag olamine</i>)	4	QL(1 EA daily); SP; PA
PROMACTA PACK 12.5 MG (<i>eltrombopag olamine</i>)	4	QL(1 EA daily); SP; PA
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	4	QL(1 EA daily); SP; PA
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	4	SP; PA
RETACRIT 20000 UNIT/ML	4	SP; 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	SP; PA
ZARXIO	4	SP; 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	SP
<i>aminocaproic acid TABS</i>	2	SP
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 7.5 MG</i>	1	
<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 EA daily)
<i>temazepam 15 MG</i>	1	QL(2 EA daily)
<i>triazolam 0.25 MG</i>	1	QL(1 EA daily)
<i>triazolam 0.125 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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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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			(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
OSMOPREP	5	PV			
Stimulant Laxatives					

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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 500 MG</i>	1	QL(3 EA daily)
<i>azithromycin TABS 600 MG</i>	1	QL(10 EA per fill retail)
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); PV
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); PV
DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX TROPICAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
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); PV
KIMONO COLORS DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV

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

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TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX RIA NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUB/RIBBED/STUDED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX-NONNOXYNOL-9/RIB/STUD MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUB/SPERMICIDE EX ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	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); PV	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); PV	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); PV	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); PV	WIDE-SEAL DIAPHRAGM 80	5	PV
TRUSTEX LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	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); PV	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); PV	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); PV	Diabetic Supplies		
TRUSTEX RIA LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	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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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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 ORIGINAL	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 THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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CVS ULTRA THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY COMFORT LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
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 TWIST TOP	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 TOUCH LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DROPLET LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 23G	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 26G	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 28G	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	EASY TOUCH LANCETS 28G/TWIST	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	EASY TOUCH LANCETS 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	EASY TOUCH LANCETS 30G/TWIST	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	EASY TOUCH LANCETS 32G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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EASY TOUCH LANCETS 32G/TWIST	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
EASY TOUCH LANCETS 33G/TWIST	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
EASY TOUCH SAFETY LANCETS 21G	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
EASY TOUCH SAFETY LANCETS 23G	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
EASY TOUCH SAFETY LANCETS 26G	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
EASY TOUCH SAFETY LANCETS 28G	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
EMBRACE LANCETS ULTRA THIN 30G	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
EMBRACE PRESSURE ACTIVATED 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
EMBRACE PRESSURE ACTIVATED 28G	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

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FREESTYLE LANCETS	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
FREESTYLE UNISTICK II LANCETS	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
GENTEEL BUTTERFLY TOUCH LANCET	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
GENTLE-LET GP LANCETS	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
GENTLE-LET LANCETS	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
GLOBAL INJECT EASE LANCETS 28G	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
GLOBAL INJECT EASE LANCETS 30G	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
GLUCOCOM LANCETS 28G	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
GLUCOCOM LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GLUCOCOM LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	KROGER HEALTHPRO 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 SUPER THIN	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 THIN	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	LANCETS	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	LANCETS 28G 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	LANCETS 30G	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	LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
KINNEY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LANCETS MICRO THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
KINNEY THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LANCETS SUPER THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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LANCETS SUPER THIN 28G	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
LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEDICHOICE SAFETY LANCET NORM	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	MEDLANCE EXTRA 21G	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	MEDLANCE LITE 25G	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	MEDLANCE PLUS EXTRA 21G	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	MEDLANCE PLUS LANCETS	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	MEDLANCE PLUS LITE 25G	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	MEDLANCE PLUS SPECIAL 0.8MM	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	MEDLANCE PLUS SUPERLITE 30G	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	MEDLANCE PLUS UNIVERSAL 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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MEDLANCE UNIVERSAL 21G	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
MEIJER LANCETS	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
MEIJER LANCETS UNIVERSAL 21G	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
MEIJER LANCETS UNIVERSAL 30G	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
MEIJER LANCETS UNIVERSAL 33G	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
MICROLET LANCETS	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
MM TWIST LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	NOVA SAFETY LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MOBILE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	NOVA SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MONOLET LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	NOVA SUREFLEX LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MONOLET OPD LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA PLUS LANCET30G	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
ONETOUCH DELICA PLUS LANCET33G	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
ONETOUCH DELICA SAFETY LANCING	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
ONETOUCH ULTRASOFT 2 LANCETS	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
PC LANCETS SUPER THIN 30G	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
PERFECT LANCETS 28G	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
PERFECT LANCETS 30G	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
PERFECT POINT SAFETY LANCETS	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
PHARMACIST CHOICE LANCETS	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
PIP LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PSS SELECT SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PIP LANCETS 30G	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

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PX LANCETS MICROTHIN 33G	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
PX LANCETS ULTRA THIN	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
PX LANCETS ULTRA THIN 28G	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
QC LANCETS SUPER THIN 30G	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
QC LANCETS ULTRA THIN	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
QC UNILET LANCETS 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
QC UNILET LANCETS MICRO THIN	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
READYLANCE SAFETY 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
REALITY LANCETS	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
REALITY TRIGGER 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	SMARTEST LANCETS 28G	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	SOLUS V2 LANCETS 28G	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	SOLUS V2 TWIST LANCETS 30G	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	STERILANCE TL	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	SUPER THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SB LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SURE COMFORT LANCETS 18G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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SURE COMFORT LANCETS 21G	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
SURE COMFORT LANCETS 23G	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
SURE COMFORT LANCETS 28G	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
SURE COMFORT LANCETS 30G	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
SURELITE 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
TECHLITE AST 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
TECHLITE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TRUEPLUS LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TECHLITE LANCETS 26G	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
TECHLITE 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
THINLETS GP LANCETS	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

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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
TWIST TOP LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNILET EXCELITE	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ULTILET CLASSIC LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNILET EXCELITE II	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ULTILET LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNILET G.P. LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ULTILET SAFETY LANCETS	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
ULTILET SAFETY LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNILET GP 28 ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ULTRA THIN LANCETS 31G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNILET LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ULTRA-CARE LANCETS 30G	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
ULTRA-THIN II AUTO LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNILET SUPERLITE LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ULTRA-THIN II LANCETS	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

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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
UNISTIK 1	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 GENTLE	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 NEONATAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 COMFORT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 EXTRA	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK CZT COMFORT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 NEONATAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK CZT NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 SUPER	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
UNISTIK 3	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
UNISTIK 3 COMFORT	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

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UNISTIK TOUCH SAFETY LANC 21G	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
UNISTIK TOUCH SAFETY LANC 23G	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
UNISTIK TOUCH SAFETY LANC 28G	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
UNISTIK TOUCH SAFETY LANC 30G	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
VALUMARK LANCET SUPER THIN 30G	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
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	ZEV RX 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			DROPLET INSULIN SYRINGE	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	DROPSAFE SAFETY SYRINGE/NEEDLE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD AUTOSHIELD	2	QL(6.67 EA daily)	EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC
BD AUTOSHIELD DUO	2	QL(6.67 EA daily); RX/OTC	EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC
BD DISP NEEDLES	2	RX/OTC	EMBECTA INSULIN SYR ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD ECLIPSE LUER-LOK NEEDLE	2	RX/OTC	EMBECTA PEN NEEDLE NANO	2	QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	2	QL(6.67 EA daily)	EMBECTA PEN NEEDLE NANO 2 GEN	2	QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE MINI ULTRAFINE	2	QL(6.67 EA daily); RX/OTC	EMBECTA PEN NEEDLE ULTRAFINE	2	QL(6.67 EA daily)
BD PEN NEEDLE NANO 2ND GEN	2	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 NANO U/F	2	QL(6.67 EA daily); RX/OTC	POLY HUB NEEDLE	2	RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	2	QL(6.67 EA daily); RX/OTC	RELION INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	2	QL(6.67 EA daily)	TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE SHORT ULTRAFINE	2	QL(6.67 EA daily); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
BD SAFETYGLIDE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
BD VEO INSULIN SYR ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC			
CAREPOINT POLY HUB NEEDLE	2	RX/OTC			
COMFORT EZ INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC			

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AJOVY SOAJ	2	SP; PA	<i>rizatriptan benzoate TBDP</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)
AJOVY SOSY	2	SP; PA	<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 EA daily)
EMGALITY (300 MG DOSE) SOSY	2	SP; PA	<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 EA daily)
EMGALITY SOAJ	2	SP; PA	<i>sumatriptan succinate SOAJ</i>	1	PA
EMGALITY SOSY	2	SP; PA	<i>sumatriptan succinate SOCT</i>	1	PA
UBRELVY	3	QL(10 EA per 30 day(s) retail); ST	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	ST; Limit 2mls per month; QL(0.07 ML daily); PA
Migraine Combinations			<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 EA daily)
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1		<i>zolmitriptan SOLN</i>	1	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)
<i>ergotamine w/ caffeine TABS</i>	1		<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 EA daily)
Migraine Products			<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	2	PA	MINERALS & ELECTROLYTES		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	2	QL(0.27 ML daily); PA	Calcium		
ERGOMAR SUBL	4		CALCIFOL	3	
Serotonin Agonists			Fluoride		
(Zolmitriptan) ZOMIG TABS	1	Limit 6 per month; QL(0.2 EA daily)	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 EA daily)	FLORIVA	3	
<i>eletriptan hydrobromide</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)	<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	5	AL(Up to 6 yrs old); PV
<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 EA daily)	<i>sodium fluoride CHEW 1 MG, 2.2 MG</i>	1	AL(Up to 6 yrs old)
<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)			

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<i>sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML</i>	5	AL(Up to 6 yrs old); PV; RX/OTC	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ	1	
<i>sodium fluoride TABS 0.5 MG</i>	5	AL(Up to 6 yrs old); PV	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ	1	
<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old)	(Potassium Chloride) KLOR-CON PACK PO 20 MEQ	1	
SOLUVITA SOLN	5	AL(Up to 6 yrs old); PV; RX/OTC	EFFER-K	3	
Phosphate			<i>potassium chloride microencapsulated crystals er</i>	1	
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1		<i>potassium chloride CPCR</i>	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1		<i>potassium chloride PACK PO 20 MEQ</i>	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1		<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	
Potassium			POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (<i>potassium chloride</i>)	4	PA
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1		<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1		Zinc		
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1		GALZIN	3	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1		MISCELLANEOUS THERAPEUTIC CLASSES		
			Chelating Agents		
			CUPRIMINE CAPS (<i>penicillamine</i>)	4	PA
			DEPEN TITRATABS TABS (<i>penicillamine</i>)	4	
			<i>penicillamine CAPS</i>	4	PA
			<i>penicillamine TABS</i>	4	
			SYPRINE (<i>trientine hcl</i>)	4	SP; PA
			<i>trientine hcl 500 MG</i>	4	SP; PA
			<i>trientine hcl 250 MG</i>	4	SP; PA
			Immunomodulators		
			<i>lenalidomide 5 MG</i>	1	QL(1 EA daily); SP; AC; PA

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<i>lenalidomide</i>	4	QL(1 EA daily); SP; AC; PA	ZORTRESS (<i>everolimus</i> (<i>immunosuppressant</i>))	4	
THALOMID 50 MG, 100 MG	4	SP; AC; PA	Potassium Removing Agents		
Immunosuppressive Agents			(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1	
(Azathioprine) AZASAN TABS 75 MG, 100 MG	2		LOKELMA	3	QL(1 EA daily); PA
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1		<i>sodium polystyrene sulfonate POWD</i>	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1		Systemic Lupus Erythematosus Agents		
ASTAGRAF XL CP24	3	ST	BENLYSTA SOAJ	4	SP; PA
<i>azathioprine TABS 75 MG, 100 MG</i>	2		BENLYSTA SOSY	4	SP; PA
<i>azathioprine TABS 50 MG</i>	1		MOUTH/THROAT/DENTAL AGENTS		
<i>cyclosporine modified (for microemulsion) CAPS</i>	1		Anesthetics Topical Oral		
<i>cyclosporine modified (for microemulsion) SOLN</i>	1		<i>lidocaine hcl (mouth-throat)</i>	1	
<i>cyclosporine CAPS</i>	1		Anti-infectives - Throat		
<i>everolimus (immunosuppressant)</i>	4		<i>clotrimazole</i>	1	
<i>mycophenolate mofetil CAPS</i>	1		<i>nystatin (mouth-throat)</i>	1	
<i>mycophenolate mofetil SUSR</i>	2		ORAVIG	3	
<i>mycophenolate mofetil TABS</i>	1		Antiseptics - Mouth/Throat		
<i>mycophenolate sodium</i>	2		(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1	
PROGRAF PACK	4	PA	<i>chlorhexidine gluconate (mouth-throat)</i>	1	
SANDIMMUNE SOLN PO 100 MG/ML	3		Steroids - Mouth/Throat/Dental		
<i>sirolimus SOLN</i>	2		(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1	
<i>sirolimus TABS</i>	2		<i>triamcinolone acetonide (mouth)</i>	1	
<i>tacrolimus CAPS</i>	2		Throat Products - Misc.		
THYMOGLOBULIN	3	administered under the medical benefit; SP; PA	<i>cevimeline hcl</i>	1	QL(3 EA daily)
			MUCOTROL WAFR	3	

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<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)	(Pediatric Multivitamins W/FI)	1	AL(Up to 6 yrs old); RX/OTC
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 EA daily)	MULTIVITAMIN/FLUORIDE CHEW		
MULTIVITAMINS			(Pediatric Multivitamins W/FI)	1	AL(Up to 6 yrs old); RX/OTC
Ped Multi Vitamins w/FI & FE			MULTIVITAMIN/FLUORIDE SOLN		
(Ped Multivitamins W/FI & Iron) 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 MG/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC	(Pediatric Vitamins ACD W/ Fluoride)	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC	MULTIVITAMIN SELECT/FLUORIDE SOLN 0.25 MG/ML		
(Ped Multivitamins W/FI & Iron) MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC	(Pediatric Vitamins ACD W/ Fluoride) TRIVITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)	FLORAFOL PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON SUSP	3	RX/OTC	FLORAFOL PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			FLOTREX CHEW 0.25 MG, 0.5 MG	2	AL(Up to 6 yrs old); RX/OTC
			MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
			MULTIVITAMIN/FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
			MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
			MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	3	
			MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
			<i>pediatric multivitamins w/fi CHEW</i>	1	AL(Up to 6 yrs old); RX/OTC
			POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
			POLY-VI-FLOR SUSP	3	
			QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
			QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC

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SOLUVITA ACD WITH FLUORIDE SOLN	3	AL(Up to 6 yrs old); RX/OTC	CITRANATAL ASSURE	3	
SOLUVITA WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
TRI-VI-FLOR SUSP 0.25 MG/ML	3		CITRANATAL DHA	2	
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	3		CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
VITAMINS ACD-FLUORIDE SOLN 0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL MEDLEY	3	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	3	AL(Up to 6 yrs old); RX/OTC	C-NATE DHA CAPS	3	
Pediatric Multiple Vitamins & Minerals w/ Fluoride			COMPLETENATE CHEW	2	
FLORIVA	3		CONCEPT DHA	2	
Prenatal Vitamins			CONCEPT OB	2	
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1		FOLIVANE-OB	2	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1		M-NATAL PLUS TABS	2	RX/OTC
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1		NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3	
(Prenatal Vit W/ 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	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	
ATABEX EC TBEC	2		NEONATAL 19	3	
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2		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
			NEONATAL PLUS TABS	2	RX/OTC
			NESTABS	3	
			NESTABS DHA	2	
			NESTABS ONE	3	
			NIVA-PLUS TABS	2	RX/OTC
			OB COMPLETE ONE	3	
			OB COMPLETE PETITE	3	

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OB COMPLETE PREMIER	3		SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6	2	
OB COMPLETE/DHA	3		MG-400 UNIT-5 MCG-1.8		
ONE VITE WOMENS PLUS TABS	2	RX/OTC	MG-15 MG-1700 UNIT-25		
PNV 27-CA/FE/FA TABS	2		MG-15 MG-30 UNIT-29		
PNV-DHA+DOCUSATE	3		MG-0.6 MG		
PNV-OMEGA	3		SELECT-OB CHEW 60	3	
PRENA 1 TRUE	2		MG-2.5 MG-1 MG-400		
PRENA1	3		UNIT-5 MCG-1.8 MG-15		
PRENA1 PEARL	3		MG-1.6 MG-25 MG-15		
PRENAISSANCE	3		MG-30 UNIT-29 MG-1700		
PRENAISSANCE PLUS CAPS	3		UNIT		
PRENATAL 19 CHEW	2		SE-NATAL 19 CHEW	2	
PRENATAL 19 TABS	3	RX/OTC	SE-NATAL 19 TABS	3	RX/OTC
PRENATAL PLUS VITAMIN/MINERAL TABS	2	RX/OTC	THERANATAL CORE NUTRITION TABS	2	RX/OTC
PRENATAL PLUS TABS	2	RX/OTC	THRIVITE RX TABS	2	RX/OTC
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC	TRICARE TABS	2	RX/OTC
PRENATAL-U CAPS	2		TRINATAL RX 1 TABS	2	
PRENATE	2		TRISTART DHA	3	
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	3		VINATE DHA RF	3	
PRENATE ENHANCE	2		VINATE ONE TABS	2	
PRENATE PIXIE	3		VIRT-NATE DHA CAPS	3	
PRENATE RESTORE	3		VITAFOL GUMMIES	3	
PRENATRIX TABS	2	RX/OTC	VITAFOL-NANO	3	
PRENATRYL TABS	2	RX/OTC	VITAFOL-ONE CAPS	3	
RELNATE DHA CAPS	3		VITAMEDMD ONE RX/QUATREFOLIC	2	
SELECT-OB+DHA MISC	3		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 -					

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Drugs to Treat Spasms		
Central Muscle Relaxants		
(Carisoprodol) VANADOM TABS 350 MG	1	
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
<i>baclofen</i> TABS 10 MG	1	QL(6 EA daily)
<i>baclofen</i> TABS 15 MG	1	QL(3 EA daily); PA
<i>baclofen</i> TABS 5 MG	1	
<i>baclofen</i> TABS 20 MG	1	QL(4 EA daily)
<i>carisoprodol</i> TABS	1	
<i>chlorzoxazone</i> TABS 375 MG, 500 MG, 750 MG	1	
<i>chlorzoxazone</i> TABS 250 MG	1	QL(4 EA daily)
<i>cyclobenzaprine hcl</i> TABS 5 MG, 10 MG	1	
<i>metaxalone</i> 400 MG	1	
<i>metaxalone</i> 800 MG	1	QL(4 EA daily)
<i>methocarbamol</i> TABS 500 MG, 750 MG	1	
<i>orphenadrine citrate</i> TB12	1	
<i>tizanidine hcl</i> CAPS	1	
<i>tizanidine hcl</i> TABS 4 MG	1	QL(9 EA daily)
<i>tizanidine hcl</i> TABS 2 MG	1	
Direct Muscle Relaxants		
<i>dantrolene sodium</i> CAPS	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL -		
Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate</i> SUSP	1	QL(0.77 GM daily)
Nasal Antiallergy		

Drug Name	Drug Tier	Requirements/Limits
(Azelastine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ML daily); RX/OTC
<i>azelastine hcl</i> 0.15 %, 205.5 MCG/SPRAY	1	QL(1 ML daily); RX/OTC
<i>azelastine hcl</i> 0.1 %, 137 MCG/SPRAY	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		
(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
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC

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(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)	(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	2	
<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.2 GM daily); RX/OTC	<i>betaxolol hcl (ophth) SOLN</i>	1	
<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 GM daily); RX/OTC	BETIMOL 0.25 %	2	
<i>triamcinolone acetonide (nasal) AERO</i>	1	QL(1.2 ML daily)	BETOPTIC-S SUSP	2	
XHANCE EXHU	3	QL(1.07 ML daily); ST	<i>brimonidine tartrate-timolol maleate</i>	1	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			<i>carteolol hcl (ophth)</i>	1	
ALS Agents			DORZOLAMIDE HCL-TIMOLOL MAL	2	
RADICAVA ORS STARTER KIT SUSP	4	SP; PA	<i>dorzolamide hcl-timolol maleate</i>	1	
RADICAVA ORS SUSP	4	SP; PA	<i>levobunolol hcl 0.5 %</i>	1	
RELYVRIO	4	SP; PA	<i>timolol</i>	1	
<i>riluzole TABS</i>	1		<i>timolol maleate (ophth) SOLG</i>	1	
Spinal Muscular Atrophy Agents (SMA)			<i>timolol maleate (ophth) SOLN</i>	2	
EVRYSDI	4	SP; PA	<i>timolol maleate (ophth) SOLN</i>	1	
NUTRIENTS			Cycloplegic Mydriatics		
Lipids			(Homatropine Hbr) HOMATROPAIRE	1	
DOJOLVI	4	SP; PA	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1	
OPHTHALMIC AGENTS - Drugs to Treat the Eye			<i>atropine sulfate (ophthalmic) OINT</i>	1	
Beta-blockers - Ophthalmic			<i>atropine sulfate (ophthalmic) SOLN</i>	1	
			ATROPINE SULFATE SOLN 1 %	2	
			CYCLOGYL	2	
			CYCLOMYDRIL	3	
			<i>cyclopentolate hcl 1 %</i>	1	
			ISOPTO ATROPINE SOLN	2	
			<i>phenylephrine hcl (mydriatic) SOLN</i>	1	

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<i>tropicamide SOLN</i>	1	
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ML daily)
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl</i>	2	
<i>brimonidine tartrate</i>	1	
IOPIDINE	3	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) POLYCIN	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OINT	2	
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
ERYTHROMYCIN	2	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth) SOLN</i>	1	
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
<i>levofloxacin (ophth) 1.5 %</i>	2	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	
NATACYN	2	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail; 5 per fill mail)
<i>polymyxin b-trimethoprim</i>	1	
POVIDONE-IODINE	3	
<i>sulfacetamide sodium (ophth) OINT</i>	1	
<i>sulfacetamide sodium (ophth) SOLN</i>	1	
<i>tobramycin (ophth) SOLN</i>	1	
TOBREX OINT	2	
<i>trifluridine</i>	1	
ZIRGAN GEL	3	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 EA daily)
Ophthalmic Local Anesthetics		
(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	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluorometholone (ophth) SUSP</i>	1		(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, RETAIN ALLERGY, SM OLOPATADINE HCL 0.2 %	1	QL(0.09 ML daily); RX/OTC
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		(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
<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				
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)	ACUVAIL	3	
ZYLET	3	QL(5 ML per fill retail)	ALOCRI	3	
Ophthalmic Surgical Aids			ALOMIDE	2	
GELFILM	3		<i>azelastine hcl (ophth)</i>	1	
Ophthalmics - Misc.			<i>bepotastine besilate</i>	1	QL(0.34 ML daily); ST
			<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ML daily)
			<i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>	2	
			<i>bromfenac sodium (ophth) 0.09 %</i>	1	
			<i>cromolyn sodium (ophth)</i>	1	
			CYSTARAN	4	SP
			<i>diclofenac sodium (ophth)</i>	1	
			<i>dorzolamide hcl</i>	1	Limit 10mls per month; QL(0.34 ML daily)
			DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ML daily)
			<i>epinastine hcl (ophth)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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)
<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-Chloroxylonol) CORTIC-ND	1	
CIPRO HC	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
PRAMOTIC	3	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	2	QL(10 ML per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS</i>	1	
<i>ampicillin sodium IJ 1 GM, 125 MG</i>	4	PA
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		

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Drug Name	Drug Tier	Requirements/Limits
(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	
<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>nafcillin sodium IV 10 GM</i>	4	PA
<i>oxacillin sodium IV 10 GM</i>	4	PA
PROGESTINS - Hormone Replacement/Modifying		

Drug Name	Drug Tier	Requirements/Limits
Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 EA daily)
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>megestrol acetate (appetite)</i>	2	AC
<i>norethindrone acetate TABS</i>	1	
<i>progesterone CAPS</i>	1	QL(1 EA daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
<i>lofexidine hcl</i>	2	QL(224 EA per 14 day(s) retail); PA
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	4	ST; SP; PA
XYREM SOLN	4	ST; SP; 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

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<i>memantine hcl-donepezil hcl CP24</i>	1	PA	AUSTEDO TABS 6 MG	4	ST; QL(2 EA daily); SP; PA
<i>memantine hcl SOLN</i>	1		AUSTEDO TABS 12 MG	4	QL(4 EA daily); SP; PA
<i>memantine hcl TABS 5 MG</i>	1	QL(4 EA daily)	INGREZZA CAPS 60 MG	4	QL(1 EA daily); SP; PA
<i>memantine hcl TABS 10 MG</i>	1	QL(2 EA daily)	INGREZZA CAPS 40 MG, 80 MG	4	QL(1 EA daily); SP; PA
<i>memantine hcl TABS</i>	1		INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
NAMZARIC C4PK	3	PA	INGREZZA CPSP	4	QL(1 EA daily); SP; PA
<i>rivastigmine</i>	1		<i>tetrabenazine</i>	2	SP; PA
<i>rivastigmine tartrate CAPS</i>	1		Multiple Sclerosis Agents		
Combination Psychotherapeutics			(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	2	QL(12 ML per 28 day(s) retail); SP
<i>chlordiazepoxide-amitriptyline</i>	1		(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	2	QL(1 ML daily); SP
<i>olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-3 MG, 50 MG-12 MG, 50 MG-6 MG</i>	2		AVONEX PEN AJKT	4	SP; PA
<i>olanzapine-fluoxetine hcl 25 MG-6 MG</i>	4		AVONEX PREFILLED PSKT	4	SP; PA
<i>perphenazine-amitriptyline</i>	1		BETASERON KIT	4	SP; PA
SYMBYAX 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	4		<i>dalfampridine</i>	2	SP; PA
Fibromyalgia Agents			<i>dimethyl fumarate CDPK</i>	2	QL(60 EA per 365 day(s) retail); SP
SAVELLA TITRATION PACK MISC	4	QL(2 EA daily); PA	<i>dimethyl fumarate CPDR</i>	2	QL(2 EA daily); SP
SAVELLA TABS	4	QL(2 EA daily); PA	<i> fingolimod hcl</i>	2	QL(1 EA daily); SP
Movement Disorder Drug Therapy			<i>glatiramer acetate SOSY 40 MG/ML</i>	2	QL(12 ML per 28 day(s) retail); SP
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	<i>glatiramer acetate SOSY 20 MG/ML</i>	2	QL(1 ML daily); SP
AUSTEDO XR TB24	4	QL(1 EA daily); SP; PA	MAYZENT STARTER PACK TBPK 0.25 MG	4	QL(12 EA per 5 day(s) retail); SP; PA
AUSTEDO TABS 9 MG	4	QL(2 EA daily); SP; PA			

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MAYZENT STARTER PACK TBPK 0.25 MG	4	SP; PA	(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
MAYZENT TABS 1 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			
PLEGRIDY STARTER PACK SOAJ	4	SP; PA			
PLEGRIDY STARTER PACK SOSY SC	4	SP; PA			
PLEGRIDY SOAJ	4	SP; PA			
PLEGRIDY SOSY IM	4	SP; PA			
PLEGRIDY SOSY SC	4	SP; PA			
REBIF REBIDOSE TITRATION PACK SOAJ	4	SP; PA			
REBIF REBIDOSE SOAJ	4	SP; PA			
REBIF TITRATION PACK SOSY	4	SP; PA			
REBIF SOSY	4	SP; PA			
<i>teriflunomide</i>	2	QL(1 EA daily); SP			
Premenstrual Dysphoric Disorder (PMDD) Agents			(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
<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					

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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 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	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	(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
(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) 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

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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 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, 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	APO-VARENICLINE TABS 1 MG	5	QL(2 EA daily); PV
			APO-VARENICLINE TABS 0.5 MG	5	QL(1 EA daily); PV
			<i>bupropion hcl (smoking deterrent)</i>	5	PV
			NICODERM CQ PT24 TD (<i>nicotine</i>)	5	PV
(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	NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	5	PV
			NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	5	PV
			NICORETTE GUM (<i>nicotine polacrilex</i>)	5	PV
			NICORETTE LOZG (<i>nicotine polacrilex</i>)	5	PV
			<i>nicotine polacrilex GUM</i>	5	PV
			<i>nicotine polacrilex LOZG</i>	5	PV
			NICOTINE KIT	5	PV
			<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	PV
			NICOTROL NS SOLN	5	PV
			NICOTROL INHA	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	<i>varenicline tartrate TABS 0.5 MG</i>	5	QL(1 EA daily); PV
			<i>varenicline tartrate TABS 1 MG</i>	5	QL(2 EA daily); PV
			Transthyretin Amyloidosis Agents		

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Drug Name	Drug Tier	Requirements/Limits
TEGSEDI	4	SP; PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	4	SP; PA
KALYDECO TABS	4	SP; PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	4	SP; PA
ORKAMBI PACK 94 MG-75 MG	4	SP; PA
ORKAMBI TABS	4	SP; PA
PULMOZYME	2	QL(5 ML daily); SP; PA
SYMDEKO	4	SP; PA
TRIKAFTA TBPk	4	QL(3 EA daily); SP; PA
TRIKAFTA THPK	4	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 EA daily); SP; PA
<i>pirfenidone CAPS</i>	2	QL(3 EA daily); SP; PA
<i>pirfenidone TABS</i>	2	QL(3 EA daily); SP; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>demeclocycline hcl TABS</i>	1	
<i>doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG</i>	2	
<i>doxycycline (monohydrate) CAPS 150 MG</i>	2	ST
<i>doxycycline (monohydrate) SUSR</i>	1	
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG, 150 MG</i>	1	
<i>doxycycline (monohydrate) TABS 75 MG</i>	1	ST
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate TABS 20 MG, 75 MG, 100 MG, 150 MG</i>	1	
<i>minocycline hcl CAPS</i>	1	
<i>minocycline hcl TABS 75 MG</i>	1	PA
<i>minocycline hcl TABS 50 MG, 100 MG</i>	1	
<i>tetracycline hcl CAPS</i>	1	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1	
<i>propylthiouracil</i>	1	QL(3 EA daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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, 300 MCG	1		SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG <i>(levothyroxine sodium)</i>	2	
ADTHYZA TABS 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG, 120 MG	2		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
ADTHYZA TABS 130 MG	3		TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	3	
ARMOUR THYROID TABS	2		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
CYTOMEL TABS 5 MCG <i>(liothyronine sodium)</i>	2		Antispasmodics		
CYTOMEL TABS 25 MCG, 50 MCG <i>(liothyronine sodium)</i>	2	QL(2 EA daily)	(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG	1	
<i>levothyroxine sodium CAPS</i>	2		(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	
<i>levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG</i>	1		(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
<i>levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>	1	QL(1 EA daily)	BELLADONNA ALKALOIDS-OPIUM	3	
<i>liothyronine sodium TABS 5 MCG</i>	1		<i>chlordiazepoxide hcl-clidinium bromide</i>	1	
<i>liothyronine sodium TABS 25 MCG, 50 MCG</i>	1	QL(2 EA daily)	<i>dicyclomine hcl CAPS</i>	1	
NIVA THYROID TABS	2		<i>dicyclomine hcl SOLN PO</i>	1	
NP THYROID TABS	2		<i>dicyclomine hcl TABS</i>	1	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2		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	

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Drug Name	Drug Tier	Requirements/Limits
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1	
<i>methscopolamine bromide</i>	1	
H-2 Antagonists		
(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
<i>cimetidine TABS 300 MG, 800 MG</i>	1	
<i>cimetidine TABS 400 MG</i>	1	QL(4 EA daily)
<i>famotidine SUSR</i>	1	
<i>famotidine TABS 20 MG</i>	1	RX/OTC
<i>famotidine TABS 40 MG</i>	1	QL(2 EA daily)
<i>nizatidine CAPS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	1	
<i>sucralfate TABS</i>	1	QL(4 EA daily)
Proton Pump Inhibitors		
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	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
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	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)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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>darifenacin hydrobromide</i>	2	
<i>lansoprazole CPDR</i>	1	QL(1 EA daily); RX/OTC	<i>fesoterodine fumarate</i>	1	QL(1 EA daily)
<i>lansoprazole TBDD 30 MG</i>	2	QL(1 EA daily); AL(Up to 12 yrs old)	<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 EA daily)
<i>lansoprazole TBDD 15 MG</i>	2	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC	<i>oxybutynin chloride TB24</i>	1	
<i>omeprazole magnesium CPDR</i>	1	QL(1 EA daily)	<i>solifenacin succinate TABS 5 MG</i>	1	
<i>omeprazole CPDR 10 MG</i>	1		<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 EA daily)
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 EA daily)	<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)
<i>pantoprazole sodium PACK</i>	2	QL(1 EA daily)	<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)
<i>pantoprazole sodium TBEC</i>	1	QL(1 EA daily)	<i>trosipium chloride CP24</i>	1	
PRILOSEC PACK	3	PA	<i>trosipium chloride TABS</i>	1	QL(2 EA daily)
RABEPRAZOLE SODIUM CPSP	3	PA	Urinary Antispasmodics - Cholinergic Agonists		
<i>rabeprazole sodium TBEC</i>	1	QL(1 EA daily); PA	<i>bethanechol chloride</i>	1	
Ulcer Drugs - Prostaglandins			Urinary Antispasmodics - Direct Muscle Relaxants		
<i>misoprostol</i>	1		<i>flavoxate hcl</i>	1	
Ulcer Therapy Combinations			VACCINES		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail	Viral Vaccines		
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			ABRYSVO	5	PV
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			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

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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	
VANAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	PV

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 7.5 MCG/24HR	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	PA
FIRST-PROGESTERONE VGS SUPP	3	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	SP; PA
NORTHERA (<i>droxidopa</i>)	4	SP; 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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(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC ...	44	(Diazepam) DIAZEPAM INTENSOL CONC	10	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	38
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(Clobetasol Propionate Emulsion) TOVET	48	(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	46	(Ergotamine W/ Caffeine) MIGERGOT SUPP	82
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(Estradiol Vaginal) YUVAFEM TABS . 102	(Fluocinolone Acetonide (Otic)) FLAC 92	FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG 59
(Estradiol) DOTTI, LYLLANA PTTW . 55	(Flurbiprofen) LURBIPR TABS 100 MG 4	(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG 59
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) ... 38	(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL	(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML 94
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG 38	FLUTICASONE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY	(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML 94
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG 38	NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP 88	(Glipizide) GLIPIZIDE XL TB24 ... 20
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE 42	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT 11	(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML 43
(Everolimus) TORPENZ TABS 28	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP	(Guaifenesin-Codeine) GUAIFENESIN AC SYRP 43
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAX ST, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAX ST, EQ FAMOTIDINE MAX ST, EQL	FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM	(Homatropine Hbr) HOMATROPAIRE 89
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-	FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG 59	(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN . 43
	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP	(Hydrocortisone (Rectal)) PROCTO- MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 % 9
	FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM	(Hydrocortisone (Topical)) ALA SCALP LOTN 2 % 48
	FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG 59	(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 % 48
	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP	(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG 99
	FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM	(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG 99
		(Hyoscyamine Sulfate) OSCIMIN

TABS 0.125 MG .....99	500 MG .....14	Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSSE 0.03 MG-0.15 MG .....39
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG .....4	(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 .....39	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE .....39
(Icatibant Acetate) SAJAZIR SOSY 58	(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 38	(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA 39
(Indomethacin) INDOCIN SUPP ....4	(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 112 MCG, 125 MCG, 175 MCG, 200 MCG .....99	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG .....99
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC .....46	(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 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG .....99	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG .....98
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN 51	(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 ...42	(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %50
(Ketoconazole (Topical)) KETODAN FOAM .....46	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28) 39	(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI-DIARRHEAL CAPS .....20
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC 56	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSSE .....39	(Lorazepam) LORAZEPAM INTENSOL CONC 10
(Lactulose) CONSTULOSE SOLN 10 GM/15ML .....61	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSSE .....39	(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, GNP MOTION SICKNESS RELIEF, MOTION SICKNESS RELIEF,
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG 14	(Levetiracetam) ROWEEPRA TABS	

MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW .....21	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 95	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 96
(Methadone Hcl) METHADONE HCL INTENSOL CONC .....6		
(Methadone Hcl) METHADOSE TBSO .....6		
(Methylergonovine Maleate) METHERGINE TABS .....92		
(Methyltestosterone) METHITEST TABS .....9		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG . 102		
(Miglustat) YARGESA .....59		
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP .88		
(Naloxone Hcl) FT NALOXONE HCL, GNP NALOXONE HCL LIQD .....20		
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYICIN .....90		
(Niacin (Antihyperlipidemic)) NIACOR TABS .....23		
(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 .. 95		(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 96
	(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 96	(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 97
		(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 .....97
		(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE,
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ		

NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 21 MG/24HR	97	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	39	GEMMILY, MERZEE, TAYSOFY CAPS	40
(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	97	(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	40	(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	40
(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	96	(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	40	(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	40
(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	97	(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 ...	39	(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	40
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	42	(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 ...	39	(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE	40
(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,		(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	40	(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG	40
		(Norethin Acet & Estrad-Fe)		(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG	40
		(Norethin Acet & Estrad-Fe)		(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH,	

ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, SHAROBEL 43	SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO . 41	KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 100
(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 41	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA 41	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 101
(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 41	(Norgestrel & Ethinyl Estradiol) CRYSSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG 41	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG 7
(Norethindrone Acetate) GALLIFREY TABS 93	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 46	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG . 8
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 55	(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 % 91	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ... 8
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG 55	(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 % . 91	(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 85
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE 41	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG 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-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML 85
(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 41	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 100	(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE CHEW 85
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI- LINYAH, TRI-LO-ESTARYLLA, TRI- LO-MARZIA, TRI-LO-MILI, TRI-LO-	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE,	(Pediatric Multivitamins W/Fl)

MULTIVITAMIN/FLUORIDE SOLN 85 (Pediatric Vitamins ACD W/ Fluoride)	PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL .....83	Folic Acid) PRENATAL 19 CHEW .86 (Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT .....86
MULTIVITAMIN SELECT/FLUORIDE SOLN 0.25 MG/ML .....85 (Pediatric Vitamins ACD W/ Fluoride)	(Potassium Bicarbonate) EFFER-K, K-PRIME, Klor-CON/EF TBEF ..83	(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 86
TRI-VITE/FLUORIDE SOLN .....85 (PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT.....60	(Potassium Chloride Microencapsulated Crystals ER) Klor-CON M10, Klor-CON M15, Klor-CON M20 10 MEQ .....83	(Prochlorperazine) COMPRO .....32 (Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG .....22
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM .....60	(Potassium Chloride Microencapsulated Crystals ER) Klor-CON M10, Klor-CON M15, Klor-CON M20 15 MEQ .....83	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG .....22
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK 60	(Potassium Chloride Microencapsulated Crystals ER) Klor-CON M10, Klor-CON M15, Klor-CON M20 20 MEQ .....83	(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML- 30 MG/5ML-2 MG/5ML .....44
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT ...93	(Potassium Chloride) Klor-CON PACK PO 20 MEQ .....83	(Salicylic Acid) KERALYT SHAM 6 %50
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN .....89	(Potassium Chloride) Klor-CON, Klor-CON 10 TBCR 10 MEQ ....83	(Sapropterin Dihydrochloride) JAVYGTOR PACK .....53
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG .....16	(Potassium Chloride) Klor-CON, Klor-CON 10 TBCR 8 MEQ .....83	(Sapropterin Dihydrochloride) JAVYGTOR TABS .....53
(Phenytoin) PHENYTOIN INFATABS CHEW .....16	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK .....57	(Silver Sulfadiazine) SSD .....48
(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 .....61	(Potassium Citrate-Citric Acid) CYTRA-K SOLN .....57	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 44
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic)	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS .....83	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 44
	(Pramoxine-HC-Chloroxylenol) CORTIC-ND .....92	(Sodium Citrate & Citric Acid) CYTRA-2 .....57
	(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F .90	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG .....82
	(Prednisolone) MILLIPRED TABS .43	(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM
	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABs .....86	
	(Prenatal Vit W/ Ferrous Fumarate-	

POLYSTYRENE SULF) SUSP CO 15 GM/60ML	84	(Urea) CEROVEL LOTN 40 %	50	acitretin 10 MG	47
(Sotalol Hcl) SORINE TABS	35	(Vigabatrin) VIGADRONE TABS ..	16	acitretin 17.5 MG	47
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	44	(Vigabatrin) VIGADRONE, VIGPODER PACK	15	acitretin 25 MG	47
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	44	(Warfarin Sodium) JANTOVEN TABS	12	ACTIDOM DMX LIQD	44
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	44	(Zolmitriptan) ZOMIG TABS	82	ACTI-LANCE 28G	65
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ..	25	1ST TIER UNILET COMFORTOUCH	64	ACTI-LANCE LITE LANCETS 28G 65	
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	37	abacavir sulfat SOLN	32	ACTI-LANCE SPECIAL LANCETS 17G	65
(Testosterone Cypionate) DEPO- TESTOSTERONE SOLN IM	9	abacavir sulfat TABS	32	ACTI-LANCE UNIVERSAL 23G ..	65
(Tetracaine Hcl (Ophth)) ALTACAINE	90	abacavir sulfat-lamivudine	32	ACTIMMUNE 100 MCG/0.5ML	30
(Theophylline) ELIXOPHYLLIN ELIX . 12		abiraterone acetate	27	ACUVAIL	91
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 % 89		ABRYSVO	101	acyclovir CAPS	34
(Tiopronin) VENXXIVA TBEC	57	acamprosate calcium	93	acyclovir SUSP	34
(Tretinoin) AVITA CREA 0.025 % .	45	acarbose	18	acyclovir TABS PO 400 MG	34
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	84	ACCU-CHEK FASTCLIX LANCETS . 64		acyclovir TABS PO 800 MG	34
(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	89	ACCU-CHEK SAFE-T PRO LANCETS	64	acyclovir topical CREA	48
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	48	ACCU-CHEK SOFTCLIX LANCETS 64		acyclovir topical OINT	48
		acebutolol hcl CAPS	35	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	3
		acetaminophen w/ codeine SOLN ..	8	ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	3
		acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG	8	ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	3
		acetaminophen w/ codeine TABS 60 MG-300 MG	8	ADALIMUMAB-ADAZ SOSY	3
		acetazolamide CP12	52	adapalene CREA	45
		acetazolamide TABS 125 MG	52	adapalene GEL 0.1 %	45
		acetazolamide TABS 250 MG	52	adapalene GEL 0.3 %	45
		acetic acid (otic)	92	adapalene-benzoyl peroxide GEL .	45
		acetylcysteine SOLN	44	adefovir dipivoxil	34

ADIPEX-P TABS (phentermine hcl) .1	AJOVY SOAJ 82	ALPHANATE SOLR 58
ADTHYZA TABS 130 MG .....99	AJOVY SOSY 82	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT 58
ADTHYZA TABS 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG, 120 MG .....99	AKTEN .....90	ALPRAZOLAM INTENSOL CONC 10
ADVANCED MOBILE LANCET ...65	AKYNZEO .....21	alprazolam TABS 10
ADVATE .....58	albendazole .....9	alprazolam TB24 .....10
ADVOCATE LANCETS 65	albuterol sulfate AERS .....11	alprazolam TBDP 10
ADVOCATE LANCETS 30G .....65	albuterol sulfate NEBU .....11	ALPROLIX .....58
ADVOCATE SAFETY LANCETS .65	ALBUTEROL SULFATE NEBU ....12	ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT 58
ADVOCATE SAFETY LANCETS 21G .....65	albuterol sulfate SYRP .....12	ALUNBRIG TABS .....28
ADVOCATE SAFETY LANCETS 23G .....65	albuterol sulfate TABS 12	ALUNBRIG TBPK .....28
ADVOCATE SAFETY LANCETS 26G .....65	alclometasone dipropionate CREA 48	alvimopan 56
ADVOCATE SAFETY LANCETS 28G .....65	alclometasone dipropionate OINT .48	amantadine hcl CAPS 30
ADYNOVATE .....58	ALECENSA .....28	amantadine hcl TABS .....30
AFINITOR DISPERZ TBSO (everolimus) .....28	alendronate sodium SOLN 53	ambrisentan .....36
AFINITOR TABS (everolimus) ....28	alendronate sodium TABS 35 MG .53	amcinonide LOTN 48
AFLURIA QUADRIVALENT SUSY 0.5 ML .....101	alendronate sodium TABS 5 MG, 10 MG 53	amiloride & hydrochlorothiazide ...52
AFREZZA POWD .....19	alendronate sodium TABS 70 MG .53	amiloride hcl TABS 52
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT .....58	ALFERON N .....30	aminocaproic acid SOLN PO 0.25 GM/ML 60
AGAMATRIX ULTRA-THIN LANCETS 65	alfuzosin hcl 57	aminocaproic acid TABS .....60
AGAMREE 43	ALINIA SUSR .....25	amiodarone hcl TABS .....10
AIMSCO LUBRICATED MISC ....62	aliskiren fumarate 25	amitriptyline hcl TABS 17
AIMSCO TWIST LANCETS 32G .65	allopurinol 100 MG .....57	amlodipine besylate TABS 2.5 MG 35
AIMSCO TWIST LANCETS 33G .65	allopurinol 300 MG .....57	amlodipine besylate TABS 5 MG, 10 MG 35
	almotriptan malate .....82	amlodipine besylate-atorvastatin calcium 36
	ALOCRIIL 91	amlodipine besylate-benazepril hcl 10 MG-2.5 MG 24
	alogliptin benzoate 18	
	ALOMIDE .....91	
	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ... 55	
	alosetron hcl .....56	

amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG- 5 MG, 40 MG-10 MG, 40 MG-5 MG 24	amlodipine besylate-valsartan 10 MG-160 MG24	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG- 320 MG24	amlodipine-valsartan- hydrochlorothiazide24	amoxapine17	amoxicillin & pot clavulanate CHEW . 93	amoxicillin & pot clavulanate SUSR 93	amoxicillin & pot clavulanate TABS 93	amoxicillin & pot clavulanate TB12 93	amoxicillin CAPS92	amoxicillin CHEW 125 MG, 250 MG . 92	amoxicillin SUSR92	amoxicillin TABS92	amoxicillin-clarithromycin w/ lansoprazole THPK101	amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG1	amphetamine-dextroamphetamine TABS 5 MG, 10 MG, 12.5 MG, 20 MG, 30 MG1	amphetamine-dextroamphetamine TABS 7.5 MG, 15 MG1	ampicillin & sulbactam sodium IJ 2 GM-1 GM93	ampicillin CAPS 500 MG92	ampicillin sodium IJ 1 GM, 125 MG 92	anagrelide hcl58	ANALPRAM-HC LOTN EX9	anastrozole27	ANCOBON (flucytosine)21	ANDEXXA 200 MG20	ANGELIQ55	ANNOVERA42	ANZEMET TABS 50 MG20	APEXICON E CREA48	APO-VARENICLINE TABS 0.5 MG 97	APO-VARENICLINE TABS 1 MG .97	apraclonidine hcl90	aprepitant CAPS 40 MG21	aprepitant CAPS 80 MG, 125 MG .21	aprepitant CAPS21	aprepitant MISC21	APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)32	APTIVUS CAPS32	AQUALANCE LANCETS 30G65	ARCALYST4	AREXVY101	ARIKAYCE2	ARIMIDEX (anastrozole)27	aripiprazole SOLN PO32	aripiprazole TABS 15 MG32	aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG32	aripiprazole TABS 20 MG32	aripiprazole TBDP32	ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium)12	ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium)12	armodafinil 150 MG, 200 MG, 250 MG2	armodafinil 50 MG2	ARMOUR THYROID TABS99	ARNUIITY ELLIPTA11	AROMASIN (exemestane)27	asenapine maleate32	aspirin CHEW6	aspirin TBEC 81 MG6	aspirin-dipyridamole58	ASSURE COMFORT LANCETS 28G65	ASSURE HAEMOLANCE PLUS HIGH65	ASSURE HAEMOLANCE PLUS LOW65	ASSURE HAEMOLANCE PLUS MICRO65	ASSURE HAEMOLANCE PLUS NORMAL66	ASSURE HAEMOLANCE PLUS PED66	ASSURE ID INSULIN SAFETY SYR 81	ASSURE LANCE LANCETS66	ASSURE LANCE LANCETS 21G .66
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ASSURE LANCE PLUS SAFETY 25G	66	TEPK	94	balsalazide disodium CAPS	56
ASSURE LANCE PLUS SAFETY 30G	66	AUSTEDO XR TB24	94	BALVERSA	28
ASSURE LANCE SAFETY LANCET 28G	66	AVONEX PEN AJKT	94	BD AUTOSHIELD	81
ASTAGRAF XL CP24	84	AVONEX PREFILLED PSKT	94	BD AUTOSHIELD DUO	81
ATABEX EC TBEC	86	AYVAKIT	28	BD DISP NEEDLES	81
atazanavir sulfate CAPS	32	AZASITE	90	BD ECLIPSE LUER-LOK NEEDLE 81	
atenolol & chlorthalidone	24	azathioprine TABS 50 MG	84	BD LANCET ULTRAFINE 30G ...	66
atenolol TABS	35	azathioprine TABS 75 MG, 100 MG 84		BD LANCET ULTRAFINE 33G ...	66
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	2	azelaic acid GEL	51	BD MICROTAINER LANCETS ...	66
atomoxetine hcl 60 MG, 80 MG, 100 MG	2	azelastine hcl (ophth)	91	BD PEN NEEDLE MICRO ULTRAFINE	81
atorvastatin calcium TABS	23	azelastine hcl 0.1 %, 137 MCG/SPRAY	88	BD PEN NEEDLE MINI ULTRAFINE	81
atovaquone	25	azelastine hcl 0.15 %, 205.5 MCG/SPRAY	88	BD PEN NEEDLE NANO 2ND GEN . 81	
atovaquone-proguanil hcl	26	azelastine hcl-fluticasone propionate SUSP	88	BD PEN NEEDLE NANO U/F	81
atropine sulfate (ophthalmic) OINT 89		azithromycin PACK	62	BD PEN NEEDLE NANO ULTRAFINE	81
atropine sulfate (ophthalmic) SOLN 89		azithromycin SUSR	62	BD PEN NEEDLE ORIG ULTRAFINE	81
ATROPINE SULFATE SOLN 1 % .	89	azithromycin TABS 250 MG	62	BD PEN NEEDLE SHORT ULTRAFINE	81
ATROVENT HFA	11	azithromycin TABS 500 MG	62	BD SAFETYGLIDE INSULIN SYRINGE	81
AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	93	azithromycin TABS 600 MG	62	BD VEO INSULIN SYR ULTRAFINE	81
AURANOFIN 3 MG	4	bacitracin (ophthalmic)	90	BELLADONNA ALKALOIDS-OPIUM	99
AURORA LANCET SUPER THIN 30G	66	bacitracin-polymyxin b (ophth)	90	BELSOMRA	60
AURORA LANCET THIN 23G	66	bacitracin-poly-neomycin-hc	90	benazepril & hydrochlorothiazide .	24
AUSTEDO TABS 12 MG	94	baclofen TABS 10 MG	88	benazepril hcl	23
AUSTEDO TABS 6 MG	94	baclofen TABS 15 MG	88	BENEFIX KIT	58
AUSTEDO TABS 9 MG	94	baclofen TABS 20 MG	88		
AUSTEDO XR PATIENT TITRATION		baclofen TABS 5 MG	88		
		BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	41		
		BALFAXAR	58		

BENLYSTA SOAJ	84	BETASERON KIT	94	brimonidine tartrate-timolol maleate .	89
BENLYSTA SOSY	84	betaxolol hcl (ophth) SOLN	89	brinzolamide	91
BENSAL HP OINT	50	betaxolol hcl	35	BRIVIACT SOLN PO 10 MG/ML ...	14
BENZNIDAZOLE	9	bethanechol chloride	101	BRIVIACT TABS 10 MG	14
benzonatate	43	BETHKIS NEBU (tobramycin)	2	BRIVIACT TABS 100 MG	14
benzoyl peroxide-erythromycin GEL .	45	BETIMOL 0.25 %	89	BRIVIACT TABS 25 MG, 50 MG, 75	MG
benzphetamine hcl 50 MG	1	BETOPTIC-S SUSP	89	MG	14
benztropine mesylate SOLN	30	bexarotene (topical)	46	bromfenac sodium (ophth) 0.07 %,	0.075 %
benztropine mesylate TABS	30	bexarotene	30	bromfenac sodium (ophth) 0.09 %	.91
bepotastine besilate	91	BEYAZ (drospirenone-ethinyl		bromocriptine mesylate CAPS	30
BESIVANCE	90	estradiol-levomefolate calcium) ...	41	bromocriptine mesylate TABS 2.5	MG
BESREMI	30	bicalutamide	27	MG	30
BETADINE OPHTHALMIC PREP .	90	BICILLIN C-R	93	BRUKINSA	28
betaine	53	BICILLIN C-R 900/300	93	budesonide (inhalation) SUSP 0.25	MG/2ML
betamethasone dipropionate (topical)		BICILLIN L-A SUSY	93	MG/2ML	11
CREA	48	BIKTARVY	32	budesonide (inhalation) SUSP 0.5	MG/2ML
betamethasone dipropionate (topical)		bimatoprost SOLN	92	MG/2ML	11
LOTN	48	bisacodyl SUPP	62	budesonide (inhalation) SUSP 1	MG/2ML
betamethasone dipropionate (topical)		bisacodyl TBEC	62	MG/2ML	11
OINT	48	bisoprolol & hydrochlorothiazide .	24	budesonide (intrarectal)	9
betamethasone dipropionate		bisoprolol fumarate	35	budesonide TB24	43
augmented CREA	48	BORTEZOMIB SOLR IJ 1 MG, 2.5		budesonide-formoterol fumarate	
betamethasone dipropionate		MG	28	dihydrate	12
augmented GEL 0.05 %	48	bortezomib SOLR IJ	28	bumetanide TABS 0.5 MG, 1 MG .	52
betamethasone dipropionate		bosentan TABS	36	bumetanide TABS 2 MG	52
augmented LOTN	48	BOSULIF CAPS	28	buprenorphine hcl SUBL 2 MG	8
betamethasone dipropionate		BOSULIF TABS	28	buprenorphine hcl SUBL 8 MG	8
augmented OINT	48	BRAFTOVI 75 MG	28	buprenorphine hcl-naloxone hcl	
betamethasone valerate CREA ...	48	BREZTRI AEROSPHERE	12	dihydrate FILM SL 0.5 MG-2 MG, 1	MG-4 MG, 2 MG-8 MG
betamethasone valerate FOAM ...	48	brimonidine tartrate (topical)	51	MG-4 MG, 2 MG-8 MG	8
betamethasone valerate LOTN	48	brimonidine tartrate	90	buprenorphine hcl-naloxone hcl	
betamethasone valerate OINT	48			dihydrate FILM SL 3 MG-12 MG	8

81	cefixime CAPS	37	chlorpromazine hcl TABS	32	
CARESENS LANCETS	66	cefixime SUSR	37	chlorthalidone 25 MG, 50 MG	53
CARESENS LANCETS 30G	66	CEFOTAN IJ (cefotetan disodium)	37	chlorzoxazone TABS 250 MG	88
CARETOUCH SAFETY LANCETS 66		cefotetan disodium IJ 1 GM, 2 GM	37	chlorzoxazone TABS 375 MG, 500 MG, 750 MG	88
CARETOUCH SAFETY LANCETS 26G	66	cefoxitin sodium IV 1 GM, 2 GM	37	cholestyramine light PACK	22
CARETOUCH TWIST LANCETS 28G	66	CEFOXITIN SODIUM-DEXTROSE 37		cholestyramine light POWD	22
CARETOUCH TWIST LANCETS 30G	66	cefpodoxime proxetil SUSR	37	cholestyramine PACK	22
CARETOUCH TWIST LANCETS 33G	67	cefpodoxime proxetil TABS	37	cholestyramine POWD	22
CARETOUCH TWIST MC LANCETS 30G	67	cefprozil SUSR	37	choline fenofibrate 135 MG	22
carisoprodol TABS	88	cefprozil TABS	37	choline fenofibrate 45 MG	22
carteolol hcl (ophth)	89	cefuroxime axetil TABS	37	CHOSEN LANCETS 30G	67
carvedilol 3.125 MG	34	celecoxib 400 MG	4	CHOSEN SAFETY LANCETS 28G 67	
carvedilol 6.25 MG, 12.5 MG, 25 MG 34		celecoxib 50 MG, 100 MG, 200 MG	4	ciclopirox GEL	46
carvedilol phosphate	35	CELONTIN (methsuximide)	16	ciclopirox olamine CREA	46
CAYA DPRH	62	cephalexin CAPS	37	ciclopirox olamine SUSP	46
CAYSTON	25	cephalexin SUSR	37	ciclopirox SHAM	46
cefaclor CAPS	37	CEPROTIN	58	ciclopirox SOLN	46
CEFACLOR ER TB12	37	CERDELGA	59	cilostazol	58
cefaclor SUSR 125 MG/5ML, 375 MG/5ML	37	CEREZYME 400 UNIT	59	CILOXAN OINT	90
cefadroxil CAPS	37	CERVIDIL INST	92	CIMDUO	33
cefadroxil SUSR	37	CETACAINE AERO	50	cimetidine TABS 300 MG, 800 MG 100	
cefadroxil TABS	37	cevimeline hcl	84	cimetidine TABS 400 MG	100
cefazolin sodium SOLR IV 1 GM	37	CHEMET	20	cinacalcet hcl	54
cefdinir CAPS	37	chlordiazepoxide hcl CAPS	10	CIPRO HC	92
cefdinir SUSR	37	chlordiazepoxide hcl-clidinium bromide	99	CIPRO SUSR	55
		chlordiazepoxide-amitriptyline	94	ciprofloxacin hcl (ophth) SOLN	90
		chlorhexidine gluconate (mouth- throat)	84	ciprofloxacin hcl (otic)	92
		chloroquine phosphate TABS	26	ciprofloxacin hcl TABS	55

ciprofloxacin-dexamethasone92	CLIMARA PRO55	clobetasol propionate OINT 0.05 % 49
CITALOPRAM HYDROBROMIDE CAPS17	clindamycin hcl25	clobetasol propionate SHAM 49
citalopram hydrobromide SOLN . . . 17	clindamycin palmitate hydrochloride . 25	clobetasol propionate SOLN 0.05 % . 49
citalopram hydrobromide TABS . . . 17	clindamycin phosphate (topical) FOAM 45	clocortolone pivalate 49
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 MG86	clindamycin phosphate (topical) GEL 45	clomipramine hcl 17
CITRANATAL ASSURE86	clindamycin phosphate (topical) LOTN45	clonazepam TABS 13
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 86	clindamycin phosphate (topical) SOLN 45	clonazepam TBDP 13
CITRANATAL DHA86	clindamycin phosphate (topical) SWAB 45	clonidine hcl (adhd) TB12 2
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG86	clindamycin phosphate vaginal CREA102	clonidine hcl TABS 24
CITRANATAL MEDLEY86	clindamycin phosphate-benzoyl peroxide (refrigerate) 45	clopidogrel bisulfate 58
clarithromycin SUSR62	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % 45	clorazepate dipotassium TABS 10
clarithromycin TABS62	clindamycin phosphate-tretinoin . . 45	clotrimazole 84
clarithromycin TB2462	CLINDESSE 102	clotrimazole w/ betamethasone CREA 46
CLEANLET LANCETS 28G67	clobazam SUSP13	clotrimazole w/ betamethasone LOTN 46
clemastine fumarate TABS 2.68 MG . 22	clobazam TABS 10 MG13	clozapine TABS 32
CLEOCIN SUPP102	clobazam TABS 20 MG13	clozapine TBDP 32
CLEVER CHEK LANCETS67	clobetasol propionate CREA 0.05 % . 48	C-NATE DHA CAPS86
CLEVER CHOICE COMFORT EZ 67	clobetasol propionate emollient base 0.05 % 48	COAGUCHEK LANCETS67
CLEVER CHOICE LANCETS 21G 67	clobetasol propionate emulsion . . 48	COARTEM 26
CLEVER CHOICE LANCETS 23G 67	clobetasol propionate FOAM 48	codeine sulfate TABS 6
CLEVER CHOICE LANCETS 28G 67	clobetasol propionate GEL 0.05 % 49	CODITUSSIN AC LIQD 44
	clobetasol propionate LIQD 49	colchicine CAPS 57
	clobetasol propionate LOTN 49	colchicine TABS 57
		colchicine w/ probenecid 57
		colesevelam hcl PACK 22
		colesevelam hcl TABS 22
		colestipol hcl GRAN 22

colestipol hcl PACK	22	CORIFACT	58	MG	88
colestipol hcl TABS	22	CORLANOR SOLN	37	CYCLOGYL	89
COMBIPATCH PTTW	55	CORTANE-B	49	CYCLOMYDRIL	89
COMBIVENT RESPIMAT AERS ..	12	CORTIFOAM EX 10 %	9	cyclopentolate hcl 1 %	89
COMETRIQ (100 MG DAILY DOSE) KIT	28	CORTISPORIN-TC	92	cyclophosphamide CAPS	26
COMETRIQ (140 MG DAILY DOSE) KIT	29	COSENTYX (300 MG DOSE) SOSY .	47	CYCLOPHOSPHAMIDE TABS	26
COMETRIQ (60 MG DAILY DOSE) KIT	29	COSENTYX SENSOREADY (300 MG) SOAJ	47	cycloserine	26
COMFORT ASSURED LANCETS 28G	67	COSENTYX SENSOREADY PEN SOAJ	47	cyclosporine (ophth) EMUL	90
COMFORT ASSURED LANCETS 33G	67	COSENTYX SOSY 150 MG/ML ...	47	cyclosporine CAPS	84
COMFORT EZ INSULIN SYRINGE .	81	COSENTYX SOSY 75 MG/0.5ML .	47	cyclosporine modified (for microemulsion) CAPS	84
COMFORT LANCETS	67	COSENTYX UNOREADY SOAJ ..	47	cyclosporine modified (for microemulsion) SOLN	84
COMFORT TOUCH LANCETS 31G .	67	COTELLIC	29	CYKLOKAPRON SOLN (tranexamic acid)	60
COMFORT TOUCH PLUS LANCETS 28G	67	COVID VACCINES	101	cyproheptadine hcl SYRP	22
COMFORT TOUCH PLUS LANCETS 30G	67	COVID-19 AT HOME TEST KITS .	51	cyproheptadine hcl TABS	22
COMFORT TOUCH TWIST LANCET 30G	67	COVID-19 FLU A&B 3-IN-1 TEST .	51	CYSTADANE (betaine)	54
COMPLETENATE CHEW	86	COVID-19 FLU A+B ANTIGEN TEST	51	CYSTAGON CAPS	57
CONCEPT DHA	86	CREON CPEP	52	CYSTARAN	91
CONCEPT OB	86	CRESEMBA CAPS 186 MG	21	CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium)	99
CONDOMS	62	CRINONE GEL 8 %	102	CYTOMEL TABS 5 MCG (liothyronine sodium)	99
CONTRACE	1	cromolyn sodium (ophth)	91	CYTRA-3 SYRP	57
CONZIP CP24 (tramadol hcl)	6	cromolyn sodium NEBU	11	dabigatran etexilate mesylate CAPS 110 MG	13
COPIKTRA	29	CTEXLI 250 MG	56	dabigatran etexilate mesylate CAPS 75 MG, 150 MG	13
CORDRAN TAPE	49	CUPRIMINE CAPS (penicillamine) 83		dalfampridine	94
		CVS LANCETS ORIGINAL	67	danazol CAPS	9
		CVS LANCETS THIN 26G	67	dantrolene sodium CAPS	88
		CVS ULTRA THIN LANCETS	68		
		cyclobenzaprine hcl TABS 5 MG, 10			

dapagliflozin propanediol	20	(MEDROXYPROGESTERONE	(ophth)	90
dapagliflozin propanediol-metformin		ACETATE 104MG/0.65ML SUSP	dexamethasone SOLN	43
hcl 1000 MG-10 MG	18	PREF SYR)	dexamethasone TABS	43
dapagliflozin propanediol-metformin		DESCOVY 200 MG-25 MG	dexamethasone TBPK	43
hcl 1000 MG-5 MG	18	desipramine hcl TABS	dexmethylphenidate hcl CP24	2
dapsone (topical) 5 %	45	desloratadine TABS	dexmethylphenidate hcl TABS	2
dapsone (topical) 7.5 %	45	desloratadine TBDP 2.5 MG	dextroamphetamine sulfate CP24	1
dapsone 100 MG	25	desloratadine TBDP 5 MG	dextroamphetamine sulfate SOLN	1
dapsone 25 MG	25	DESMOPRESSIN ACETATE SOLN	dextroamphetamine sulfate TABS 5	1
DARAPRIM (pyrimethamine)	26	NA	MG, 10 MG	1
darifenacin hydrobromide	101	desmopressin acetate spray	DHIVY TABS	31
darunavir TABS	33	desmopressin acetate spray	DIACOMIT CAPS 250 MG	14
dasatinib	29	refrigerated 0.01 %	DIACOMIT CAPS 500 MG	14
DAURISMO	27	desmopressin acetate TABS 0.1 MG	DIACOMIT PACK 250 MG	14
deferasirox PACK	20	54	DIACOMIT PACK 500 MG	14
deferasirox TABS	20	desmopressin acetate TABS 0.2 MG	DIATHRIVE LANCET ULTRA THIN	68
deferasirox TBSO	20	54	30	68
deferiprone TABS 500 MG	20	desogestrel-ethinyl estradiol	DIATHRIVE LANCETS	68
deflazacort SUSP	43	(biphasic)	diazepam (anticonvulsant) GEL	13
deflazacort TABS	43	desonide CREA	diazepam CONC	10
DELSTRIGO	33	desonide GEL	diazepam SOLN PO 5 MG/5ML	10
demeclocycline hcl TABS	98	desonide LOTN	diazepam TABS 10 MG	10
DEMSEER (metyrosine)	23	desonide OINT	diazepam TABS 2 MG, 5 MG	10
DEPAKOTE ER TB24 (divalproex		desoximetasone CREA	diazoxide	18
sodium)	16	desoximetasone GEL	dichlorphenamide	52
DEPAKOTE SPRINKLES CSDR		desoximetasone LIQD	diclofenac potassium TABS 50 MG	4
(divalproex sodium)	16	desoximetasone OINT 0.05 %	diclofenac sodium (actinic keratoses)	47
DEPAKOTE TBEC (divalproex		desoximetasone OINT 0.25 %	EX	47
sodium)	16	desvenlafaxine succinate	diclofenac sodium (ophth)	91
DEPEN TITRATABS TABS		dexamethasone ELIX	diclofenac sodium (topical) GEL EX	46
(penicillamine)	83	DEXAMETHASONE INTENSOL		
DEPO-SUBQ PROVERA 104		CONC		
		dexamethasone sodium phosphate		

diclofenac sodium (topical) SOLN EX 1.5 %	46	DILANTIN-125 SUSP (phenytoin) .	16	dorzolamide hcl-timolol maleate ..	89
diclofenac sodium (topical) SOLN EX 2 %	46	diltiazem hcl coated beads CP24 ..	35	DOVATO	33
diclofenac sodium TB24	4	diltiazem hcl CP12	35	doxazosin mesylate	24
diclofenac sodium TBEC	4	diltiazem hcl CP24	35	doxepin hcl (antipruritic)	47
diclofenac w/ misoprostol TBEC	4	diltiazem hcl extended release beads	35	doxepin hcl CAPS	17
dicloxacillin sodium	93	diltiazem hcl TABS	35	doxepin hcl CONC	17
dicyclomine hcl CAPS	99	diltiazem hcl TB24	35	doxercalciferol CAPS	54
dicyclomine hcl SOLN PO	99	dimethyl fumarate CDPK	94	doxycycline (monohydrate) CAPS 150 MG	98
dicyclomine hcl TABS	99	dimethyl fumarate CPDR	94	doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG	98
diethylpropion hcl TABS	1	DIPENTUM	56	doxycycline (monohydrate) SUSR .	98
diethylpropion hcl TB24	1	diphenhydramine hcl SOLN 50 MG/ML	22	doxycycline (monohydrate) TABS 50 MG, 100 MG, 150 MG	98
DIFFERIN LOTN	45	diphenoxylate w/ atropine LIQD ..	20	doxycycline (monohydrate) TABS 75 MG	98
DIFICID TABS	62	diphenoxylate w/ atropine TABS ..	20	doxycycline (rosacea)	51
diflorasone diacetate CREA	49	dipyridamole	59	doxycycline hyclate CAPS	98
diflorasone diacetate OINT	49	disopyramide phosphate CAPS ...	10	doxycycline hyclate TABS 20 MG, 75 MG, 100 MG, 150 MG	98
diflunisal TABS	6	disulfiram	93	doxylamine-pyridoxine TBEC	21
difluprednate	90	DIURIL SUSP	53	dronabinol CAPS 10 MG	21
digoxin SOLN PO 0.05 MG/ML	36	divalproex sodium CSDR	16	dronabinol CAPS 2.5 MG, 5 MG ..	21
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	36	divalproex sodium TB24	16	DROPLET INSULIN SYRINGE ...	81
dihydroergotamine mesylate SOLN IJ 1 MG/ML	82	divalproex sodium TBEC	16	DROPLET LANCETS ULTRA THIN 30G	68
dihydroergotamine mesylate SOLN NA 4 MG/ML	82	dofetilide	10	DROPLET PERSONAL LANCETS 30G	68
DILANTIN (phenytoin sodium extended)	16	DOJOLVI	89	DROPSAFE ACTI-LANCE 23G ...	68
DILANTIN	16	DOMETUSS-DMX LIQD	44	DROPSAFE SAFETY SYRINGE/NEEDLE	81
DILANTIN INFATABS CHEW (phenytoin)	16	donepezil hydrochloride TABS	93	drosiprenone-ethinyl estradiol	41
DILANTIN SUSP (phenytoin)	16	donepezil hydrochloride TBDP	93	drosiprenone-ethinyl estradiol-	
		dorzolamide hcl	91		
		DORZOLAMIDE HCL	91		
		DORZOLAMIDE HCL-TIMOLOL MAL	89		

levomefolate calcium41	EASY TOUCH FLIPLOCK NEEDLES81	efavirenz-emtricitabine-tenofovir disoproxil fumarate33
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droxidopa102	EASY TOUCH LANCETS 21G ...68	EFFER-K83
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DRUG MART UNILET LANCETS 28G68	EASY TOUCH LANCETS 26G ...68	eletriptan hydrobromide82
DRUG MART UNILET LANCETS 30G .....68	EASY TOUCH LANCETS 28G ...68	ELIGARD KIT SC 7.5 MG, 45 MG .27
DRUG MART UNILET LANCETS 33G .....68	EASY TOUCH LANCETS 28G/TWIST .....68	ELIQUIS DVT/PE STARTER PACK TBPK .....12
DRYSOL SOLN .....50	EASY TOUCH LANCETS 30G ...68	ELIQUIS TABS .....12
DUAVEE .....55	EASY TOUCH LANCETS 30G/TWIST .....68	ELLA .....42
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG .....17	EASY TOUCH LANCETS 32G ...68	ELMIRON CAPS .....57
DUOPA SUSP .....31	EASY TOUCH LANCETS 32G/TWIST .....69	ELOCTATE .....58
DUPIXENT SOAJ 200 MG/1.14ML 50	EASY TOUCH LANCETS 33G/TWIST .....69	eltrombopag olamine PACK 12.5 MG.....59
DUPIXENT SOAJ 300 MG/2ML ...50	EASY TOUCH SAFETY LANCETS 21G .....69	eltrombopag olamine PACK 25 MG 59
DUPIXENT SOSY 100 MG/0.67ML 50	EASY TOUCH SAFETY LANCETS 23G .....69	eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG .....59
DUPIXENT SOSY 200 MG/1.14ML 50	EASY TOUCH SAFETY LANCETS 26G .....69	EMBECTA INSULIN SYR ULTRAFINE .....81
DUPIXENT SOSY 300 MG/2ML ...50	EASY TOUCH SAFETY LANCETS 28G .....69	EMBECTA PEN NEEDLE NANO .81
DUREX EXTRA SENSITIVE THIN DEVI .....62	econazole nitrate CREA .....46	EMBECTA PEN NEEDLE NANO 2 GEN .....81
DUREX EXTRA SENSITIVE THIN MISC .....62	EDARBI 40 MG .....23	EMBECTA PEN NEEDLE ULTRAFINE .....81
DUREX TROPICAL MISC .....62	EDARBI 80 MG .....23	EMBRACE LANCETS ULTRA THIN 30G .....69
dutasteride .....57	EDARBYCLOR .....24	EMBRACE PRESSURE ACTIVATED 21G .....69
dutasteride-tamsulosin hcl .....57	EDURANT .....33	EMBRACE PRESSURE ACTIVATED 28G .....69
EASY COMFORT LANCETS .....68	efavirenz CAPS .....33	EMCYT .....27
EASY COMFORT LANCETS TWIST TOP .....68	efavirenz TABS .....33	

EMEND SUSR	21	ENTEREG (alvimopan)	56	escitalopram oxalate TABS 10 MG, 20 MG	17
EMFLAZA SUSP (deflazacort)	43	ENTRESTO TABS	36	escitalopram oxalate TABS 5 MG .	17
EMFLAZA TABS (deflazacort)	43	EPCLUSA PACK	34	eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	14
EMGALITY (300 MG DOSE) SOSY 82		EPCLUSA TABS 100 MG-400 MG	34	ESPEROCT	58
EMGALITY SOAJ	82	EPCLUSA TABS 50 MG-200 MG .	34	estazolam	60
EMGALITY SOSY	82	EPIDIOLEX	14	estradiol & norethindrone acetate TABS	55
EMSAM	16	EPIFOAM FOAM	49	estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	55
emtricitabine CAPS	33	epinastine hcl (ophth)	91	estradiol GEL	55
emtricitabine- rilpivirine-tenofovir disoproxil fumarate	33	epinephrine (anaphylaxis) SOAJ .	102	estradiol PTTW	55
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	33	eplerenone	25	estradiol PTWK	55
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	33	EQUETRO	31	estradiol TABS	55
EMTRIVA SOLN	33	ergocalciferol CAPS	102	estradiol vaginal CREA	102
enalapril maleate & hydrochlorothiazide	24	ergoloid mesylates TABS	95	estradiol vaginal TABS	102
enalapril maleate TABS	23	ERGOMAR SUBL	82	estradiol valerate	55
ENBREL MINI SOCT	5	ergotamine w/ caffeine TABS	82	ESTRING RING 7.5 MCG/24HR .	102
ENBREL SOLN	5	ERIVEDGE	27	eszopiclone	60
ENBREL SOSY 25 MG/0.5ML	5	ERLEADA	27	ethacrynic acid	52
ENBREL SOSY 50 MG/ML	5	erlotinib hcl	27	ethambutol hcl TABS	26
ENBREL SURECLICK SOAJ	5	ERTACZO	46	ethosuximide CAPS	16
ENCARE SUPP 100 MG	102	ertapenem sodium IJ	25	ethosuximide SOLN	16
ENDOMETRIN INST	102	erythromycin (acne aid) GEL	45	ethynodiol diacet & eth estrad	41
enoxaparin sodium SOLN IJ 300 MG/3ML	13	erythromycin (acne aid) SOLN	45	etodolac CAPS	4
enoxaparin sodium SOSY	13	erythromycin (ophth)	90	etodolac TABS	4
entacapone	30	ERYTHROMYCIN	90	etodolac TB24	4
entecavir TABS	34	erythromycin base CPEP	62	etonogestrel-ethinyl estradiol	42
		erythromycin base TABS	62	etoposide CAPS	30
		erythromycin base TBEC	62	etravirine	33
		erythromycin ethylsuccinate SUSR 62			
		escitalopram oxalate SOLN	17		

EUCRISA	50	FARXIGA	20	MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	7
EULEXIN	27	FASENRA PEN SOAJ	10	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	7
EVAMIST SOLN	55	FASENRA SOSY 10 MG/0.5ML ...	10	ferric citrate	56
everolimus (immunosuppressant) .	84	FASENRA SOSY 30 MG/ML	10	FERRIPROX SOLN	20
everolimus TABS	29	FC2 FEMALE CONDOM	62	FERRIPROX TABS 500 MG (deferiprone)	20
everolimus TBSO	29	febuxostat 40 MG	57	fesoterodine fumarate	101
EVISTA (raloxifene hcl)	53	febuxostat 80 MG	57	FETZIMA CP24 20 MG	17
EVOTAZ	33	FEIBA	58	FETZIMA CP24 40 MG, 80 MG, 120 MG	17
EVRYSDI	89	felbamate SUSP	15	FETZIMA TITRATION C4PK	17
EXELDERM SOLN	46	felbamate TABS	15	FIBRICOR (fenofibric acid)	23
exemestane	27	FELBATOL SUSP (felbamate)	15	FIFTY50 SAFETY SEAL LANCETS . 69	
EXJADE TBSO (deferiasirox)	20	felodipine 10 MG	35	FIFTY50 UNILET LANCETS 33G .	69
EXODERM	46	felodipine 2.5 MG, 5 MG	35	FINACEA FOAM	51
ezetimibe	23	FEMCAP DEVI	62	finasteride	57
ezetimibe-simvastatin	22	FEMLYV TBDP	41	FINE 30	69
EZ-LETS LANCETS 21G	69	FEMRING	102	FINGERSTIX LANCETS	69
EZ-LETS LANCETS 26G	69	fenofibrate CAPS	22	ingolimod hcl	94
EZ-LETS LANCETS 28G	69	fenofibrate micronized 130 MG, 200 MG	22	FIRAZYR SOSY (icatibant acetate) 58	
EZ-LETS LANCETS 30G	69	fenofibrate micronized 43 MG, 67 MG, 134 MG	22	FIRDAPSE	26
FABHALTA	58	fenofibrate TABS 145 MG, 160 MG 23		FIRST-PROGESTERONE VGS SUPP	102
FABIOR FOAM	45	fenofibrate TABS 48 MG	22	FLAREX	90
famciclovir	34	fenofibrate TABS 54 MG	23	flavoxate hcl	101
famotidine SUSR	100	fenoprofen calcium TABS	4	flecainide acetate	10
famotidine TABS 20 MG	100	FENSOLVI (6 MONTH) SC	53	FLORAFOL PEDIATRIC CHEW ...	85
famotidine TABS 40 MG	100	fentanyl citrate LPOP 1600 MCG ...	6	FLORAFOL PEDIATRIC SOLN ...	85
FANAPT	31	fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	7		
FANAPT TITRATION PACK	31	fentanyl PT72 12 MCG/HR, 25			
FANTASY LUBRICATED MISC ...	62				
FANTASY LUBRICATED/SPERMICIDE MISC	62				

FLORIVA	82	fluorouracil (topical) CREA 0.5 % ..	47	MCG/ACT	11
FLORIVA	86	fluorouracil (topical) CREA 5 % ...	47	fluticasone propionate LOTN	49
FLORIVA PLUS SOLN	85	fluorouracil (topical) SOLN	47	fluticasone propionate OINT	49
FLOTREX CHEW 0.25 MG, 0.5 MG .	85	fluoxetine hcl (pmdd) TABS	95	fluticasone-salmeterol AEPB 100	
FLOWFLEX PLUS COVID-19/FLU		fluoxetine hcl CAPS 10 MG, 20 MG		MCG/ACT-50 MCG/ACT, 250	
A/B	51	17		MCG/ACT-50 MCG/ACT, 500	
FLUAD QUADRIVALENT	101	fluoxetine hcl CAPS 40 MG	17	MCG/ACT-50 MCG/ACT	12
FLUARIX QUADRIVALENT SUSY		fluoxetine hcl CPDR	17	fluticasone-salmeterol AERO	12
101		fluoxetine hcl SOLN	17	fluvastatin sodium CAPS	23
FLUBLOK SOSY	101	fluoxetine hcl TABS 10 MG	17	fluvastatin sodium TB24	23
FLUCELVAX SUSP	101	fluoxetine hcl TABS 20 MG, 60 MG		fluvoxamine maleate CP24 100 MG	
fluconazole SUSR	21	17		17	
fluconazole TABS	21	fluphenazine hcl CONC	32	fluvoxamine maleate CP24 150 MG	
flucytosine	21	fluphenazine hcl ELIX	32	17	
fludarabine phosphate SOLR	27	fluphenazine hcl TABS	32	fluvoxamine maleate TABS 100 MG .	
fludrocortisone acetate TABS	43	flurazepam hcl 15 MG	60	17	
FLULAVAL QUADRIVALENT SUSY .		flurazepam hcl 30 MG	60	50 MG	17
101		flurbiprofen sodium	92	FLUZONE HIGH-DOSE	
FLUMIST QUADRIVALENT	101	flurbiprofen TABS	4	QUADRIVALENT	101
fluocinolone acetonide (otic)	92	fluticasone furoate-vilanterol	12	FLUZONE HIGH-DOSE SUSY ...	101
fluocinolone acetonide CREA	49	fluticasone propionate (inhalation)		FLUZONE QUADRIVALENT SUSY	
fluocinolone acetonide OIL	49	AEPB 100 MCG/ACT	11	102	
fluocinolone acetonide OINT	49	fluticasone propionate (inhalation)		FML FORTE SUSP	91
fluocinolone acetonide SOLN	49	AEPB 250 MCG/ACT	11	folic acid TABS 1 MG	59
fluocinonide CREA	49	fluticasone propionate (inhalation)		folic acid TABS 400 MCG, 800 MCG .	
fluocinonide emulsified base	49	AEPB 50 MCG/ACT	11	59	
fluocinonide GEL	49	fluticasone propionate (nasal) SUSP .		FOLIVANE-F	60
fluocinonide OINT	49	89		FOLIVANE-OB	86
fluocinonide SOLN	49	fluticasone propionate CREA 0.05 %		fondaparinux sodium 2.5 MG/0.5ML .	
fluorometholone (ophth) SUSP	91	49		13	
		fluticasone propionate hfa 110		fondaparinux sodium 5 MG/0.4ML,	
		MCG/ACT, 220 MCG/ACT	11	7.5 MG/0.6ML, 10 MG/0.8ML	13
		fluticasone propionate hfa 44		FORA LANCETS	69

formaldehyde SOLN 10 %	32	FYCOMPA SUSP	13	GENVOYA	33
formoterol fumarate NEBU	12	FYCOMPA TABS 2 MG (perampanel)	13	GILOTRIF	27
fosamprenavir calcium TABS	33	FYCOMPA TABS 4 MG (perampanel)	13	GILPHEX TR TABS 10 MG-388 MG	44
fosfomycin tromethamine	26	FYCOMPA TABS 6 MG (perampanel)	13	GILTUSS COUGH & COLD TABS	44
fosinopril sodium & hydrochlorothiazide	24	FYCOMPA TABS 8 MG, 10 MG, 12 MG (perampanel)	13	GILTUSS SINUS & CONGESTION TABS	44
fosinopril sodium	23	gabapentin CAPS	14	glatiramer acetate SOSY 20 MG/ML	94
FOSRENOL PACK	56	gabapentin SOLN	14	glatiramer acetate SOSY 40 MG/ML	94
FRAGMIN SOLN 95000 UNIT/3.8ML 13		gabapentin TABS 600 MG, 800 MG 14		GLEOSTINE 10 MG, 40 MG, 100 MG	26
FRAGMIN SOSY 2500 UNIT/0.2ML 13		GALAFOLD	54	glimepiride 1 MG, 2 MG, 4 MG	20
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	13	galantamine hydrobromide CP24	93	glipizide TABS	20
FREDS PHARMACY UNILET LANC 28G	69	galantamine hydrobromide SOLN	93	glipizide TB24	20
FREDS PHARMACY UNILET LANC 30G	69	galantamine hydrobromide TABS	93	glipizide-metformin hcl	18
FREESTYLE INSULINX TEST STRP	51	GALZIN	83	GLOBAL EASY GLIDE INSULIN SYR	81
FREESTYLE LANCETS	70	gatifloxacin (ophth)	90	GLOBAL INJECT EASE LANCETS 28G	70
FREESTYLE LITE TEST STRP	51	GATTEX	57	GLOBAL INJECT EASE LANCETS 30G	70
FREESTYLE PRECISION NEO TEST STRP	51	gefitinib	27	GLUCAGON EMERGENCY	18
FREESTYLE TEST STRP	51	GELFILM	91	GLUCOCOM LANCETS 28G	70
FREESTYLE UNISTICK II LANCETS	70	gemfibrozil TABS	23	GLUCOCOM LANCETS 30G	70
frovatriptan succinate	82	GENERESS FE (norethindrone & ethinyl estradiol-fe)	41	GLUCOCOM LANCETS 33G	70
furosemide SOLN PO 8 MG/ML, 10 MG/ML	52	gentamicin sulfate (ophth) SOLN	90	glutamine (sickle cell)	59
furosemide TABS	52	gentamicin sulfate (topical) CREA	45	glyburide micronized 1.5 MG, 3 MG, 6 MG	20
FUZEON SOLR	33	gentamicin sulfate (topical) OINT	45	glyburide TABS	20
		GENTEEL BUTTERFLY TOUCH LANCET	70	glyburide-metformin	18
		GENTLE-LET GP LANCETS	70	GLYCATE TABS	99
		GENTLE-LET LANCETS	70		

glycopyrrolate SOLN PO 1 MG/5ML . 99	70	HUMALOG SOCT	19
glycopyrrolate TABS 1 MG, 2 MG .99	71	HUMALOG SOLN IJ	19
GLYCOPYRROLATE TABS	99	HUMATE-P SOLR	58
GLYXAMBI	18	HUMATIN	2
GNP STERILE LANCETS 28G ...	70	HUMATROPE CART IJ	53
GNP STERILE LANCETS 30G ...	70	HUMIRA (2 PEN) AJKT 80 MG/0.8ML	3
GNP STERILE LANCETS 33G ...	70	HUMIRA (2 PEN) AJKT	3
GOJJI STERILE LANCETS	70	HUMIRA (2 SYRINGE) PSKT	3
GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ...	60	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	3
GONITRO PACK	9	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	3
granisetron hcl TABS	20	HUMIRA-PED<40KG CROHNS STARTER PSKT	3
griseofulvin microsize SUSP	21	HUMIRA-PED>=40KG CROHNS START PSKT	3
griseofulvin microsize TABS	21	HUMIRA-PED>=40KG UC STARTER AJKT	3
griseofulvin ultramicrosize	21	HUMIRA-PS/UV/ADOL HS STARTER AJKT	4
guaifenesin-codeine SOLN	44	HUMIRA-PSORIASIS/UVEIT STARTER AJKT	4
guanfacine hcl (adhd)	2	HUMULIN 70/30 KWIKPEN SUPN	19
guanfacine hcl	24	HUMULIN 70/30 SUSP	19
GYNAZOLE-1	102	HUMULIN N KWIKPEN SUPN	19
HADLIMA PUSHTOUCH SOAJ	3	HUMULIN N SUSP	19
HADLIMA SOSY	3	HUMULIN R SOLN IJ	19
HAEGARDA SOLR SC	58	HUMULIN R U-500 (CONCENTRATED) SOLN SC	19
HAEMOLANCE	70	HUMULIN R U-500 KWIKPEN SOPN SC	19
HAEMOLANCE LOW FLOW LANCETS	70	HUMALOG MIX 50/50 KWIKPEN SOPN	19
HAEMOLANCE PLUS	70	HUMALOG MIX 50/50 SUSP	19
HAEMOLANCE PLUS HIGH FLOW . 70	70	HUMALOG MIX 75/25 KWIKPEN SOPN	19
HAEMOLANCE PLUS LOW FLOW . 70	70	HUMALOG MIX 75/25 SUSP	19
HAEMOLANCE PLUS MAX FLOW			

HYCAMTIN SOLR (topotecan hcl) 30	49	HY-VEE LANCETS	71
hydralazine hcl TABS	25	HY-VEE THIN LANCETS	71
hydrochlorothiazide CAPS	53	ibandronate sodium TABS	53
hydrochlorothiazide TABS	53	IBRANCE CAPS	29
hydrocodone bitartrate T24A	7	IBRANCE TABS	29
hydrocodone bitartrate-homatropine methylbromide SOLN	43	ibuprofen TABS 400 MG, 600 MG, 800 MG	4
hydrocodone bitartrate-homatropine methylbromide TABS	43	icatibant acetate SOSY	58
hydrocodone polistirex- chlorpheniramine polistirex SUER	44	ICLUSIG	29
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	8	icosapent ethyl	22
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	8	IDELVION	58
hydrocodone-acetaminophen TABS 300 MG-7.5 MG	8	IDHIFA	29
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	8	ILEVRO	92
hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG	8	imatinib mesylate TABS 100 MG	29
hydrocodone-ibuprofen 5 MG-200 MG	8	imatinib mesylate TABS 400 MG	29
hydrocortisone (intrarectal)	9	IMBRUVICA CAPS 140 MG	29
hydrocortisone (rectal) EX 2.5 %	9	IMBRUVICA CAPS 70 MG	29
hydrocortisone (topical) CREA 2.5 % 49		IMBRUVICA SUSP	29
hydrocortisone (topical) LOTN 2 %, 2.5 %	49	IMBRUVICA TABS	29
hydrocortisone (topical) OINT 2.5 %	49	imipenem-cilastatin IV	25
hydrocortisone (topical) SOLN 2.5 %		imipramine hcl TABS 10 MG, 25 MG 17	
		imipramine hcl TABS 50 MG	17
		imipramine pamoate	17
		imiquimod 5 %	50
		IN TOUCH STERILE LANCETS 30G	71
		INBRIJA CAPS	31
		INCRELEX	53
		INCRUSE ELLIPTA	11
		indapamide TABS 1.25 MG, 2.5 MG	
hydrocortisone butyrate CREA	49		
hydrocortisone butyrate hydrophilic lipo base	49		
hydrocortisone butyrate LOTN	49		
hydrocortisone butyrate OINT	49		
hydrocortisone butyrate SOLN	49		
hydrocortisone TABS	43		
hydrocortisone valerate CREA	49		
hydrocortisone valerate OINT	49		
hydrocortisone w/acetic acid	92		
hydromorphone hcl LIQD	7		
hydromorphone hcl TABS	7		
hydromorphone hcl TB24 32 MG	7		
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	7		
hydroxychloroquine sulfate 200 MG 26			
hydroxyurea	30		
hydroxyzine hcl SYRP	10		
hydroxyzine hcl TABS	10		
hydroxyzine pamoate CAPS	10		
hyoscyamine sulfate SUBL 0.125 MG	99		
hyoscyamine sulfate TABS 0.125 MG	99		
hyoscyamine sulfate TB12 0.375 MG 100			
hyoscyamine sulfate TBDP 0.125 MG	100		
HYPERSAL NEBU	44		
HYSINGLA ER T24A	7		

53	ISENTRESS PACK	33	MG, 500 MG-50 MG	18
INDERAL XL	35	ISENTRESS TABS	33	JANUVIA
indomethacin CAPS 25 MG, 50 MG	4	isoniazid SYRP	26	JARDIANCE
indomethacin CPRC	4	isoniazid TABS	26	JIVI
indomethacin SUPP	4	ISOPTO ATROPINE SOLN	89	JUBLIA
indomethacin SUSP	4	isosorbide dinitrate TABS 10 MG, 20		JULUCA
INFLECTRA SOLR	56	MG, 30 MG	9	JUXTAPID 10 MG, 20 MG, 30 MG
INGREZZA CAPS 40 MG, 80 MG	.94	isosorbide dinitrate TABS 5 MG, 40		JUXTAPID 5 MG
INGREZZA CAPS 60 MG .....	.94	MG	9	JYNARQUE TBPK 15 MG (tolvaptan)
INGREZZA CPPK .....	.94	isosorbide dinitrate-hydralazine hcl		.....
INGREZZA CPSP .....	.94	36		.....
INLYTA	27	isosorbide mononitrate TABS	9	KALETRA SOLN
INNOPRAN XL	35	ISOSORBIDE MONONITRATE		KALYDECO PACK
INQOVI	28	TABS	9	KALYDECO TABS
INREBIC	29	isosorbide mononitrate TB24	9	KAMELEON LUBRICATED MISC
INSULIN LISPRO PROT & LISPRO		isradipine CAPS	35	KCENTRA
SUPN	19	ISTODAX SOLR (romidepsin)	29	KEPPRA SOLN PO 100 MG/ML
INTEGRA F	60	itraconazole CAPS	21	(levetiracetam)
INTELENCE 25 MG	33	itraconazole SOLN	21	KEPPRA TABS 1000 MG
INVANZ IJ (ertapenem sodium) ...	25	ivabradine hcl TABS	37	(levetiracetam)
iodoquinol-hydrocortisone in aloe		ivermectin (pediculicide)	51	KEPPRA TABS 250 MG, 500 MG,
vehicle	46	ivermectin (rosacea)	51	750 MG (levetiracetam)
IOPIDINE	90	ivermectin	9	KEPPRA XR TB24 (levetiracetam)
ipratropium bromide (nasal)	88	IXINITY SOLR	58	14
ipratropium bromide SOLN 0.02 %	11	JADENU SPRINKLE PACK		ketoconazole (topical) CREA
ipratropium-albuterol SOLN	12	(deferiasirox)	20	46
irbesartan	23	JADENU TABS (deferiasirox)	20	ketoconazole (topical) FOAM
irbesartan-hydrochlorothiazide ...	24	JAKAFI	29	46
IRON FOLATE-F	60	JANUMET TABS	18	ketoconazole
ISENTRESS CHEW	33	JANUMET XR TB24 1000 MG-100		21
ISENTRESS HD TABS	33	MG	18	KETONE TEST STRP
		JANUMET XR TB24 1000 MG-50		51

KEVEYIS (dichlorphenamide)	52	KOATE SOLR	58	lamivudine TABS	33
KEVZARA SOAJ	4	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	58	lamivudine-zidovudine	33
KEVZARA SOSY	4	KOSELUGO	29	lamotrigine CHEW	14
KIMONO COLORS DEVI	62	KOVALTRY	58	lamotrigine KIT 25 MG	14
KIMONO MAXX-LARGE FLARE MISC	63	K-PHOS NO 2	57	lamotrigine KIT	14
KIMONO MICRO THIN MISC	63	KRINTAFEL	26	lamotrigine TABS	14
KIMONO MICRO THIN PLUS MISC . 63		KROGER HEALTHPRO LANCET 26G	71	lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	14
KIMONO MISC	63	KROGER LANCETS	71	lamotrigine TB24 250 MG	14
KIMONO PLUS MISC	63	KROGER LANCETS SUPER THIN 71		lamotrigine TB24 300 MG	14
KIMONO PS MISC	63	KROGER LANCETS THIN	71	lamotrigine TBDP	14
KIMONO PS PLUS MISC	63	KUVAN PACK (sapropterin dihydrochloride)	54	LAMPIT	25
KIMONO SENSATION MISC	63	KUVAN TABS (sapropterin dihydrochloride)	54	LANCETS	71
KIMONO SENSATION PLUS MISC 63		K-Y ME & YOU EXTRA LUBRICATED DEVI	63	LANCETS 28G THIN	71
KIMONO SPECIAL DEVI	63	K-Y ME & YOU INTENSE DEVI ...	63	LANCETS 30G	71
KINNEY LANCETS	71	labetalol hcl TABS 100 MG, 200 MG, 300 MG	35	LANCETS 33G	71
KINNEY THIN LANCETS	71	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	14	LANCETS MICRO THIN 33G	71
KISQALI (200 MG DOSE)	29	lacosamide TABS	14	LANCETS SUPER THIN	71
KISQALI (400 MG DOSE)	29	lactulose (encephalopathy)	56	LANCETS SUPER THIN 28G	72
KISQALI (600 MG DOSE)	29	lactulose SOLN	61	LANCETS THIN	72
KISQALI FEMARA (200 MG DOSE) . 28		LAGEVRIO	34	LANCETS ULTRA THIN	72
KISQALI FEMARA (400 MG DOSE) . 28		LAMICTAL CHEW (lamotrigine) ...	14	LANCETS ULTRA THIN 30G	72
KISQALI FEMARA (600 MG DOSE) . 28		LAMICTAL TABS (lamotrigine)	14	LANOXIN TABS 125 MCG, 250 MCG (digoxin)	36
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ...	2	LAMICTAL XR KIT	14	lansoprazole CPDR	101
KLARITY-A	90	lamivudine (hbv) TABS	34	lansoprazole TBDD 15 MG	101
KLOXXADO LIQD	20	lamivudine SOLN	33	lansoprazole TBDD 30 MG	101
				lanthanum carbonate CHEW 1000 MG	56
				lanthanum carbonate CHEW 500 MG	56

lanthanum carbonate CHEW 750 MG 500 MG/5ML	14	LIBERTY MEDICAL LANCETS ...	72
.....56		lidocaine hcl (mouth-throat)	84
LANTUS SOLN	19	lidocaine hcl SOLN	50
LANTUS SOLOSTAR SOPN	19	lidocaine PTCH 5 %	50
lapatinib ditosylate	29	lidocaine-prilocaine CREA	50
LASTACRAFT	92	linezolid SUSR	25
latanoprost SOLN	92	linezolid TABS	25
LATANOPROST SOLN	92	LINZESS	56
leflunomide 10 MG	5	liothyronine sodium TABS 25 MCG, 50 MCG	99
leflunomide 20 MG	5	liothyronine sodium TABS 5 MCG ..	99
lenalidomide	84	liraglutide	18
lenalidomide 5 MG	83	lisdexamfetamine dimesylate CAPS 1	
LENVIMA (10 MG DAILY DOSE) ..	27	lisdexamfetamine dimesylate CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG	1
LENVIMA (12 MG DAILY DOSE) ..	27	lisdexamfetamine dimesylate CHEW 60 MG	1
LENVIMA (14 MG DAILY DOSE) ..	27	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	24
LENVIMA (18 MG DAILY DOSE) ..	27	lisinopril & hydrochlorothiazide 25 MG-20 MG	24
LENVIMA (20 MG DAILY DOSE) ..	27	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	23
LENVIMA (24 MG DAILY DOSE) ..	27	lisinopril TABS 40 MG	23
LENVIMA (4 MG DAILY DOSE) ..	27	LITE TOUCH LANCETS	72
LENVIMA (8 MG DAILY DOSE) ..	27	LITETOUCH LANCETS	72
LETAIRIS (ambrisentan)	36	lithium	31
letrozole	27	lithium carbonate CAPS 150 MG, 600 MG	31
leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG	30	lithium carbonate CAPS 300 MG ..	31
leucovorin calcium TABS	30	lithium carbonate TABS	31
LEUKERAN	26	lithium carbonate TBCR	31
leuprolide acetate KIT IJ 1 MG/0.2ML	28		
levabuterol hcl	12		
levabuterol tartrate	12		
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	14		
levetiracetam TABS 1000 MG	14		
levetiracetam TABS 250 MG, 500 MG, 750 MG	14		
levetiracetam TB24	14		
levobunolol hcl 0.5 %	89		
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	54		
levocarnitine (metabolic modifiers) TABs	54		
levofloxacin (ophth) 1.5 %	90		
levofloxacin SOLN PO	55		
levofloxacin TABS	55		
levonorgestrel & eth estradiol TABS 41			
levonorgestrel (emergency oc) 1.5 MG	42		
levonorgestrel-eth estradiol (triphasic)	41		
levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	41		
levonorgestrel-ethinyl estradiol (continuous)	41		
levonorgestrel-ethinyl estradiol-iron 41			
levorphanol tartrate TABS 2 MG	7		
levorphanol tartrate TABS 3 MG	7		
levothyroxine sodium CAPS	99		
levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	99		
levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	99		

LITHOBID TBCR (lithium carbonate) . 31	LUMIGAN SOLN 0.01 %92	MEDLANCE LITE 25G .....72
LITHOSTAT .....57	LUPRON DEPOT (1-MONTH) KIT IM .....28	MEDLANCE PLUS EXTRA 21G ..72
LIVE BETTER LANCET SUPER THIN .....72	LUPRON DEPOT-PED (1-MONTH) 7.5 MG .....53	MEDLANCE PLUS LANCETS ....72
LIVE BETTER LANCET ULTRA THIN .....72	lurasidone hcl .....31	MEDLANCE PLUS LITE 25G .....72
LO LOESTRIN FE TABS .....41	LYNPARZA TABS .....29	MEDLANCE PLUS SPECIAL 0.8MM .....72
LOCOID LIPOCREAM .....49	LYSODREN .....28	MEDLANCE PLUS SUPERLITE 30G .....72
lofexidine hcl .....93	mafenide acetate PACK .....48	MEDLANCE PLUS UNIVERSAL 21G .....72
LOKELMA .....84	malathion .....51	MEDLANCE UNIVERSAL 21G ...73
LOMAIRA TABS .....1	maraviroc TABS .....33	MEDROL TABS .....43
LONSURF .....28	MARPLAN .....16	medroxyprogesterone acetate 10 MG .....93
loperamide hcl CAPS .....20	MATULANE .....30	medroxyprogesterone acetate 2.5 MG, 5 MG .....93
lopinavir-ritonavir SOLN .....33	MAVYRET TABS .....34	mefenamic acid CAPS .....4
lopinavir-ritonavir TABS .....33	MAXIDEX SUSP OP .....91	mefloquine hcl .....26
lorazepam CONC .....10	MAXX MISC .....63	megestrol acetate (appetite) .....93
lorazepam TABS .....10	MAXX PLUS MISC .....63	megestrol acetate SUSP .....28
LORBRENA .....29	MAYZENT STARTER PACK TBPK 0.25 MG .....94	megestrol acetate TABS .....28
losartan potassium & hydrochlorothiazide .....24	MAYZENT STARTER PACK TBPK 0.25 MG .....95	MEIJER LANCETS .....73
losartan potassium .....23	MAYZENT TABS 0.25 MG .....95	MEIJER LANCETS UNIVERSAL 21G .....73
LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day)) .....41	MAYZENT TABS 1 MG .....95	MEIJER LANCETS UNIVERSAL 30G .....73
LOTEMAX OINT .....91	MAYZENT TABS 2 MG .....95	MEIJER LANCETS UNIVERSAL 33G .....73
loteprednol etabonate GEL .....91	meclizine hcl CHEW .....21	MEKINIST SOLR .....29
loteprednol etabonate SUSP .....91	meclofenamate sodium CAPS .....4	MEKINIST TABS .....29
lovastatin TABS .....23	MEDICHOICE SAFETY LANCET .....72	MEKTOVI .....29
loxapine succinate .....32	MEDICHOICE SAFETY LANCET EXTRA .....72	meloxicam TABS 15 MG .....4
lubiprostone .....56	MEDICHOICE SAFETY LANCET NORM .....72	meloxicam TABS 7.5 MG .....4
LUMAKRAS 120 MG, 240 MG .....29	MEDLANCE EXTRA 21G .....72	
LUMAKRAS 320 MG .....29		

melphalan	26	metformin hcl TABS 500 MG, 850 MG, 1000 MG	18	methylphenidate hcl SOLN	2
memantine hcl CP24	93	metformin hcl TB24 500 MG, 750 MG	18	methylphenidate hcl TABS 20 MG ..	2
memantine hcl SOLN	94	methadone hcl CONC	7	methylphenidate hcl TABS 5 MG, 10 MG	2
memantine hcl TABS 10 MG	94	methadone hcl SOLN PO	7	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	2
memantine hcl TABS 5 MG	94	methadone hcl TABS	7	methylphenidate hcl TB24 36 MG ..	2
memantine hcl TABS	94	methadone hcl TBSO	7	methylphenidate hcl TBCR 10 MG, 20 MG	2
memantine hcl-donepezil hcl CP24 94		methamphetamine hcl	1	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	2
MENEST 0.3 MG, 0.625 MG, 1.25 MG	55	methazolamide TABS	52	methylphenidate hcl TBCR 54 MG ..	2
MENEST 2.5 MG	55	methenamine hippurate	26	methylphenidate PTCH	2
MENOSTAR PTWK	55	methenamine mandelate	26	methylprednisolone TABS	43
meperidine hcl SOLN PO 50 MG/5ML	7	methimazole TABS	98	methylprednisolone TBPK	43
meperidine hcl TABS 50 MG	7	methocarbamol TABS 500 MG, 750 MG	88	methyltestosterone CAPS	9
mercaptopurine SUSP 2000 MG/100ML	27	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	27	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	56
mercaptopurine TABS	27	methotrexate sodium SOLR	27	metoclopramide hcl TABS	56
meropenem 500 MG	25	methotrexate sodium TABS 2.5 MG 27		metoclopramide hcl TBDP	56
mesalamine CP24	56	methotrexate sodium TABS 2.5 MG 27		metolazone	53
mesalamine CPR	56	methoxsalen rapid	47	METOPIRONE	51
mesalamine CPDR	56	methscopolamine bromide	100	metoprolol & hydrochlorothiazide TABS	24
mesalamine ENEM	56	methsuximide	16	metoprolol succinate TB24	35
mesalamine SUPP	56	methylodopa TABS	24	metoprolol tartrate TABS	35
mesalamine TBEC 1.2 GM	56	methylergonovine maleate TABS ..	92	metronidazole (topical) CREA	51
mesalamine TBEC 800 MG	56	methylphenidate hcl CHEW	2	metronidazole (topical) GEL 0.75 % 51	
mesna TABS	30	methylphenidate hcl CP24 60 MG ..	2	metronidazole (topical) GEL 1 % ..	51
MESNEX TABS	30	methylphenidate hcl CP24	2	metronidazole (topical) LOTN	51
metaxalone 400 MG	88	methylphenidate hcl CP24	2	metronidazole CAPS	25
metaxalone 800 MG	88	methylphenidate hcl CPR 10 MG, 40 MG, 50 MG, 60 MG	2		
metformin hcl SOLN	18	methylphenidate hcl CPR 20 MG, 30 MG	2		

metronidazole TABS 250 MG, 500 MG	25	MODERNA COVID-19 VAC 6M-11Y SUSY	102	MPD SAFETY LANCET 23G	73
metronidazole vaginal	102	moexipril hcl	23	MPD SAFETY LANCET 28G	73
metyrosine	23	molindone hcl	32	MPD SAFETY LANCET 30G	73
mexiletine hcl	10	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	34	MRESVIA	102
MG217 PSORIASIS MULTI-SYMP-TOM OINT	50	mometasone furoate (nasal) SUSP 89		MUCOTROL WAFR	84
MIACALCIN IJ (calcitonin (salmon)) 53		mometasone furoate CREA	49	MULPLETA	59
MICROLET LANCETS	73	mometasone furoate OINT	49	MULTIVITAMIN + FLUORIDE CHEW	85
midazolam hcl SYRP	60	mometasone furoate SOLN	50	MULTIVITAMIN/FLUORIDE CHEW 85	
midodrine hcl	102	MONOLET LANCETS	73	MULTIVITAMIN/FLUORIDE SOLN 85	
MIFEPREX (mifepristone)	54	MONOLET OPD LANCETS	73	MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	85
mifepristone	54	MONOLETTOR SAFETY LANCETS 73		MULTI-VIT-FLOR CHEW	85
miglitol	18	montelukast sodium CHEW	11	mupirocin OINT	45
miglustat	59	montelukast sodium PACK	11	MYALEPT	54
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	42	montelukast sodium TABS	11	mycophenolate mofetil CAPS	84
minocycline hcl CAPS	98	morphine sulfate beads	7	mycophenolate mofetil SUSR	84
minocycline hcl TABS 50 MG, 100 MG	98	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	7	mycophenolate mofetil TABS	84
minocycline hcl TABS 75 MG	98	morphine sulfate SOLN PO 10 MG/5ML	7	mycophenolate sodium	84
minoxidil 2.5 MG, 10 MG	25	morphine sulfate SOLN PO 20 MG/5ML, 20 MG/ML, 100 MG/5ML .	7	MYGLUCOHEALTH LANCETS 30G 73	
MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	42	morphine sulfate SUPP	7	MYLERAN TABS	26
mirtazapine TABS	16	morphine sulfate TABS	7	MYSOLINE (primidone)	14
mirtazapine TBDP	16	morphine sulfate TBCR	7	MYTESI	20
misoprostol	101	MOVANTIK	56	nabumetone 500 MG	4
MM TWIST LANCETS	73	moxifloxacin hcl (ophth) SOLN OP 90		nabumetone 750 MG	4
M-NATAL PLUS TABS	86	moxifloxacin hcl TABS	55	nadolol TABS 20 MG, 40 MG, 80 MG	35
MOBILE LANCETS 30G	73	MPD SAFETY LANCET 21G	73	nafcillin sodium IV 10 GM	93
modafinil	2			naftifine hcl CREA	46

naftifine hcl GEL 2 %	46	neomycin-polymyxin-hc (ophth)	91	niacin (antihyperlipidemic) TABS	23
NALOCET TABS	8	neomycin-polymyxin-hc (otic) SOLN	92	niacin (antihyperlipidemic) TBCR	23
naloxone hcl LIQD	20	neomycin-polymyxin-hc (otic) SUSP	92	nicardipine hcl CAPS	35
naloxone hcl SOSY 2 MG/2ML	20	NEONATAL 19	86	NICODERM CQ PT24 TD (nicotine)	97
naltrexone hcl	20	NEONATAL COMPLETE TABS 120		NICORETTE GUM (nicotine polacrilex)	97
NAMZARIC C4PK	94	MG-10 MG-9.2 MG-1000 MCG-10		NICORETTE LOZG (nicotine polacrilex)	97
naproxen sodium TABS 275 MG, 550 MG	4	MCG-12 MCG-3 MG-5 MG-20 MG-27		NICORETTE MINI LOZG (nicotine polacrilex)	97
naproxen SUSP	4	MG-1200 MCG-2 MG-0.2 MG	86	NICORETTE STARTER KIT GUM (nicotine polacrilex)	97
naproxen TABS	4	NEONATAL PLUS TABS	86	NICOTINE KIT	97
naratriptan hcl	82	NEOSTIGMINE METHYLSULFATE RFID SOSY (neostigmine methylsulfate)	26	nicotine polacrilex GUM	97
NATACHEW CHEW 120 MG-10 MG-20		NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	26	nicotine polacrilex LOZG	97
UNIT-1 MG-400 UNIT-12 MCG-3 MG-20		neostigmine methylsulfate SOSY	26	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	97
MG-2 MG-2700 UNIT-28 MG	86	NEOTUSS PLUS LIQD	44	NICOTROL INHA	97
NATACYN	90	NERLYNX	29	NICOTROL NS SOLN	97
NATAZIA	42	NESTABS	86	nifedipine CAPS	35
nateglinide	19	NESTABS DHA	86	nifedipine TB24 30 MG, 60 MG	35
NAYZILAM	13	NESTABS ONE	86	nifedipine TB24	35
nebivolol hcl	35	NEUPRO	31	NILANDRON (nilutamide)	28
NEBUSAL NEBU	44	NEURONTIN CAPS (gabapentin)	14	nilotinib hcl 50 MG, 150 MG, 200 MG	29
NEEVO DHA 85 MG-25 MG-15 MG-5		NEURONTIN SOLN (gabapentin)	15	nilutamide	28
MCG-1.4 MG-18 MG-27 MG-110 MG-1.4		NEURONTIN TABS (gabapentin)	15	nimodipine CAPS	35
MG-60 MG-220 MCG-60 MCG-1		NEVANAC	92	nimodipine SOLN	35
MG-1.13 MG	86	nevirapine SUSP	33	NINLARO	29
nefazodone hcl	17	nevirapine TABS	33	nisoldipine	35
neomycin sulfate TABS	2	nevirapine TB24	33	nitazoxanide TABS	25
neomycin-bacitracin zn-polymyxin	90	NEXAVAR (sorafenib tosylate)	29		
neomycin-polymy-dexameth OINT	91	NEXTSTELLIS	42		
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	91				
neomycin-polymyxin-gramicidin	90				

nitisinone CAPS 10 MG	54	norethindrone acetate-ethinyl estradiol-fe	42	NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT	58
nitisinone CAPS 2 MG, 5 MG, 20 MG	54	norgestimate-ethinyl estradiol (triphasic)	42	nystatin (mouth-throat)	84
NITRO-BID OINT	9	norgestimate-ethinyl estradiol	42	nystatin (topical) CREA	46
NITRO-DUR PT24	9	NORITATE CREA	51	nystatin (topical) OINT	46
nitrofurantoin	26	NORPACE CR CP12	10	nystatin (topical) POWD EX	46
nitrofurantoin macrocrystal	26	NORTHERA (droxidopa)	102	nystatin TABS	21
nitrofurantoin monohyd macro	26	nortriptyline hcl CAPS	17	nystatin-triamcinolone CREA	46
nitroglycerin (intra-anal)	9	nortriptyline hcl SOLN	17	nystatin-triamcinolone OINT	46
nitroglycerin PT24	9	NORVIR PACK	33	NYVEPRIA	59
nitroglycerin SOLN TL 0.4 MG/SPRAY	10	NOVA SAFETY LANCETS 23G ..	73	OB COMPLETE ONE	86
nitroglycerin SUBL	10	NOVA SAFETY LANCETS 28G ..	73	OB COMPLETE PETITE	86
NITYR TABS	54	NOVA SUREFLEX LANCETS	73	OB COMPLETE PREMIER	87
NIVA THYROID TABS	99	NOVAVAX COVID-19 VACCINE SUSY	102	OB COMPLETE/DHA	87
NIVA-PLUS TABS	86	NOVOEIGHT	58	OBIZUR	58
nizatidine CAPS	100	NOVOSEVEN RT	58	OCALIVA 10 MG	55
NORDITROPIN FLEXPPO SOPN ..	53	NP THYROID TABS	99	OCALIVA 5 MG	55
norelgestromin-ethinyl estradiol ..	42	NUBEQA	28	octreotide acetate SOLN	54
norethin acet & estrad-fe CAPS ...	42	NUCALA SOAJ	10	octreotide acetate SOSY	54
norethin acet & estrad-fe CHEW ..	42	NUCALA SOLR	10	ODEFSEY	33
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	42	NUCALA SOSY 100 MG/ML	10	ODOMZO	27
norethindrone & ethinyl estradiol-fe 42		NUCALA SOSY 40 MG/0.4ML	10	OFEV	98
norethindrone (contraceptive)	43	NUCORT LOTN	50	ofloxacin (ophth)	90
norethindrone acet & eth estra TABS 42		NUEDEXTA	95	ofloxacin (otic)	92
norethindrone acetate TABS	93	NUPLAZID CAPS	31	ofloxacin 300 MG	55
norethindrone acetate-ethinyl estradiol	55	NUPLAZID TABS 10 MG	31	ofloxacin 400 MG	55
		NUVARING (etonogestrel-ethinyl estradiol)	42	olanzapine TABS 15 MG, 20 MG ..	32
		NUWIQ KIT	58	olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	32
				olanzapine TBDP	32
				olanzapine-fluoxetine hcl 25 MG-12	

MG, 25 MG-3 MG, 50 MG-12 MG, 50 MG-6 MG	94	ONETOUCH DELICA SAFETY LANCING	74	OSPHENA	53
olanzapine-fluoxetine hcl 25 MG-6 MG	94	ONETOUCH ULTRA BLUE TEST STRP	51	OTEZLA TABS	4
olmesartan medoxomil 40 MG	24	ONETOUCH ULTRA STRP	51	OTEZLA TBPK	4
olmesartan medoxomil 5 MG, 20 MG 23		ONETOUCH ULTRA TEST STRP	51	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3
olmesartan medoxomil-amlodipine-hydrochlorothiazide	24	ONETOUCH ULTRASOFT 2 LANCETS	74	oxacillin sodium IV 10 GM	93
olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG .	24	ONETOUCH VERIO STRP	51	oxaprozin TABS	4
olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	24	ONUREG TABS	27	OXAYDO TABS 5 MG	7
olopatadine hcl (nasal)	88	OPILL	43	OXAYDO TABS 7.5 MG	7
olopatadine hcl 0.1 %	92	OPSUMIT	36	oxazepam CAPS 10 MG, 15 MG ..	10
olopatadine hcl 0.2 %	92	OPTIONS GYNOL II CONTRACEPTIVE GEL	102	oxazepam CAPS 30 MG	10
omega-3-acid ethyl esters	22	ORACIT	57	oxcarbazepine SUSP	15
omeprazole CPDR 10 MG	101	ORAL CITRATE	57	oxcarbazepine TABS 150 MG	15
omeprazole CPDR 20 MG, 40 MG 101		ORAVIG	84	oxcarbazepine TABS 300 MG	15
omeprazole magnesium CPDR ..	101	ORENITRAM MONTH 1 TEPK	36	oxcarbazepine TABS 600 MG	15
OMNIFLEX DIAPHRAGM	63	ORENITRAM MONTH 2 TEPK	36	oxcarbazepine TB24 150 MG, 300 MG	15
ondansetron hcl SOLN PO 4 MG/5ML	20	ORENITRAM MONTH 3 TEPK	36	oxcarbazepine TB24 600 MG	15
ondansetron hcl TABS 4 MG, 8 MG 21		ORENITRAM TBCR	36	oxiconazole nitrate CREA	46
ondansetron TBDP 4 MG, 8 MG ..	21	ORFADIN SUSP	54	OXISTAT LOTN	46
ONE VITE WOMENS PLUS TABS 87		ORIAHNN	55	oxybutynin chloride TABS 5 MG .	101
ONETOUCH DELICA PLUS LANCET30G	73	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	98	oxybutynin chloride TB24	101
ONETOUCH DELICA PLUS LANCET33G	74	ORKAMBI PACK 94 MG-75 MG ..	98	oxycodone hcl CAPS	7
		ORKAMBI TABS	98	oxycodone hcl CONC 100 MG/5ML 7	
		orlistat	1	oxycodone hcl SOLN	7
		orphenadrine citrate TB12	88	oxycodone hcl TABS 30 MG	7
		oseltamivir phosphate CAPS	34	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	7
		oseltamivir phosphate SUSR	34	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ...	8
		OSMOPREP	61		

oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	8	PC LANCETS SUPER THIN 30G .74	PERFECT POINT SAFETY LANCETS	74
oxycodone w/ acetaminophen TABS 325 MG-5 MG	8	pediatric multivitamins w/fl CHEW .85	perindopril erbumine	23
OXYCODONE-ACETAMINOPHEN TABs	8	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	permethrin CREA	51
oxymorphone hcl TABS 10 MG	7	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 60	perphenazine TABS	32
oxymorphone hcl TABS 5 MG	7	peg 3350-potassium chloride-sod bicarbonate-sod chloride	perphenazine-amitriptyline	94
oxymorphone hcl TB12	7	PEGASYS SOLN	PERSERIS PRSY	31
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	18	PEG-PREP	PHARMACIST CHOICE LANCETS . 74	
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	18	penicillamine CAPS	phenelzine sulfate	16
OZEMPIC (2 MG/DOSE) SOPN ...	18	penicillamine TABS	phenobarbital ELIX	60
paliperidone	31	PENICILLIN G POT IN DEXTROSE . 93	phenobarbital TABS	60
PALYNZIQ	54	penicillin g potassium 5000000 UNIT, 20000000 UNIT	phenoxybenzamine hcl	23
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	52	penicillin g sodium	phentermine hcl CAPS	1
PANRETIN	47	penicillin v potassium SOLR	phentermine hcl TABS	1
pantoprazole sodium PACK	101	penicillin v potassium TABS	phentermine hcl-topiramate	1
pantoprazole sodium TBEC	101	pentamidine isethionate IN	phenylephrine hcl (mydriatic) SOLN 89	
paricalcitol CAPS	54	PENTASA CPCR 250 MG	phenytoin CHEW	16
paroxetine hcl SUSP	17	PENTASA CPCR 500 MG	phenytoin sodium extended 100 MG, 200 MG, 300 MG	16
paroxetine hcl TABS	17	pentazocine w/ naloxone hcl	phenytoin SUSP	16
paroxetine hcl TB24	17	pentoxifylline	PHEXXI	102
PAXLOVID (150/100)	34	perampanel TABS 2 MG	phytonadione TABS 5 MG	102
PAXLOVID (300/100)	34	perampanel TABS 4 MG	PIFELTRO	33
pazopanib hcl	29	perampanel TABS 6 MG	pilocarpine hcl (oral) 5 MG	85
		perampanel TABS 8 MG, 10 MG, 12 MG	pilocarpine hcl (oral) 7.5 MG	85
		PERFECT LANCETS 28G	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 90	
		PERFECT LANCETS 30G	pimecrolimus	50
			pimozide	95
			pindolol TABS	35

pioglitazone hcl 15 MG	19	podofilox SOLN	50	PRALUENT SOAJ	23
pioglitazone hcl 30 MG, 45 MG	19	POLY HUB NEEDLE	81	pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	31
pioglitazone hcl-glimepiride	18	polyethylene glycol 3350 POWD ..	61	pramipexole dihydrochloride TABS 1 MG	31
pioglitazone hcl-metformin hcl TABS . 18		polymyxin b-trimethoprim	90	pramipexole dihydrochloride TABS 1.5 MG	31
PIP LANCETS 28G	74	POLY-VI-FLOR CHEW	85	pramipexole dihydrochloride TABS 1.5 MG	31
PIP LANCETS 30G	74	POLY-VI-FLOR SUSP	85	pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG	31
piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM	93	POLY-VI-FLOR/IRON CHEW	85	pramipexole dihydrochloride TB24 3 MG	31
PIQRAY (200 MG DAILY DOSE) .	29	POLY-VI-FLOR/IRON SUSP	85	PRAMOSONE LOTN	50
PIQRAY (250 MG DAILY DOSE) .	29	POMALYST	28	PRAMOSONE OINT	50
PIQRAY (300 MG DAILY DOSE) .	29	posaconazole SUSP	21	PRAMOTIC	92
pirfenidone CAPS	98	posaconazole TBEC	21	prasugrel hcl	59
pirfenidone TABS	98	pot & sod citrates w/citric ac SOLN 57		pravastatin sodium	23
piroxicam CAPS 10 MG	4	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	83	praziquantel	9
piroxicam CAPS 20 MG	4	potassium chloride CPCR	83	prazosin hcl CAPS	24
pitavastatin calcium	23	potassium chloride microencapsulated crystals er	83	PRECISION THINS GP LANCETS 74	
PLAN B ONE-STEP (levonorgestrel (emergency oc))	42	potassium chloride PACK PO 20 MEQ	83	PRECISION XTRA BLOOD GLUCOSE STRP	52
PLEGRIDY SOAJ	95	POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (potassium chloride) 83		PRECISION XTRA KETONE	52
PLEGRIDY SOSY IM	95	potassium chloride SOLN PO 10 %, 20 %, 10 %	83	PRED MILD	91
PLEGRIDY SOSY SC	95	potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	83	prednisolone acetate (ophth)	91
PLEGRIDY STARTER PACK SOAJ . 95		potassium citrate (alkalinizer) TBCR . 57		PREDNISOLONE SODIUM PHOSPHATE	91
PLEGRIDY STARTER PACK SOSY SC	95	potassium citrate-citric acid SOLN .	57	prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML 43	
PNV 27-CA/FE/FA TABS	87	potassium iodide (expectorant) SOLN	44	prednisolone sodium phosphate TBDP	43
PNV-DHA+DOCUSATE	87	POVIDONE-IODINE	90		
PNV-OMEGA	87				
PODOCON-25 SOLN	50				
podofilox GEL	50				

prednisolone SOLN	43	PRENATAL-U CAPS	87	PROCYSBI PACK	57
prednisolone TABS	43	PRENATE	87	PRODIGY LANCETS 28G	74
PREDNISOLONE-MOXIFLOXACIN SOLN	91	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 ..	87	PRODIGY SAFETY LANCETS 26G . 74	
PREDNISONE INTENSOL CONC	43			PRODIGY TWIST TOP LANCETS 28G	74
prednisone SOLN	43	PRENATE ENHANCE	87	PROFILNINE	58
prednisone TABS	43	PRENATE PIXIE	87	progesterone CAPS	93
prednisone TBPK	43	PRENATE RESTORE	87	PROGRAF PACK	84
pregabalin CAPS 225 MG, 300 MG 15		PRENATRIX TABS	87	PROLATE TABS	8
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	15	PRENATRYL TABS	87	PROLIA SOSY	53
pregabalin SOLN	15	PREPIDIL GEL	92	PROMACTA PACK 12.5 MG (eltrombopag olamine)	59
PREMARIN	102	PREZCOBIX	33	PROMACTA PACK 25 MG (eltrombopag olamine)	59
PREMARIN TABS	55	PREZISTA SUSP	33	PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	59
PREMIUM SCAR	50	PREZISTA TABS 75 MG, 150 MG	33		
PREMPHASE	55	PRIFTIN	26		
PREMPRO	55	PRILOSEC PACK	101	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	22
PRENA 1 TRUE	87	primaquine phosphate TABS	26	promethazine hcl SUPP 12.5 MG, 25 MG	22
PRENA1	87	PRIMAXIN IV IV 500 MG-500 MG (imipenem-cilastatin)	25		
PRENA1 PEARL	87	primidone 50 MG, 250 MG	15	promethazine hcl TABS 12.5 MG ..	22
PRENAISSANCE	87	PRO COMFORT LANCETS 30G .	74	promethazine hcl TABS 25 MG ...	22
PRENAISSANCE PLUS CAPS	87	PRO COMFORT LANCETS 31G .	74	promethazine hcl TABS 50 MG ...	22
PRENATAL 19 CHEW	87	PRO COMFORT SAFETY LANCETS 30G	74	promethazine w/codeine SOLN ...	44
PRENATAL 19 TABS	87	PROAIR RESPICLICK AEPB	12	promethazine w/codeine SYRP ...	44
PRENATAL PLUS TABS	87	probenecid	57	promethazine-dm SYRP	44
PRENATAL PLUS VITAMIN/MINERAL TABS	87	prochlorperazine	32	propafenone hcl CP12	10
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	87	prochlorperazine maleate TABS ...	32	propafenone hcl TABS 150 MG ...	10
		PROCTOFOAM HC FOAM EX	9	propafenone hcl TABS 225 MG, 300 MG	10
		PROCYSBI CPDR	57	proparacaine hcl	90

propranolol hcl CP24	35	QC UNILET LANCETS MICRO THIN	75	rabeprazole sodium TBEC	101
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	35	QINLOCK	29	RADICAVA ORS STARTER KIT SUSP	89
propranolol hcl TABS	35	QSYMIA 11.25 MG-69 MG, 15 MG-92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG (phentermine hcl-topiramate) ...	1	RADICAVA ORS SUSP	89
propylthiouracil	98	QUARTETTE (levonorgestrel-ethinyl estradiol (91-day))	42	raloxifene hcl	53
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	44	quazepam	60	ramelteon	60
protriptyline hcl	18	quetiapine fumarate TABS 200 MG 32		ramipril CAPS	23
prucalopride succinate	55	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	32	ranolazine TB12 1000 MG	9
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 44		quetiapine fumarate TABS 300 MG, 400 MG	32	ranolazine TB12 500 MG	9
PSS SELECT GP LANCETS	74	quetiapine fumarate TB24	32	RAPIDGO FLU A/B COVID-19 HOME	52
PSS SELECT SAFETY LANCETS 74		QUFLORA FE PEDIATRIC LIQD ..	85	rasagiline mesylate	31
PULMICORT FLEXHALER AEPB .	11	QUFLORA PEDIATRIC CHEW ...	85	RASUVO SOAJ 20 MG/0.4ML	3
PULMOZYME	98	QUFLORA PEDIATRIC SOLN	85	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
PURE COMFORT LANCETS 30G 74		QUILLICHEW ER CHER 20 MG, 40 MG	2	READYLANCE SAFETY LANCETS .	75
PX LANCETS MICROTHIN 33G ..	75	QUILLICHEW ER CHER 30 MG ...	2	REALITY LANCETS	75
PX LANCETS ULTRA THIN	75	QUILLIVANT XR SRER	2	REALITY LATEX CONDOMS MISC .	63
PX LANCETS ULTRA THIN 28G ..	75	quinapril hcl	23	REALITY LATEX/ULTRA TEXTURED DEVI	63
pyrazinamide	26	quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	24	REALITY LATEX/ULTRA THIN DEVI 63	
pyridostigmine bromide SOLN PO .	26	quinapril-hydrochlorothiazide 25 MG-20 MG	24	REALITY TRIGGER LANCETS ...	75
pyridostigmine bromide TABS 60 MG	26	quinidine gluconate TBCR	10	REBIF REBIDOSE SOAJ	95
pyridostigmine bromide TBCR	26	quinine sulfate CAPS 324 MG	26	REBIF REBIDOSE TITRATION PACK SOAJ	95
pyrimethamine	26	QVAR REDIHALER 40 MCG/ACT .	11	REBIF SOSY	95
QBRELIS SOLN	23	QVAR REDIHALER 80 MCG/ACT .	11	REBIF TITRATION PACK SOSY ..	95
QC LANCETS SUPER THIN 30G 75		RABEPRAZOLE SODIUM CPSP 101		REBINYN	58
QC LANCETS ULTRA THIN	75				
QC UNILET LANCETS 28G	75				

RECOMBINATE SOLR	58	RIGHTEST GL300 LANCETS	75	rufinamide TABS 200 MG	15
REGSPANEX	51	riluzole TABS	89	rufinamide TABS 400 MG	15
RELENZA DISKHALER	34	rimantadine hydrochloride TABS ..	34	RUKOBIA	33
RELION INSULIN SYRINGE	81	RINVOQ LQ SOLN	2	RYBELSUS TABS	18
RELION LANCET DEVICES 30G ..	75	RINVOQ TB24	2	RYDAPT	29
RELION LANCETS	75	risedronate sodium TABS 150 MG	53	RYTARY CPCR	31
RELION LANCETS MICRO-THIN		risedronate sodium TABS 5 MG, 30		RYVENT TABS	22
33G	75	MG, 35 MG	53	SABRIL PACK (vigabatrin)	16
RELION LANCETS THIN 26G	75	risperidone SOLN	31	SABRIL TABS (vigabatrin)	16
RELION LANCETS ULTRA-THIN		risperidone TABS 0.25 MG, 0.5 MG,		sacubitril-valsartan TABS	36
30G	75	1 MG, 2 MG, 4 MG	31	SAFE-T-LANCE	75
RELION ULTRA THIN LANCETS		risperidone TABS 3 MG	31	SAFE-T-LANCE PLUS	75
30G	75	risperidone TBDP	32	SAFETY LANCET 30G/PRESSURE	
RELNATE DHA CAPS	87	ritonavir TABS	33	ACT	75
RELYVRIO	89	rivaroxaban TABS 2.5 MG	12	SAFETY LANCETS	76
RENFLEXIS	56	rivastigmine	94	SAFETY LANCETS 21G	76
RENTHYROID TABS 15 MG, 30 MG,		rivastigmine tartrate CAPS	94	SAFETY LANCETS 23G	76
60 MG, 90 MG, 120 MG	99	RIXUBIS SOLR	58	SAFETY LANCETS 28G	76
repaglinide	20	rizatriptan benzoate TABS	82	SAFYRAL (drospirenone-ethinyl	
RETACRIT 2000 UNIT/ML, 3000		rizatriptan benzoate TBDP	82	estradiol-levomefolate calcium) ...	42
UNIT/ML, 4000 UNIT/ML, 10000		roflumilast	11	SALICYLIC ACID OINT	50
UNIT/ML, 40000 UNIT/ML	59	romidepsin SOLR	29	salicylic acid SHAM 6 %	50
RETACRIT 20000 UNIT/ML	59	ropinirole hydrochloride TABS	31	SALIMEZ CREA	50
RETEVMO CAPS	29	ropinirole hydrochloride TB24 12 MG		salsalate	6
REXULTI	32	31		SALYCIM CREA	50
REYATAZ PACK	33	ropinirole hydrochloride TB24 2 MG,		SANCUSO PTCH	21
RHOFADE	51	4 MG, 6 MG, 8 MG	31	SANDIMMUNE SOLN PO 100	
ribavirin (hepatitis c) CAPS	34	rosuvastatin calcium TABS	23	MG/ML	84
ribavirin	34	ROZLYTREK CAPS	29	SANDOSTATIN SOLN 50 MCG/ML,	
RIDAURA	4	RUBRACA	29	100 MCG/ML, 500 MCG/ML	
rifabutin	26	rufinamide SUSP	15	(octreotide acetate)	54
rifampin CAPS	26			SANTYL OINT	50

sapropterin dihydrochloride PACK .54	SE-NATAL 19 CHEW .....87	silodosin 8 MG .....57
sapropterin dihydrochloride TABS .54	SE-NATAL 19 TABS .....87	silver sulfadiazine .....48
SAPS HEALTH PLUS LANCETS .76	SEREVENT DISKUS .....12	simvastatin TABS .....23
SAPS HEALTH TWIST TOP LANCETS .....76	SEROSTIM SC 4 MG, 5 MG, 6 MG 53	SINGLE-LET .....76
SAPS TWIST TOP LANCETS ....76	SERTRALINE HCL CAPS .....17	sirolimus SOLN .....84
SAPSCARE TWIST TOP LANCETS 76	sertraline hcl CONC .....17	sirolimus TABS .....84
SAVELLA TABS .....94	sertraline hcl TABS .....17	SIVEXTRO TABS .....25
SAVELLA TITRATION PACK MISC 94	sevelamer carbonate PACK 0.8 GM . 56	SKYRIZI PEN SOAJ .....47
saxagliptin hcl .....18	sevelamer carbonate PACK 2.4 GM . 57	SKYRIZI SOCT .....56
saxagliptin-metformin hcl .....18	sevelamer carbonate TABS .....57	SKYRIZI SOSY .....47
SAXENDA .....1	sevelamer hcl 400 MG .....57	SLYND .....43
SB LANCETS THIN .....76	sevelamer hcl 800 MG .....57	SMARTEST LANCETS 28G .....76
SB LANCETS ULTRA THIN .....76	SFROWASA ENEM .....56	SOAANZ TABS 20 MG .....52
scopolamine .....21	SHOPKO ON-THE-GO LANCETS 30G .....76	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %44
SEASONIQUE (levonorgestrel- ethinyl estradiol (91-day)) .....42	SHOPKO UNILET LANCETS 28G 76	sodium citrate & citric acid .....57
SECUADO .....32	SHOPKO UNILET LANCETS 30G 76	sodium fluoride CHEW 0.25 MG, 0.5 MG .....82
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 .....87	SHUR-SEAL CONTRACEPTIVE GEL .....102	sodium fluoride CHEW 1 MG, 2.2 MG.....82
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 .....87	SIGNIFOR .....54	sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML .....83
SELECT-OB+DHA MISC .....87	SIKLOS TABS 100 MG .....59	sodium fluoride TABS 0.5 MG .....83
selegiline hcl CAPS .....31	SIKLOS TABS 1000 MG .....59	sodium fluoride TABS 1 MG .....83
selegiline hcl TABS .....31	sildenafil citrate (pulmonary hypertension) SUSR .....37	SODIUM OXYBATE SOLN .....93
selenium sulfide LOTN 2.5 %47	sildenafil citrate (pulmonary hypertension) TABS .....37	sodium phenylbutyrate POWD ....54
SELZENTRY SOLN .....33	sildenafil citrate .....36	sodium phenylbutyrate TABS .....54
	silodosin 4 MG .....57	sodium polystyrene sulfonate POWD 84
		SODIUM SULFACETAMIDE- BAKUCHIOL LIQD .....48
		sodium sulfate-potassium sulfate-

magnesium sulfate	60	STELARA SOSY 45 MG/0.5ML ...	47	sulfadiazine TABS	98
solifenacin succinate TABS 10 MG 101		STELARA SOSY 90 MG/ML	47	sulfamethoxazole-trimethoprim SUSP	25
solifenacin succinate TABS 5 MG 101		STERILANCE TL	76	sulfamethoxazole-trimethoprim TABS	25
SOLTAMOX SOLN	28	STIOLTO RESPIMAT	12	SULFAMYLON CREA	48
SOLUS V2 LANCETS 28G	76	STIVARGA	29	sulfasalazine TABS	56
SOLUS V2 TWIST LANCETS 30G 76		STRENSIQ	54	sulfasalazine TBEC	56
SOLUVITA ACD WITH FLUORIDE SOLN	86	streptomycin sulfate SOLR	2	sulindac TABS 150 MG	4
SOLUVITA SOLN	83	STRIBILD	33	sulindac TABS 200 MG	4
SOLUVITA WITH FLUORIDE SOLN . 86		STRIVERDI RESPIMAT	12	sumatriptan 20 MG/ACT	82
SOMAVERT	53	sucralfate SUSP	100	sumatriptan 5 MG/ACT	82
sorafenib tosylate	29	sucralfate TABS	100	sumatriptan succinate SOAJ	82
SORILUX FOAM	47	sulconazole nitrate CREA	46	sumatriptan succinate SOCT	82
sotalol hcl (afib/afl)	35	sulconazole nitrate SOLN	46	sumatriptan succinate SOLN 6 MG/0.5ML	82
sotalol hcl TABS	35	sulfacetamide sodium (acne)	45	sumatriptan succinate TABS	82
SOTYLIZE SOLN PO	35	sulfacetamide sodium (ophth) OINT 90		sunitinib malate 12.5 MG, 37.5 MG, 50 MG	29
SPEEDY SWAB COVID-19/FLU HOME	52	sulfacetamide sodium (ophth) SOLN . 90		sunitinib malate 25 MG	29
spinosad	51	sulfacetamide sodium LIQD	48	SUPER THIN LANCETS	76
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	11	sulfacetamide sodium SHAM 10 % 48		SUPRAX CHEW	37
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	11	sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	45	SUPRAX SUSR 500 MG/5ML	37
spironolactone & hydrochlorothiazide	52	sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %	45	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate)	61
spironolactone TABS	52	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	45	SURE COMFORT LANCETS 18G 76	
SPRAVATO (56 MG DOSE)	16	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	45	SURE COMFORT LANCETS 21G 77	
SPRAVATO (84 MG DOSE)	16	sulfacetamide sod-prednisolone SOLN	91	SURE COMFORT LANCETS 23G 77	
STELARA SOLN 45 MG/0.5ML ...	47	SULFACETAMIDE-SULFUR IN UREA EMUL	45	SURE COMFORT LANCETS 28G	

77	TAFINLAR TBSO	29	TEKTURNA HCT 25 MG-150 MG	24
SURE COMFORT LANCETS 30G 77	tafluprost	92	telmisartan 20 MG, 40 MG	24
SURELITE LANCETS	TAGRISSO	27	telmisartan 80 MG	24
77	TALZENNA	29	telmisartan-amlodipine	24
SYMBYAX 25 MG-6 MG (olanzapine- fluoxetine hcl)	tamoxifen citrate TABS	28	telmisartan-hydrochlorothiazide	24
94	tamsulosin hcl	57	temazepam 15 MG	60
SYMDEKO	TARGRETIN (bexarotene (topical)) 47		temazepam 22.5 MG, 30 MG	60
98	TARGRETIN (bexarotene)	30	temazepam 7.5 MG	60
SYMTUZA	TASIGNA 50 MG, 150 MG, 200 MG (nilotinib hcl)	29	temozolomide CAPS	27
33			temsirolimus	30
SYNAREL	TASMAR (tolcapone)	30	tenofovir disoproxil fumarate TABS 33	
53			terazosin hcl 1 MG, 2 MG, 5 MG	24
SYNDROS SOLN	TAVALISSE 100 MG	58	terazosin hcl 10 MG	24
21	TAVALISSE 150 MG	58	terbinafine hcl TABS	21
SYNJARDY TABS	TAYTULLA CAPS (norethin acet & estradiol)	42	terbutaline sulfate TABS	12
18	tazarotene CREA	47	terconazole vaginal CREA	102
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	TAZAROTENE FOAM	45	terconazole vaginal SUPP	102
18	tazarotene GEL	47	teriflunomide	95
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	TAZVERIK	30	teriparatide SOPN	53
18	TECHLITE AST LANCETS	77	TESTIM GEL TD (testosterone)	9
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)	TECHLITE INSULIN SYRINGE	81	testosterone cypionate SOLN IM ...	9
99	TECHLITE LANCETS	77	testosterone enanthate SOLN IM ...	9
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)	TECHLITE LANCETS 26G	77	testosterone GEL TD 1 %	9
99	TECHLITE LANCETS 30G	77	testosterone GEL TD 10 MG/ACT ..	9
SYPRINE (trientine hcl)	TEGRETOL SUSP (carbamazepine) . 15		testosterone GEL TD	9
83	TEGRETOL TABS (carbamazepine) . 15		testosterone SOLN	9
TABLOID	TEGRETOL-XR TB12 100 MG (carbamazepine)	15	tetrabenazine	94
27			tetracaine hcl (ophth)	90
TABRECTA	TEGSEDI	98	tetracycline hcl CAPS	98
29				
tacrolimus (topical) OINT 0.03 % ..				
50				
tacrolimus (topical) OINT 0.1 % ...				
50				
tacrolimus CAPS				
84				
tadalafil (pulmonary hypertension) TABS				
37				
tadalafil 2.5 MG				
36				
tadalafil 5 MG, 10 MG, 20 MG				
36				
TAFINLAR CAPS				
29				

THALITONE	53	tiopronin TBEC	57	TOPAMAX TABS 25 MG (topiramate)	15
THALOMID 50 MG, 100 MG	84	tiotropium bromide monohydrate CAPS	11	TOPAMAX TABS 50 MG (topiramate)	15
THEO-24 CP24	12	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	99	topiramate CP24 200 MG	15
theophylline ELIX	12	TIVICAY TABS 50 MG	33	topiramate CP24 25 MG, 50 MG, 100 MG	15
theophylline SOLN	12	tizanidine hcl CAPS	88	topiramate CPSP 15 MG, 25 MG ..	15
theophylline TB12 300 MG	12	tizanidine hcl TABS 2 MG	88	topiramate CS24 100 MG, 150 MG, 200 MG	15
theophylline TB12 450 MG	12	tizanidine hcl TABS 4 MG	88	topiramate CS24 25 MG, 50 MG ..	15
theophylline TB24	12	TOBI NEBU (tobramycin)	2	topiramate TABS 100 MG	15
THERANATAL CORE NUTRITION TABS	87	TOBI PODHALER CAPS	2	topiramate TABS 200 MG	15
THINLETS GP LANCETS	77	TOBRADEX OINT	91	topiramate TABS 25 MG	15
thioridazine hcl 10 MG, 25 MG, 100 MG	32	TOBRADEX ST SUSP	91	topiramate TABS 50 MG	15
thioridazine hcl 50 MG	32	tobramycin (ophth) SOLN	90	topotecan hcl SOLR	30
thiothixene	32	tobramycin NEBU	2	toremifene citrate	28
THRIVITE RX TABS	87	tobramycin-dexamethasone SUSP 91		TORISEL (temsirolimus)	30
THYMOGLOBULIN	84	TOBEX OINT	90	torsemide TABS 100 MG	52
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	99	TODAY SPONGE MISC	102	torsemide TABS 5 MG, 10 MG, 20 MG	52
tiagabine hcl	16	TODAYS HEALTH THIN LANCETS 28G	77	TOUJEO MAX SOLOSTAR SOPN 19	
TIBSOVO	30	TODAYS HEALTH THIN LANCETS 30G	77	TOUJEO SOLOSTAR SOPN	19
ticagrelor 60 MG, 90 MG	59	tolcapone	30	TPOXX (TECOVIRIMAT CAP 200 MG)	34
timolol	89	tolterodine tartrate CP24	101	TPOXX CAPS	34
timolol maleate (ophth) SOLG	89	tolterodine tartrate TABS	101	TRACLEER TABS (bosentan)	37
timolol maleate (ophth) SOLN	89	tolvaptan TBPK 15 MG	54	TRACLEER TBSO	37
timolol maleate TABS 10 MG	35	TOPAMAX SPRINKLE CPSP (topiramate)	15	tramadol hcl CP24 100 MG, 200 MG, 300 MG	7
timolol maleate TABS 5 MG, 20 MG . 35		TOPAMAX TABS 100 MG (topiramate)	15	tramadol hcl TABS 100 MG	7
tinidazole 250 MG	25	TOPAMAX TABS 200 MG (topiramate)	15	tramadol hcl TABS 50 MG	7
tinidazole 500 MG	25				
tiopronin TABS	57				

tramadol hcl TB24 100 MG	7	tretinoin (chemotherapy)	30	trifluoperazine hcl TABS	32
tramadol hcl TB24 200 MG	7	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	45	trifluridine	90
tramadol hcl TB24	7	tretinoin GEL 0.01 %, 0.025 %, 0.05 %	45	trihexyphenidyl hcl SOLN	30
tramadol-acetaminophen	8	tretinoin microsphere 0.04 %	45	trihexyphenidyl hcl TABS	30
trandolapril	23	tretinoin microsphere 0.08 %	45	TRIJARDY XR	18
trandolapril-verapamil hcl	24	tretinoin microsphere 0.1 %	45	TRIKAFTA TBPK	98
tranexamic acid SOLN 1000 MG/10ML	60	TRETEN	58	TRIKAFTA THPK	98
tranexamic acid TABS	60	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	27	TRILEPTAL SUSP (oxcarbazepine) 15	
tranylcypromine sulfate	16	triamcinolone acetonide (mouth)	84	TRILEPTAL TABS 150 MG (oxcarbazepine)	15
TRAVEL LANCETS	77	triamcinolone acetonide (nasal) AERO	89	TRILEPTAL TABS 300 MG (oxcarbazepine)	15
TRAVEL LANCETS ADVANCED 28G	77	triamcinolone acetonide (topical) AERS	50	TRILEPTAL TABS 600 MG (oxcarbazepine)	15
travoprost SOLN	92	triamcinolone acetonide (topical) CREA	50	trimethobenzamide hcl CAPS	21
trazodone hcl TABS	17	triamcinolone acetonide (topical) LOTN	50	trimethoprim TABS	25
TRECTOR	26	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	50	trimipramine maleate CAPS	18
TRELEGY ELLIPTA	12	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	52	TRINATAL RX 1 TABS	87
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	56	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	52	TRINTELLIX	17
TREMFYA ONE-PRESS SOAJ 100 MG/ML	47	triamterene & hydrochlorothiazide TABS 50 MG-75 MG	52	TRISTART DHA	87
TREMFYA PEN SOAJ 100 MG/ML 47		triazolam 0.125 MG	60	TRIUMEQ PD TBSO	33
TREMFYA PEN SOAJ SC 200 MG/2ML	56	triazolam 0.25 MG	60	TRIUMEQ TABS	33
TREMFYA SOSY 100 MG/ML	47	TRICARE TABS	87	TRI-VI-FLOR SUSP 0.25 MG/ML	86
TREMFYA SOSY SC 200 MG/2ML 56		trientine hcl 250 MG	83	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	86
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	19	trientine hcl 500 MG	83	TROJAN ENZ MISC	63
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	19			TROJAN MAGNUM MISC	63
TRESIBA SOLN	19			TROJAN ULTRA THIN MISC	63

63	TRUSTEX NATURAL CONDOMS + LUBE MISC	64	UBRELVY	82
TROJAN-ENZ/SPERMICIDAL MISC .			UDENYCA ONBODY SOSY	59
63	TRUSTEX NON-LUBRICATED MISC	64	UDENYCA SOAJ	59
tropicamide SOLN			UDENYCA SOSY	60
tropium chloride CP24	101	TRUSTEX RIA LUB/SPERMICIDE MISC	64	ULTILET CLASSIC LANCETS
tropium chloride TABS	101	TRUSTEX RIA LUBRICATED MISC .	64	ULTILET LANCETS
TRUE COMFORT SAFETY LANCETS	77	TRUSTEX RIA NON-LUBRICATED MISC	64	ULTILET SAFETY LANCETS
TRUE COMFORT TWIST TOP LANCETS	77	TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	64	ULTILET SAFETY LANCETS 23G 78
TRUE COVER DEVI	63	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)	33	ULTRA THIN LANCETS 31G
TRUEPLUS LANCETS 26G	77	TUKYSA	27	ULTRA-CARE LANCETS 30G
TRUEPLUS LANCETS 28G	77	TUSNEL TABS	44	ULTRA-THIN II AUTO LANCET ..
TRUEPLUS LANCETS 30G	77	TUSSLIN LIQD	44	ULTRA-THIN II LANCETS
TRUEPLUS LANCETS 33G	77	TUSSLIN PEDIATRIC LIQD	44	umeclidinium-vilanterol
TRUEPLUS SAFETY LANCETS 28G	78	TWIRLA	42	UNASYN IJ 2 GM-1 GM (ampicillin & sulbactam sodium)
TRULICITY	19	TWIST TOP LANCETS 30G	78	UNILET COMFORTOUCH LANCET 78
TRUSTEX COLOR CONDOMS + LUBE MISC	64	TYBLUME CHEW	42	UNILET EXCELITE
TRUSTEX LUB/RIBBED/STUDED MISC	64	TYBOST	33	UNILET EXCELITE II
TRUSTEX LUB/SPERMICIDE EX ST MISC	64	TYKERB (lapatinib ditosylate)	30	UNILET G.P. LANCET
TRUSTEX LUB/SPERMICIDE XL MISC	64	TYMLOS	53	UNILET G.P. SUPERLITE LANCET . 78
TRUSTEX LUBRICATED EX LARGE MISC	64	TYVASO DPI INSTITUTIONAL KIT POWD	36	UNILET GP 28 ULTRA THIN
TRUSTEX LUBRICATED EXTRA ST MISC	64	TYVASO DPI MAINTENANCE KIT POWD	36	UNILET LANCET
TRUSTEX LUBRICATED MISC ...	64	TYVASO DPI TITRATION KIT POWD	36	UNILET MICRO-THIN 33G
TRUSTEX LUBRICATED/SPERMICIDE MISC	64	TYVASO REFILL KIT SOLN IN ...	36	UNILET SUPERLITE LANCET ...
		TYVASO SOLN IN	36	UNILET SUPER-THIN 30G
		TYVASO STARTER KIT SOLN IN	36	UNILET ULTRA-THIN 28G
				UNISTIK 1
				UNISTIK 2

UNISTIK 2 COMFORT	79	ursodiol CAPS	56	VANDAZOLE	102
UNISTIK 2 EXTRA	79	ursodiol TABS	56	varenicline tartrate TABS 0.5 MG	.97
UNISTIK 2 NEONATAL	79	USTEKINUMAB SOLN 45 MG/0.5ML	47	varenicline tartrate TABS 1 MG	.97
UNISTIK 2 NORMAL	79	USTEKINUMAB SOSY 45 MG/0.5ML	47	VARUBI (180 MG DOSE) TBPK	.21
UNISTIK 2 SUPER	79	USTEKINUMAB SOSY 90 MG/ML	47	VASCEPA (icosapent ethyl)	22
UNISTIK 3	79	valacyclovir hcl 1 GM	34	VCF VAGINAL CONTRACEPTIVE FILM	102
UNISTIK 3 COMFORT	79	valacyclovir hcl 500 MG	34	VCF VAGINAL CONTRACEPTIVE FOAM	102
UNISTIK 3 EXTRA	79	VALCHLOR	47	VCF VAGINAL CONTRACEPTIVE GEL	102
UNISTIK 3 GENTLE	79	valganciclovir hcl SOLR	34	VECAMYL	25
UNISTIK 3 NEONATAL	79	valganciclovir hcl TABS	34	VELCADE SOLR IJ (bortezomib)	.30
UNISTIK 3 NORMAL	79	valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	16	VEMLIDY	34
UNISTIK CZT COMFORT	79	valproic acid CAPS	16	VENCLEXTA STARTING PACK TBPK	27
UNISTIK CZT NORMAL	79	valsartan TABS 160 MG	24	VENCLEXTA TABS 10 MG	27
UNISTIK NORMAL	79	valsartan TABS 40 MG, 80 MG, 320 MG	24	VENCLEXTA TABS 100 MG	27
UNISTIK PRO SAFETY LANCET	79	valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	25	VENCLEXTA TABS 50 MG	27
UNISTIK SAFETY LANCETS 28G	79	valsartan-hydrochlorothiazide 25 MG-160 MG	25	venlafaxine hcl CP24	17
UNISTIK SAFETY LANCETS 30G	79	VALTOCO 10 MG DOSE LIQD	13	venlafaxine hcl TABS	17
UNISTIK TOUCH SAFETY LANC 21G	80	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	13	venlafaxine hcl TB24 225 MG	17
UNISTIK TOUCH SAFETY LANC 23G	80	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	13	venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	17
UNISTIK TOUCH SAFETY LANC 28G	80	VALTOCO 5 MG DOSE LIQD	13	VENTAVIS IN	36
UNISTIK TOUCH SAFETY LANC 30G	80	VALUMARK LANCET SUPER THIN 30G	80	verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG	36
UPTRAVI TABS 200 MCG	37	VALUMARK LANCET ULTRA THIN 28G	80	verapamil hcl CP24 180 MG	36
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	37	vancomycin hcl CAPS	25	verapamil hcl CP24 360 MG	36
UPTRAVI TITRATION TBPK	37			verapamil hcl TABS	36
urea LOTN 40 %	50			verapamil hcl TBCR 120 MG	36
				verapamil hcl TBCR 180 MG, 240	

MG	36	VIREAD TABS 150 MG, 200 MG, 250 MG	34	VRAYLAR CPPK	31
VEREGEN	45	VIRT-NATE DHA CAPS	87	VYNDAMAX	37
VERIFINE SAFE LANCET MINI 21G	80	VISTOGARD	20	VYNDAQEL	37
VERIFINE SAFE LANCET MINI 23G	80	VITAFOL GUMMIES	87	VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG	1
VERIFINE SAFE LANCET MINI 28G	80	VITAFOL-NANO	87	VYVANSE CHEW 60 MG	1
VERIFINE SAFE LANCET MINI 30G	80	VITAFOL-ONE CAPS	87	WALGREENS ADV TRAVEL LANCETS	80
VERIFINE UNIVERSAL LANCETS 28G	80	VITAMEDMD ONE RX/QUATREFOLIC	87	warfarin sodium TABS	12
VERIFINE UNIVERSAL LANCETS 30G	80	VITAMEDMD REDICHEW RX	87	WESCAP-C DHA	87
VERIFINE UNIVERSAL LANCETS 33G	80	VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	86	WESNATE DHA CAPS	87
VERSACLOZ SUSP	32	VITAMINS ACD-FLUORIDE SOLN 0.5 MG/ML	86	WESTAB PLUS TABS	87
VERZENIO	30	VITAPEARL	87	WESTGEL DHA	87
VIBERZI	56	VITATHELY WITH GINGER TABS 87		WIDE-SEAL DIAPHRAGM 60	64
VIDA MIA UNILET LANCETS 28G 80		VITATRUE	87	WIDE-SEAL DIAPHRAGM 65	64
VIDA MIA UNILET LANCETS 30G 80		VITRAKVI CAPS	30	WIDE-SEAL DIAPHRAGM 70	64
vigabatrin PACK	16	VITRAKVI SOLN	30	WIDE-SEAL DIAPHRAGM 75	64
vigabatrin TABS	16	VIVA DHA CAPS	87	WIDE-SEAL DIAPHRAGM 80	64
VIIBRYD STARTER PACK KIT	17	VIVAGUARD LANCETS	80	WIDE-SEAL DIAPHRAGM 85	64
vilazodone hcl TABS 10 MG, 40 MG . 17		VIVAGUARD LANCETS 30G	80	WIDE-SEAL DIAPHRAGM 90	64
vilazodone hcl TABS 20 MG	17	VIVAGUARD SAFETY LANCETS 28G	80	WIDE-SEAL DIAPHRAGM 95	64
VINATE DHA RF	87	VIZIMPRO	27	WILATE KIT	58
VINATE ONE TABS	87	VONVENDI	58	XADAGO	31
VIRACEPT TABS	33	voriconazole SUSR	21	XALKORI CAPS	30
VIREAD POWD	33	voriconazole TABS	21	XALKORI CPSP	30
		VOSEVI	34	XARELTO STARTER PACK TBPK 12	
		VOTRIENT (pazopanib hcl)	30	XARELTO SUSR	12
		VRAYLAR CAPS	31	XARELTO TABS 10 MG	12
				XARELTO TABS 2.5 MG, 15 MG, 20 MG (rivaroxaban)	12

XARELTO TABS 2.5 MG, 15 MG, 20 MG	12	XYNTHA SOLOFUSE	58	ziprasidone hcl 60 MG, 80 MG	31
XATMEP SOLN PO	27	XYREM SOLN	93	ZIRGAN GEL	90
XELJANZ SOLN	3	YASMIN 28 (drospirenone-ethinyl estradiol)	42	ZITHROMAX PACK	62
XELJANZ TABS	3	YAZ (drospirenone-ethinyl estradiol) 42		ZOLINZA	30
XELJANZ XR TB24	3	YONSA	28	zolmitriptan SOLN	82
XENICAL (orlistat)	2	zafirlukast 10 MG	11	zolmitriptan TABS	82
XERAC AC	50	zafirlukast 20 MG	11	zolmitriptan TBDP	82
XERMELO	57	zaleplon	60	zolpidem tartrate TABS	60
XHANCE EXHU	89	ZARONTIN CAPS (ethosuximide) .	16	zolpidem tartrate TBCR	60
XIFAXAN 200 MG	25	ZARONTIN SOLN (ethosuximide) .	16	ZOMACTON SOLR SC 10 MG	53
XIFAXAN 550 MG	25	ZARXIO	60	ZONEGRAN CAPS 100 MG (zonisamide)	15
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	18	ZAVESCA (miglustat)	59	ZONEGRAN CAPS 25 MG (zonisamide)	15
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	18	ZEJULA TABS	30	zonisamide CAPS 100 MG	15
XOSPATA	30	ZELAPAR TBDP	31	zonisamide CAPS 25 MG, 50 MG .	15
XPOVIO (100 MG ONCE WEEKLY) 50 MG	28	ZELBORAF	30	ZORBATIVE SC	53
XPOVIO (40 MG ONCE WEEKLY) 40 MG	28	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	52	ZORTRESS (everolimus (immunosuppressant))	84
XPOVIO (40 MG TWICE WEEKLY) 40 MG	28	ZEVRX TWIST TOP LANCETS 30G 80		ZYDELIG	30
XPOVIO (60 MG ONCE WEEKLY) 60 MG	28	zidovudine CAPS	34	ZYFLO TABS	11
XPOVIO (80 MG ONCE WEEKLY) 40 MG	28	zidovudine SYRP	34	ZYKADIA TABS	30
XPOVIO (80 MG TWICE WEEKLY) . 28		zidovudine TABS	34	ZYLET	91
XTANDI CAPS	28	zileuton TB12	11	ZYTIGA (abiraterone acetate)	28
XTANDI TABS	28	ziprasidone hcl 20 MG, 40 MG	31		
XURIDEN	54				
XYNTHA	58				