

California

2 Tier Drug List

The 2 Tier 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 All previous versions are no longer in effect.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.

California Large Group members

Go to [**Drug List**](#) Use the “2 Tier” Drug List

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 **1-800-522-0088**

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 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 latest information about existing drugs and chooses drugs based on:

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

How do I find a drug in the Drug List?

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

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

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

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

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

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

How are the drugs listed in the categorical list?

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

Example:

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

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

Nonpreferred Generic Drugs

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

Tier Descriptions

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

Tier	Description
1	Tier one consists of most generic drugs and low-cost preferred brand name drugs.

2	Tier two consists of nonpreferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
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:

Abbreviation	Definition	Description
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, after any deductible has been met, per state law (or \$750 maximum for a three-month supply through mail order).
LA	Limited Access	<p>Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons:</p> <ul style="list-style-type: none"> • The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or • Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. <p>If the drug is approved, we will let you know how to get limited access drugs.</p>
PA	Prior Authorization	This drug requires prior approval. This means that you or your doctor must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
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.

PV	Preventive Drug	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply. Grandfathered Groups will pay a copayment. Members in grandfathered plans will pay a copayment.
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 insulins, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

How often does the Drug List change?

Changes such as removing a drug or dosage form from the drug list may occur monthly. The types of changes may include the following:

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

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

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

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

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

Can I go to any pharmacy?

Except in emergency and urgent situations, Health Net does not cover drugs dispensed by non-network pharmacies. Health Net contracts with most U.S. chain pharmacies and many independent pharmacies.

These pharmacies are called in-network pharmacies. To find an in-network pharmacy near you, visit our Website at [Find a pharmacy near you](#) or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

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

Can I use a mail order pharmacy?

For maintenance prescription drugs, you can use the contracted Mail Order Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. 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.

Coinurance: 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 health care provider can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

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

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 an applicable step therapy protocol in favor of coverage of the prescription drug prescribed by a health care provider for an individual member.

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders					
Amphetamines					
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1		LOMAIRA TABS	2	Check plan documents for coverage; PA
ADDERALL XR CP24 <i>(amphetamine-dextroamphetamine)</i>	7	QL(2 EA daily; 90 Day(s) limit ; 180 EA per fill retail)	<i>phentermine hcl CAPS</i>	1	Check plan documents for coverage; PA
ADDERALL TABS <i>(amphetamine-dextroamphetamine)</i>	7		<i>phentermine hcl-topiramate</i>	1	Check plan documents for coverage; QL(1 EA daily); PA
<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 ; 180 EA per fill retail)	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>)	7	Check plan documents for coverage; QL(1 EA daily); PA
<i>amphetamine-dextroamphetamine TABS</i>	1		Anti-Obesity Agents		
DEXEDRINE CP24 10 MG, 15 MG <i>(dextroamphetamine sulfate)</i>	7		CONTRAVE	2	Check benefits for coverage; PA
<i>dextroamphetamine sulfate CP24</i>	1		<i>orlistat</i>	1	Check benefits for coverage; PA
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1		XENICAL (<i>orlistat</i>)	7	Check benefits for coverage; PA
<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 EA daily)	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>lisdexamfetamine dimesylate CHEW</i>	1	QL(1 EA daily)	<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	
Analeptics			<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 EA daily)
<i>caffeine citrate SOLN PO</i>	1		<i>guanfacine hcl (adhd)</i>	1	QL(1 EA daily)
Anorexiants Non-Amphetamine			INTUNIV (<i>guanfacine hcl (adhd)</i>)	7	QL(1 EA daily)
ADIPEX-P CAPS <i>(phentermine hcl)</i>	7	Check plan documents for coverage; PA	STRATTERA 60 MG, 80 MG, 100 MG (<i>atomoxetine hcl</i>)	7	
Stimulants - Misc.			STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (<i>atomoxetine hcl</i>)	7	QL(2 EA daily)
			APTENSIO XR CP24 <i>(methylphenidate hcl)</i>	7	QL(1 EA daily)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil 50 MG, 150 MG, 250 MG</i>	1	ST; PA	RITALIN LA CP24 <i>(methylphenidate hcl)</i>	7	QL(1 EA daily)
<i>armodafinil 200 MG</i>	1	ST; PA	RITALIN TABS 5 MG, 10 MG <i>(methylphenidate hcl)</i>	7	
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 EA daily)	RITALIN TABS 20 MG <i>(methylphenidate hcl)</i>	7	QL(3 EA daily)
<i>FOCALIN TABS (dexmethylphenidate hcl)</i>	7	QL(2 EA daily)	AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
<i>METADATE CD CPCR (methylphenidate hcl)</i>	7	QL(1 EA daily)	Aminoglycosides		
<i>METHYLIN SOLN 5 MG/5ML (methylphenidate hcl)</i>	7		ARIKAYCE	2	SP; PA
<i>methylphenidate hcl CP24</i>	1	QL(1 EA daily)	BETHKIS NEBU <i>(tobramycin)</i>	7	SP
<i>methylphenidate hcl CPCR</i>	1	QL(1 EA daily)	HUMATIN	2	SP
<i>methylphenidate hcl SOLN 5 MG/5ML</i>	1		KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML <i>(tobramycin)</i>	2	SP; PA
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 EA daily)	<i>neomycin sulfate TABS</i>	1	
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1		TOBI PODHALER CAPS	2	SP; PA
<i>methylphenidate hcl TB24 54 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)	<i>tobramycin NEBU</i>	1	SP
<i>methylphenidate hcl TB24 18 MG, 27 MG</i>	1	QL(1 EA daily; 90 Day(s) limit)	<i>tobramycin NEBU</i>	1	SP; PA
<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 EA daily; 90 Day(s) limit; 180 EA per fill retail)	ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 EA daily)	Antirheumatic - Enzyme Inhibitors		
<i>methylphenidate hcl TBCR 20 MG</i>	1	QL(90 Day(s) limit)	RINVOQ LQ SOLN	2	QL(12 ML daily); SP; PA
<i>methylphenidate hcl TBCR 10 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)	RINVOQ TB24	2	QL(1 EA daily); SP; PA
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 EA daily)	XELJANZ XR TB24	2	QL(1 EA daily); SP; PA
<i>NUVIGIL 50 MG, 150 MG, 250 MG (armodafinil)</i>	7	ST; PA	XELJANZ SOLN	2	QL(10 ML daily); SP; PA
<i>NUVIGIL 200 MG (armodafinil)</i>	7	ST; PA	XELJANZ TABS	2	QL(2 EA daily); SP; PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADAZ SOSY	4	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 SOSY 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 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
HADLIMA PUSHTOUCH SOAJ	4	Check plan documents for coverage; QL(0.143 ML daily); SP; PA	HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA
HADLIMA SOSY	4	Check plan documents for coverage; QL(0.143 ML daily); SP; PA	HUMIRA-PSORIASIS/UVEIT STARTER AJKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA
HUMIRA (2 PEN) AJKT	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA	Gold Compounds		
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(0.072 EA daily); SP; PA	AURANOFIN 3 MG	2	
HUMIRA (2 SYRINGE) PSKT	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA	RIDAURA	2	
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA	Interleukin-6 Receptor Inhibitors		
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	KEVZARA SOAJ	4	ST; Check plan documents for coverage; QL(0.082 ML daily); SP; PA
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	Check plan documents for coverage; QL(2 EA per 365 day(s) retail); SP; PA	KEVZARA SOSY	4	ST; Check plan documents for coverage; QL(0.082 ML daily); SP; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
			ANAPROX DS TABS (<i>naproxen sodium</i>)	7	
			CELEBREX 50 MG, 100 MG, 200 MG (<i>celecoxib</i>)	7	QL(2 EA daily)

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CELEBREX 400 MG <i>(celecoxib)</i>	7	QL(2 EA daily); PA	NAPROSYN SUSP <i>(naproxen)</i>	7	
<i>celecoxib 400 MG</i>	1	QL(2 EA daily); PA	NAPROSYN TABS 500 MG <i>(naproxen)</i>	7	
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 EA daily)	<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	
DAYPRO TABS <i>(oxaprozin)</i>	7		<i>naproxen SUSP</i>	1	
<i>diclofenac sodium TBEC</i>	1		<i>naproxen TABS</i>	1	
<i>etodolac CAPS</i>	1		<i>oxaprozin TABS</i>	1	
<i>etodolac TABS</i>	1		<i>piroxicam CAPS 10 MG</i>	1	
<i>etodolac TB24</i>	1	QL(2 EA daily)	<i>piroxicam CAPS 20 MG</i>	1	QL(1 EA daily)
FELDENE CAPS 10 MG <i>(piroxicam)</i>	7		<i>sulindac TABS 150 MG</i>	1	QL(2 EA daily)
FELDENE CAPS 20 MG <i>(piroxicam)</i>	7	QL(1 EA daily)	<i>sulindac TABS 200 MG</i>	1	
<i>fenoprofen calcium CAPS 200 MG</i>	1		Phosphodiesterase 4 (PDE4) Inhibitors		
FENOPROFEN CALCIUM CAPS 200 MG	2		OTEZLA TABS	2	QL(2 EA daily); SP; PA
FENOPRON CAPS	2		OTEZLA TBPK	2	QL(55 EA per 365 day(s) retail); SP; PA
<i>flurbiprofen TABS 50 MG</i>	1		Pyrimidine Synthesis Inhibitors		
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1		ARAVA 10 MG <i>(leflunomide)</i>	7	QL(2 EA daily)
INDOCIN SUSP <i>(indomethacin)</i>	7		ARAVA 20 MG <i>(leflunomide)</i>	7	QL(1 EA daily)
<i>indomethacin CAPS 25 MG, 50 MG</i>	1		<i>leflunomide 20 MG</i>	1	QL(1 EA daily)
<i>indomethacin CPCR</i>	1		<i>leflunomide 10 MG</i>	1	QL(2 EA daily)
<i>indomethacin SUSP</i>	1		Soluble Tumor Necrosis Factor Receptor Agents		
<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail; 20 EA per 30 day(s) retail)	ENBREL MINI SOCT	4	QL(0.15 ML daily); SP; PA
LODINE TABS (<i>etodolac</i>)	7		ENBREL SURECLICK SOAJ	4	QL(0.143 ML daily); SP; PA
<i>meclofenamate sodium CAPS</i>	1		ENBREL SOLN	4	QL(0.143 ML daily); SP; PA
<i>meloxicam TABS 7.5 MG</i>	1	QL(2 EA daily)	ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ML daily); SP; PA
<i>meloxicam TABS 15 MG</i>	1	QL(1 EA daily)	ENBREL SOSY 50 MG/ML	4	QL(0.28 ML daily); SP; PA
<i>nabumetone 750 MG</i>	1	QL(3 EA daily)	ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>nabumetone 500 MG</i>	1	QL(4 EA daily)	Analgesic Combinations		

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(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN-CAFF) TABS 40 MG-50 MG-325 MG	1		(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	Grand Fathered Plans at Tier 2; PV
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1				
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1				
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1				
<i>butalbital-aspirin-caffeine CAPS</i>	1				
ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	7				
Salicylates					

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(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	Grand Fathered Plans at Tier 2; PV	DILAUDID LIQD (<i>hydromorphone hcl</i>)	7	
<i>aspirin CHEW</i>	5	Grand Fathered Plans at Tier 2; PV	DILAUDID TABS (<i>hydromorphone hcl</i>)	7	
<i>aspirin TBEC 81 MG</i>	5	Grand Fathered Plans at Tier 2; PV	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR	1	Limit 15 per month; QL(0.5 EA daily)
<i>salsalate</i>	1		<i>hydromorphone hcl LIQD</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>hydromorphone hcl TABS</i>	1	
Opioid Agonists			<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 EA daily)
(Methadone Hcl) METHADONE HCL INTENSOL CONC	1		<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1	
(Methadone Hcl) METHADOSE TBSO	1		<i>meperidine hcl TABS 50 MG</i>	1	
<i>codeine sulfate TABS 15 MG, 30 MG</i>	1		<i>methadone hcl CONC</i>	1	
CODEINE SULFATE TABS 60 MG	2		<i>methadone hcl SOLN PO 5 MG/5ML</i>	1	
			<i>methadone hcl TABS</i>	1	QL(12 EA daily)
			<i>methadone hcl TBSO</i>	1	
			METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	7	
			METHADOSE CONC (<i>methadone hcl</i>)	7	
			<i>morphine sulfate beads</i>	1	QL(1 EA daily)
			<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 EA daily)
			<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	
			<i>morphine sulfate SUPP 20 MG, 30 MG</i>	1	
			<i>morphine sulfate TABS</i>	1	
			<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)

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MS CONTIN TBCR <i>(morphine sulfate)</i>	7	QL(3 EA daily)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	
OXAYDO TABS 5 MG	2		<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 EA daily)
<i>oxycodone hcl CAPS</i>	1		<i>hydrocodone-ibuprofen 5 MG-200 MG, 7.5 MG-200 MG</i>	1	
<i>oxycodone hcl CONC 100 MG/5ML</i>	1		<i>hydrocodone-ibuprofen 10 MG-200 MG</i>	1	Not available through mail order
<i>oxycodone hcl SOLN</i>	1		<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 EA daily)
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1		PERCOSET TABS 325 MG-5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(6 EA daily)
<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 EA daily)	Opioid Partial Agonists		
<i>oxymorphone hcl TB12</i>	1	QL(2 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)
ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	7	QL(4 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1	QL(3 EA daily)
ROXICODONE TABS 15 MG (<i>oxycodone hcl</i>)	7		<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 EA daily)
<i>tramadol hcl TABS 100 MG</i>	1		<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 EA daily)
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)	<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 EA daily)
Opioid Combinations			SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(2 EA daily)
(Oxycodone W/Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 EA daily)	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(3 EA daily)
<i>acetaminophen w/ codeine SOLN</i>	1		ANDROGENS-ANABOLIC - Drugs to Regulate		
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 EA daily)			
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1				
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1				
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 EA per fill retail)			

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Hormones					
Anabolic Steroids					
<i>oxandrolone 10 MG</i>	1	QL(2 EA daily)	CORTIFOAM EX 10 %	2	
<i>oxandrolone 2.5 MG</i>	1		<i>hydrocortisone (intrarectal)</i>	1	QL(60 ML daily)
Androgens					
(Methyltestosterone) METHITEST TABS	1		Rectal Combinations		
(Testosterone) TESTIM GEL TD 1 %	2	QL(10 GM daily)	PROCTOFOAM HC FOAM EX	2	
ANDROGEL PUMP GEL TD (<i>testosterone</i>)	7	Limited to 300 gms per month; QL(10 GM daily)	Rectal Steroids		
<i>danazol CAPS</i>	1		(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
FORTESTA GEL TD (<i>testosterone</i>)	7	QL(3.5 GM daily)	ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	7	
<i>methyltestosterone CAPS</i>	1		<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
<i>testosterone GEL TD 1 %</i>	1	Limit 300gms per month; QL(10 GM daily)	Vasodilating Agents		
<i>testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 1.62 %</i>	1	Limited to 300 gms per month; QL(10 GM daily)	<i>nitroglycerin (intra-anal)</i>	1	
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(3.5 GM daily)	RECTIV (<i>nitroglycerin (intra-anal)</i>)	7	
<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	1	QL(10 GM daily)	ANTHELMINTICS - Drugs to Treat Worm Infections		
VOGELXO PUMP GEL TD (<i>testosterone</i>)	2	Limit 300gms per month; QL(10 GM daily)	Anthelmintics		
VOGELXO GEL TD (<i>testosterone</i>)	2	QL(10 GM daily)	BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old); SP
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching					
Intrarectal Steroids					
CORTENEMA (<i>hydrocortisone (intrarectal)</i>)	7	QL(60 ML daily)	BILTRICIDE (<i>praziquantel</i>)	7	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain			<i>ivermectin</i>	1	QL(5 EA per fill retail); PA
Antiangiinals-Other			<i>praziquantel</i>	1	
<i>ranolazine TB12 1000 MG</i>			STROMECTOL (<i>ivermectin</i>)	7	QL(5 EA per fill retail); PA
<i>ranolazine TB12 500 MG</i>			ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		

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Nitrates					
ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	7		ATIVAN TABS (<i>lorazepam</i>)	7	
<i>isosorbide dinitrate TABS</i>	1		<i>chlordiazepoxide hcl CAPS</i>	1	
<i>isosorbide mononitrate TABS</i>	1		<i>clorazepate dipotassium TABS</i>	1	
ISOSORBIDE MONONITRATE TABS	2		<i>diazepam CONC</i>	1	
<i>isosorbide mononitrate TB24</i>	1		<i>diazepam SOLN PO 5 MG/5ML</i>	1	
NITRO-BID OINT	2		<i>diazepam TABS 2 MG, 5 MG</i>	1	
NITRO-DUR PT24	2	QL(1 EA daily)	<i>diazepam TABS 10 MG</i>	1	QL(4 EA daily)
NITRO-DUR PT24 (<i>nitroglycerin</i>)	7	QL(1 EA daily)	<i>lorazepam CONC</i>	1	
<i>nitroglycerin PT24</i>	1	QL(1 EA daily)	<i>lorazepam TABS</i>	1	
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1		<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
<i>nitroglycerin SUBL</i>	1		<i>oxazepam CAPS 30 MG</i>	1	QL(2 EA daily)
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	7		VALIUM TABS 2 MG, 5 MG (<i>diazepam</i>)	7	
NITROSTAT SUBL (<i>nitroglycerin</i>)	7		VALIUM TABS 10 MG (<i>diazepam</i>)	7	QL(4 EA daily)
ANTIANXIETY AGENTS - Drugs to Treat Anxiety					
Antianxiety Agents - Misc.					
<i>buspirone hcl</i>	1		ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
<i>hydroxyzine hcl SYRP</i>	1				
<i>hydroxyzine hcl TABS</i>	1		Antiarrhythmics Type I-A		
<i>hydroxyzine pamoate CAPS</i>	1		<i>disopyramide phosphate CAPS</i>	1	
VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	7		NORPACE CR CP12	2	
Benzodiazepines			<i>NORPACE CAPS (disopyramide phosphate)</i>	7	
(Diazepam) DIAZEPAM INTENSOL CONC	1		<i>quinidine gluconate TBCR</i>	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1		Antiarrhythmics Type I-B		
<i>alprazolam TABS</i>	1		<i>mexiletine hcl</i>	1	
			Antiarrhythmics Type I-C		
			<i>flecainide acetate</i>	1	
			<i>propafenone hcl CP12</i>	1	

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<i>propafenone hcl TABS 150 MG</i>	1	QL(6 EA daily)	<i>montelukast sodium PACK</i>	1	QL(1 EA daily)
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 EA daily)	<i>montelukast sodium TABS</i>	1	QL(1 EA daily)
RYTHMOL SR CP12 (propafenone hcl)	7		SINGULAIR CHEW (montelukast sodium)	7	QL(1 EA daily)
Antiarrhythmics Type III			SINGULAIR PACK (montelukast sodium)	7	QL(1 EA daily)
(Amiodarone Hcl) PACERONE TABS	1		SINGULAIR TABS (montelukast sodium)	7	QL(1 EA daily)
<i>amiodarone hcl TABS</i>	1		Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>dofetilide</i>	1		DALIRESP (roflumilast)	7	QL(1 EA daily)
TIKOSYN (dofetilide)	7		roflumilast	1	QL(1 EA daily)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions					
Anti-Inflammatory Agents			Steroid Inhalants		
<i>cromolyn sodium NEBU</i>	1		ARNUITY ELLIPTA	2	QL(1 EA daily)
Bronchodilators - Anticholinergics			<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ML daily)
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 GM daily)	<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)
INCRUSE ELLIPTA	2	QL(1 EA daily)	<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ML daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1		<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)
SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate)	7	QL(1 EA daily)	<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)	<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)	<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 GM daily)
<i>tiotropium bromide monohydrate CAPS</i>	1	QL(1 EA daily)	<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 GM daily)
Leukotriene Modulators			PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 8 Inhalers per month; QL(0.27 EA daily)
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily)			

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PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 EA daily)	BROVANA (<i>arformoterol tartrate</i>)	7	QL(4 ML daily)
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(2 ML daily)	<i>budesonide-formoterol fumarate dihydrate</i>	1	
PULMICORT SUSP 0.25 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(8 ML daily)	<i>fluticasone furoate-vilanterol</i>	1	QL(2 EA daily)
PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(4 ML daily)	<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>		
QVAR REDIHALER 80 MCG/ACT	2	QL(0.72 GM daily)	<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 GM daily)
Sympathomimetics			<i>formoterol fumarate NEBU</i>	1	QL(4 ML daily)
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1		<i>ipratropium-albuterol SOLN</i>	1	
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)	<i>levalbuterol hcl</i>	1	
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	7	QL(2 EA daily)	<i>levalbuterol tartrate</i>	1	QL(0.5 GM daily)
<i>albuterol sulfate AERS</i>	1	QL(1.2 GM daily)	PERFOROMIST NEBU (<i>formoterol fumarate</i>)	7	QL(4 ML daily)
<i>albuterol sulfate AERS</i>	1	QL(0.47 GM daily)	SEREVENT DISKUS	2	QL(2 EA daily)
<i>albuterol sulfate AERS</i>	1		STIOLTO RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
<i>albuterol sulfate NEBU</i>	1		STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
ALBUTEROL SULFATE NEBU	2		SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	7	
<i>albuterol sulfate SYRP</i>	1		<i>terbutaline sulfate TABS</i>	1	
<i>albuterol sulfate TABS</i>	1		TRELEGY ELLIPTA	2	QL(2 EA daily)
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	7	QL(2 EA daily)	<i>umeclidinium-vilanterol</i>	1	QL(2 EA daily)
<i>arformoterol tartrate</i>	1	QL(4 ML daily)	Xanthines		
BREZTRI AEROSPHERE	2	QL(0.36 GM daily)	<i>theophylline TB12 450 MG</i>	1	QL(1 EA daily)

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<i>theophylline TB12 300 MG</i>	1	QL(2 EA daily)	(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	1	ST
<i>theophylline TB24</i>	1	QL(1 EA daily)	(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	1	ST
ANTICOAGULANTS - Blood Thinners					
Coumarin Anticoagulants					
(Warfarin Sodium) JANTOVEN TABS	1		(Lamotrigine) SUBVENITE TABS	1	
<i>warfarin sodium TABS</i>	1		(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 EA daily)
Direct Factor Xa Inhibitors					
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(74 EA per 30 day(s) retail)	(Oxcarbazepine) TRILEPTAL SUSP	1	QL(40 ML daily)
ELIQUIS TABS	2	QL(2 EA daily)	BANZEL SUSP (<i>rufinamide</i>)	7	SP
<i>rivaroxaban TABS 2.5 MG</i>	1	QL(1 EA daily)	BANZEL TABS 200 MG (<i>rufinamide</i>)	7	SP
XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)	BANZEL TABS 400 MG (<i>rufinamide</i>)	7	QL(8 EA daily); SP
XARELTO SUSR	2	QL(900 ML per 30 day(s) retail)	<i>carbamazepine CHEW 100 MG</i>	1	
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 EA daily)	<i>carbamazepine CP12</i>	1	
XARELTO TABS 10 MG	2	QL(2 EA daily)	<i>carbamazepine SUSP</i>	1	
XARELTO TABS 2.5 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	2	QL(1 EA daily)	<i>carbamazepine TABS</i>	1	
Thrombin Inhibitors			<i>carbamazepine TB12 200 MG</i>	1	QL(8 EA daily)
<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	QL(4 EA daily)	<i>carbamazepine TB12 400 MG</i>	1	QL(4 EA daily)
<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 EA daily)	<i>carbamazepine TB12 100 MG</i>	1	
ANTICONVULSANTS - Drugs to Treat Seizures			CARBATROL CP12 (<i>carbamazepine</i>)	7	
Anticonvulsants - Benzodiazepines			<i>gabapentin CAPS</i>	1	
<i>clonazepam TABS</i>	1		<i>gabapentin SOLN</i>	1	
<i>clonazepam TBDP</i>	1		<i>gabapentin TABS 600 MG, 800 MG</i>	1	
KLONOPIN TABS (<i>clonazepam</i>)	7				
Anticonvulsants - Misc.					
(Carbamazepine) EPITOL TABS	1				

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KEPPRA XR TB24 <i>(levetiracetam)</i>	7	QL(4 EA daily)	NEURONTIN SOLN <i>(gabapentin)</i>	7	
KEPPRA SOLN PO 100 MG/ML <i>(levetiracetam)</i>	7		NEURONTIN TABS <i>(gabapentin)</i>	7	
KEPPRA TABS 1000 MG <i>(levetiracetam)</i>	7	QL(3 EA daily)	oxcarbazepine SUSP	1	QL(40 ML daily)
KEPPRA TABS 250 MG, 500 MG, 750 MG <i>(levetiracetam)</i>	7	QL(6 EA daily)	oxcarbazepine TABS 150 MG	1	
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	1	QL(40 ML daily)	oxcarbazepine TABS 300 MG	1	QL(8 EA daily)
lacosamide TABS	1	QL(2 EA daily)	oxcarbazepine TABS 600 MG	1	QL(4 EA daily)
LAMICTAL ODT TBDP <i>(lamotrigine)</i>	7	PA	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	1	QL(3 EA daily)
LAMICTAL STARTER KIT 25 MG <i>(lamotrigine)</i>	7	ST	pregabalin CAPS 225 MG, 300 MG	1	QL(2 EA daily)
LAMICTAL CHEW <i>(lamotrigine)</i>	7		pregabalin SOLN	1	QL(30 ML daily)
LAMICTAL TABS <i>(lamotrigine)</i>	7		primidone 50 MG, 250 MG	1	
lamotrigine CHEW	1		rufinamide SUSP	1	SP
lamotrigine KIT 25 MG	1	ST	rufinamide TABS 200 MG	1	SP
lamotrigine TABS	1		rufinamide TABS 400 MG	1	QL(8 EA daily); SP
lamotrigine TBDP	1	PA	TEGRETOL SUSP <i>(carbamazepine)</i>	7	
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	1		TEGRETOL TABS <i>(carbamazepine)</i>	7	
levetiracetam TABS 1000 MG	1	QL(3 EA daily)	TEGRETOL-XR TB12 200 MG <i>(carbamazepine)</i>	7	QL(8 EA daily)
levetiracetam TABS 250 MG, 500 MG, 750 MG	1	QL(6 EA daily)	TEGRETOL-XR TB12 400 MG <i>(carbamazepine)</i>	7	QL(4 EA daily)
levetiracetam TB24	1	QL(4 EA daily)	TEGRETOL-XR TB12 100 MG <i>(carbamazepine)</i>	7	
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG <i>(pregabalin)</i>	7	QL(3 EA daily)	TOPAMAX SPRINKLE CPSP <i>(topiramate)</i>	7	
LYRICA CAPS 225 MG, 300 MG <i>(pregabalin)</i>	7	QL(2 EA daily)	TOPAMAX TABS 200 MG <i>(topiramate)</i>	7	QL(2 EA daily)
LYRICA SOLN <i>(pregabalin)</i>	7	QL(30 ML daily)	TOPAMAX TABS 25 MG <i>(topiramate)</i>	7	
MYSOLINE <i>(primidone)</i>	7		TOPAMAX TABS 100 MG <i>(topiramate)</i>	7	QL(4 EA daily)
NEURONTIN CAPS <i>(gabapentin)</i>	7				

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TOPAMAX TABS 50 MG <i>(topiramate)</i>	7	QL(8 EA daily)	SABRIL TABS <i>(vigabatrin)</i>	7	SP	
<i>topiramate CPSP 15 MG, 25 MG</i>	1		<i>vigabatrin PACK</i>	1	QL(6 EA daily); SP	
<i>topiramate TABS 200 MG</i>	1	QL(2 EA daily)	<i>vigabatrin TABS</i>	1	SP	
<i>topiramate TABS 100 MG</i>	1	QL(4 EA daily)	Hydantoins			
<i>topiramate TABS 25 MG</i>	1		(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1		
<i>topiramate TABS 50 MG</i>	1	QL(8 EA daily)	(Phenytoin) PHENYTOIN INFATABS CHEW	1		
TRILEPTAL TABS 150 MG <i>(oxcarbazepine)</i>	7		DILANTIN <i>(phenytoin sodium extended)</i>	7		
TRILEPTAL TABS 300 MG <i>(oxcarbazepine)</i>	7	QL(8 EA daily)	DILANTIN 30 MG	2		
TRILEPTAL TABS 600 MG <i>(oxcarbazepine)</i>	7	QL(4 EA daily)	DILANTIN INFATABS CHEW <i>(phenytoin)</i>	7		
VIMPAT SOLN PO 10 MG/ML <i>(lacosamide)</i>	7	QL(40 ML daily)	DILANTIN-125 SUSP <i>(phenytoin)</i>	7		
VIMPAT TABS <i>(lacosamide)</i>	7	QL(2 EA daily)	DILANTIN SUSP <i>(phenytoin)</i>	7		
ZONEGRAN CAPS 25 MG <i>(zonisamide)</i>	7		<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1		
ZONEGRAN CAPS 100 MG <i>(zonisamide)</i>	7	QL(6 EA daily)	<i>phenytoin CHEW</i>	1		
<i>zonisamide CAPS 100 MG</i>	1	QL(6 EA daily)	<i>phenytoin SUSP</i>	1		
<i>zonisamide CAPS 25 MG, 50 MG</i>	1		Succinimides			
Carbamates			CELONTIN <i>(methsuximide)</i>	7		
<i>felbamate SUSP</i>	1		<i>ethosuximide CAPS</i>	1		
<i>felbamate TABS</i>	1		<i>ethosuximide SOLN</i>	1		
FELBATOL SUSP <i>(felbamate)</i>	7		<i>methsuximide</i>	1		
FELBATOL TABS <i>(felbamate)</i>	7		ZARONTIN CAPS <i>(ethosuximide)</i>	7		
GABA Modulators			ZARONTIN SOLN <i>(ethosuximide)</i>	7		
(Vigabatrin) VIGADRONE, VIGPODER PACK	1	QL(6 EA daily); SP	Valproic Acid			
(Vigabatrin) VIGADRONE TABS	1	SP	DEPAKOTE ER TB24 <i>(divalproex sodium)</i>	7		
SABRIL PACK <i>(vigabatrin)</i>	7	QL(6 EA daily); SP				

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DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	7		SPRAVATO (56 MG DOSE)	2	SP; PA	
DEPAKOTE TBEC (<i>divalproex sodium</i>)	7		SPRAVATO (84 MG DOSE)	2	SP; PA	
<i>divalproex sodium CSDR</i>	1		Selective Serotonin Reuptake Inhibitors (SSRIs)			
<i>divalproex sodium TB24</i>	1		CELEXA TABS (<i>citalopram hydrobromide</i>)	7	QL(1 EA daily)	
<i>divalproex sodium TBEC</i>	1		<i>citalopram hydrobromide SOLN</i>	1	QL(20 ML daily)	
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1		<i>citalopram hydrobromide TABS</i>	1	QL(1 EA daily)	
<i>valproic acid CAPS</i>	1		<i>escitalopram oxalate SOLN</i>	1		
ANTIDEPRESSANTS - Drugs to Treat Depression			<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 EA daily)	
Alpha-2 Receptor Antagonists (Tetracyclines)			<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 EA daily)	
<i>mirtazapine TABS</i>	1		<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1		
<i>mirtazapine TBDP</i>	1		<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 EA daily)	
REMERON SOLTAB TBDP (<i>mirtazapine</i>)	7		<i>fluoxetine hcl SOLN</i>	1	QL(15 ML daily)	
REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	7		<i>fluoxetine hcl TABS 10 MG</i>	1		
Antidepressants - Misc.			<i>fluoxetine hcl TABS 20 MG</i>	1	QL(1 EA daily)	
<i>bupropion hcl TABS</i>	1		<i>fluvoxamine maleate CP24 150 MG</i>	1		
<i>bupropion hcl TB12</i>	1		<i>fluvoxamine maleate CP24 100 MG</i>	1	QL(3 EA daily)	
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 EA daily)	<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 EA daily)	
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	7		<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1		
WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	7	QL(1 EA daily)	LEXAPRO TABS 10 MG, 20 MG (<i>escitalopram oxalate</i>)	7	QL(1 EA daily)	
Monoamine Oxidase Inhibitors (MAOIs)			LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	7	QL(2 EA daily)	
NARDIL (<i>phenelzine sulfate</i>)	7		<i>paroxetine hcl SUSP</i>	1		
PARNATE (<i>tranylcypromine sulfate</i>)	7		<i>paroxetine hcl TABS</i>	1		
<i>phenelzine sulfate</i>	1					
<i>tranylcypromine sulfate</i>	1					
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists						

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<i>paroxetine hcl TB24</i>	1		EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	7	QL(2 EA daily)	
PAXIL CR TB24 (<i>paroxetine hcl</i>)	7		PRISTIQ (<i>desvenlafaxine succinate</i>)	7	QL(1 EA daily)	
PAXIL SUSP (<i>paroxetine hcl</i>)	7		<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 EA daily)	
PAXIL TABS (<i>paroxetine hcl</i>)	7		<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 EA daily)	
PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	7	QL(1 EA daily)	<i>venlafaxine hcl TABS</i>	1		
PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	7		<i>venlafaxine hcl TB24 225 MG</i>	1		
<i>sertraline hcl CONC</i>	1		<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 EA daily)	
<i>sertraline hcl TABS</i>	1	QL(2 EA daily)	Tricyclic Agents			
ZOLOFT CONC (<i>sertraline hcl</i>)	7		<i>amitriptyline hcl TABS</i>	1		
ZOLOFT TABS (<i>sertraline hcl</i>)	7	QL(2 EA daily)	<i>amoxapine</i>	1		
Serotonin Modulators			<i>ANAFRANIL (clomipramine hcl)</i>	7		
<i>nefazodone hcl</i>	1		<i>clomipramine hcl</i>	1		
<i>trazodone hcl TABS</i>	1		<i>desipramine hcl TABS</i>	1		
TRINTELLIX	2	ST	<i>doxepin hcl CAPS</i>	1		
VIIBRYD TABS 20 MG (<i>vilazodone hcl</i>)	7	QL(2 EA daily)	<i>doxepin hcl CONC</i>	1		
VIIBRYD TABS 10 MG, 40 MG (<i>vilazodone hcl</i>)	7		<i>imipramine hcl TABS 50 MG</i>	1	QL(4 EA daily)	
<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1		<i>imipramine hcl TABS 10 MG, 25 MG</i>	1		
<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 EA daily)	NORPRAMIN TABS 10 MG, 25 MG (<i>desipramine hcl</i>)	7		
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>nortriptyline hcl CAPS</i>	1		
CYMBALTA CPEP (<i>duloxetine hcl</i>)	7	QL(2 EA daily)	<i>nortriptyline hcl SOLN</i>	1		
<i>desvenlafaxine succinate</i>	1	QL(1 EA daily)	PAMELOR CAPS (<i>nortriptyline hcl</i>)	7		
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 EA daily)	ANTIDIABETICS - Drugs to Regulate Blood Sugar			
EFFEXOR XR CP24 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	7	QL(1 EA daily)	Alpha-Glucosidase Inhibitors			
			<i>acarbose</i>	1		
			Antidiabetic Combinations			

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ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	7		<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	1	QL(2 EA daily)	<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	1	QL(1 EA daily)	RIOMET SOLN (<i>metformin hcl</i>)	7	
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	7		Diabetic Other		
<i>glipizide-metformin hcl</i>	1		GLUCAGON EMERGENCY	2	
<i>glyburide-metformin</i>	1		Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
GLYXAMBI	2		JANUVIA	2	QL(1 EA daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)	<i>saxagliptin hcl</i>	1	QL(1 EA daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)	Incretin Mimetic Agents		
JANUMET TABS	2	QL(2 EA daily)	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	4	Check plan documents for coverage. Not available through mail order; PA
<i>pioglitazone hcl-glimepiride</i>	1		OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	4	Check plan documents for coverage. Not available through mail order; PA
<i>pioglitazone hcl-metformin hcl TABS</i>	1		OZEMPIC (2 MG/DOSE) SOPN	4	Check plan documents for coverage. Not available through mail order; PA
<i>saxagliptin-metformin hcl</i>	1	QL(1 EA daily)	RYBELSUS TABS	2	Check plan documents for coverage. Not available through mail order; PA
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)	TRULICITY	4	Check plan documents for coverage. Not available through mail order; PA
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)	Insulin		
TRIJARDY TABS	2	QL(2 EA daily)			
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)			
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 EA daily)			
Biguanides					
<i>metformin hcl SOLN</i>	1				

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HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ML daily)	HUMULIN R SOLN IJ	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)	HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)	INSULIN LISPRO PROT & LISPRO SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 50/50 SUSP	2	Limit 40mls per month; QL(1.5 ML daily)	LANTUS SOLN	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)	TOUJEON MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ML daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	TOUJEON SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)
HUMALOG SOCT	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 SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limit 27mls per month; QL(0.9 ML daily)
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45ml per month; QL(1.5 ML daily)	TRESIBA SOLN	2	QL(1.5 ML daily)
HUMULIN 70/30 SUSP	2	Limit 4 vials per month; QL(1.34 ML daily)	Insulin Sensitizing Agents		
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	ACTOS 15 MG (<i>pioglitazone hcl</i>)	7	
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	ACTOS 30 MG, 45 MG (<i>pioglitazone hcl</i>)	7	QL(1 EA daily)
HUMULIN N SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	<i>pioglitazone hcl 15 MG</i>	1	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ML daily)	<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 EA daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(40 ML per fill retail; 40 ML per 30 day(s) retail)	Meglitinide Analogues		
			<i>nateglinide</i>	1	
			<i>repaglinide</i>	1	
			Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		

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<i>dapagliflozin propanediol</i>	1	QL(1 EA daily)	Vomiting		
FARXIGA	2	QL(1 EA daily)	5-HT3 Receptor Antagonists		
JARDIANCE	2	QL(1 EA daily)	<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ML daily; 50 ML per fill retail)
Sulfonylureas			<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(20 EA per fill retail)
(Glipizide) GLIPIZIDE XL TB24	1		<i>ondansetron TBDP 4 MG, 8 MG</i>	1	QL(20 EA per fill retail)
AMARYL (<i>glimepiride</i>)	7		Antiemetics - Anticholinergic		
<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1		(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>glipizide TABS</i>	1		ANTIVERT CHEW (<i>meclizine hcl</i>)	7	RX/OTC
<i>glipizide TB24</i>	1		<i>meclizine hcl CHEW</i>	1	RX/OTC
GLUCOTROL XL TB24 (<i>glipizide</i>)	7		<i>trimethobenzamide hcl CAPS</i>	1	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1		ANTIFUNGALS - Drugs to Treat Fungal Infections		
<i>glyburide TABS</i>	1		Antifungals		
GLYNASE (<i>glyburide micronized</i>)	7		<i>griseofulvin microsize SUSP</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea			<i>griseofulvin microsize TABS</i>	1	
Antiperistaltic Agents			<i>griseofulvin ultramicrosize</i>	1	
<i>diphenoxylate w/ atropine LIQD</i>	1		<i>nystatin TABS</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1		<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 365 day(s) retail)
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	7		Imidazole-Related Antifungals		
ANTIDOTES AND SPECIFIC ANTAGONISTS					
Antidotes - Chelating Agents					
<i>deferasirox TABS</i>	1	SP; PA			
JADENU TABS (<i>deferasirox</i>)	7	SP; PA			
Opioid Antagonists					
KLOXXADO LIQD	2				
<i>naltrexone hcl</i>	1				
ANTIEMETICS - Drugs to Treat Nausea and					

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DIFLUCAN SUSR <i>(fluconazole)</i>	7		<i>promethazine hcl SOLN</i> PO 6.25 MG/5ML, 12.5 MG/10ML	1	
DIFLUCAN TABS 100 MG, 150 MG, 200 MG <i>(fluconazole)</i>	7		<i>promethazine hcl SUPP</i> 12.5 MG, 25 MG	1	
<i>fluconazole SUSR</i>	1		<i>promethazine hcl TABS</i> 25 MG	1	QL(6 EA daily)
<i>fluconazole TABS</i>	1		<i>promethazine hcl TABS</i> 50 MG	1	QL(3 EA daily)
<i>itraconazole CAPS</i>	1	ST; PA	<i>promethazine hcl TABS</i> 12.5 MG	1	
<i>itraconazole SOLN</i>	1	PA	Antihistamines - Piperidines		
<i>ketoconazole</i>	1		<i>cypheptadine hcl SYRP</i>	1	
SPORANOX CAPS <i>(itraconazole)</i>	7	ST; PA	<i>cypheptadine hcl TABS</i>	1	
SPORANOX SOLN <i>(itraconazole)</i>	7	PA	ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
TOLSURA CAPS	2	PA	Antihyperlipidemics - Combinations		
VFEND SUSR <i>(voriconazole)</i>	7		<i>ezetimibe-simvastatin</i>	1	QL(1 EA daily)
VFEND TABS <i>(voriconazole)</i>	7	QL(2 EA daily)	<i>VYTORIN (ezetimibe-simvastatin)</i>	7	QL(1 EA daily)
<i>voriconazole SUSR</i>	1		Antihyperlipidemics - Misc.		
<i>voriconazole TABS</i>	1	QL(2 EA daily)	<i>icosapent ethyl</i>	2	PA
ANTIHISTAMINES - Drugs to Treat Allergies			<i>LOVAZA (omega-3-acid ethyl esters)</i>	7	QL(4 EA daily)
Antihistamines - Ethanolamines			<i>omega-3-acid ethyl esters</i>	1	QL(4 EA daily)
(Clemastine Fumarate) CLEMASZ TABS 2.68 MG	1		<i>VASCEPA (icosapent ethyl)</i>	2	PA
<i>carbinoxamine maleate SOLN</i>	1		Bile Acid Sequestrants		
<i>clemastine fumarate SYRP</i>	1		<i>(Cholestyramine Light) PREVALITE POWD</i>	1	
<i>clemastine fumarate TABS 2.68 MG</i>	1		<i>cholestyramine light POWD</i>	1	
Antihistamines - Phenothiazines			<i>cholestyramine POWD</i>	1	
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	1	QL(3 EA daily)	<i>COLESTID FLAVORED GRAN (colestipol hcl)</i>	7	
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1		<i>COLESTID GRAN (colestipol hcl)</i>	7	
			<i>COLESTID TABS (colestipol hcl)</i>	7	

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<i>colestipol hcl GRAN</i>	1		<i>lovastatin TABS 10 MG, 20 MG</i>	5	\$0 copay for Generic only, age 40 to 75; Members in Grand Fathered Plans copay is Tier 2; QL(1 EA daily); AL(At least 40 yrs old - Up to 75 yrs old); PV
<i>colestipol hcl TABS</i>	1		<i>lovastatin TABS 40 MG</i>	5	\$0 copay for Generic only, age 40 to 75; Members in Grand Fathered Plans copay is Tier 2; QL(2 EA daily); AL(At least 40 yrs old - Up to 75 yrs old); SL; PV
QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	7		<i>pravastatin sodium 40 MG</i>	1	QL(2 EA daily)
QUESTRAN POWD (<i>cholestyramine</i>)	7		<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	1	QL(1 EA daily)
Fibric Acid Derivatives			<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily)
<i>choline fenofibrate 135 MG</i>	1	QL(1 EA daily)	<i>simvastatin TABS</i>	1	QL(1 EA daily)
<i>choline fenofibrate 45 MG</i>	1		ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	7	QL(1 EA daily)
<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1		Intestinal Cholesterol Absorption Inhibitors		
<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 EA daily)	<i>ezetimibe</i>	1	
<i>fenofibrate TABS 48 MG</i>	1		<i>ZETIA (ezetimibe)</i>	7	
<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 EA daily)	Nicotinic Acid Derivatives		
<i>fenofibrate TABS 54 MG</i>	1	QL(2 EA daily)	<i>niacin (antihyperlipidemic) TBCR</i>	1	
<i>gemfibrozil TABS</i>	1		Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LOPID TABS (<i>gemfibrozil</i>)	7		<i>PRALUENT SOAJ</i>	4	SP; PA
TRICOR TABS 48 MG (<i>fenofibrate</i>)	7		ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
TRICOR TABS 145 MG (<i>fenofibrate</i>)	7	QL(1 EA daily)			
TRILIPIX 45 MG (<i>choline fenofibrate</i>)	7				
TRILIPIX 135 MG (<i>choline fenofibrate</i>)	7	QL(1 EA daily)			
HMG CoA Reductase Inhibitors					
<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily)			
CRESTOR TABS (<i>rosuvastatin calcium</i>)	7	QL(1 EA daily)			
<i>fluvastatin sodium CAPS</i>	1	QL(1 EA daily)			
<i>fluvastatin sodium TB24</i>	1	QL(1 EA daily)			
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	7	QL(1 EA daily)			
LIPITOR TABS (<i>atorvastatin calcium</i>)	7	QL(1 EA daily)			

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ACE Inhibitors					
ACCUPRIL (<i>quinapril hcl</i>)	7		AVAPRO 150 MG, 300 MG (<i>irbesartan</i>)	7	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	7	QL(2 EA daily)	BENICAR 5 MG, 20 MG (<i>olmesartan medoxomil</i>)	7	
<i>benazepril hcl</i>	1		BENICAR 40 MG (<i>olmesartan medoxomil</i>)	7	QL(1 EA daily)
<i>captopril</i>	1		<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
<i>enalapril maleate TABS</i>	1	QL(2 EA daily)	<i>candesartan cilexetil 32 MG</i>	1	QL(1 EA daily)
<i>fosinopril sodium</i>	1		COZAAR (<i>losartan potassium</i>)	7	
<i>lisinopril TABS 40 MG</i>	1	QL(2 EA daily)	DIOVAN TABS 160 MG (<i>valsartan</i>)	7	QL(2 EA daily)
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1		DIOVAN TABS 40 MG, 80 MG, 320 MG (<i>valsartan</i>)	7	
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	7		<i>irbesartan</i>	1	
<i>moexipril hcl</i>	1		<i>losartan potassium</i>	1	
<i>perindopril erbumine</i>	1		MICARDIS 80 MG (<i>telmisartan</i>)	7	QL(1 EA daily)
<i>quinapril hcl</i>	1		MICARDIS 20 MG, 40 MG (<i>telmisartan</i>)	7	
<i>ramipril CAPS</i>	1	QL(2 EA daily)	<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
<i>trandolapril</i>	1		<i>olmesartan medoxomil 40 MG</i>	1	QL(1 EA daily)
VASOTEC TABS (<i>enalapril maleate</i>)	7	QL(2 EA daily)	<i>telmisartan 80 MG</i>	1	QL(1 EA daily)
ZESTRIL TABS 40 MG (<i>lisinopril</i>)	7	QL(2 EA daily)	<i>telmisartan 20 MG, 40 MG</i>	1	
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (<i>lisinopril</i>)	7		<i>valsartan TABS 160 MG</i>	1	QL(2 EA daily)
Agents for Pheochromocytoma					
DIBENZYLINE (<i>phenoxybenzamine hcl</i>)	7	Not available through mail	<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1	
<i>phenoxybenzamine hcl</i>	1	Not available through mail	Antidiuretic Antihypertensives		
Angiotensin II Receptor Antagonists			CARDURA (<i>doxazosin mesylate</i>)	7	
ATACAND 32 MG (<i>candesartan cilexetil</i>)	7	QL(1 EA daily)	<i>clonidine hcl TABS</i>	1	
ATACAND 4 MG, 8 MG, 16 MG (<i>candesartan cilexetil</i>)	7		<i>doxazosin mesylate</i>	1	

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<i>prazosin hcl CAPS</i>	1		<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1		DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (<i>valsartan-hydrochlorothiazide</i>)	7	
<i>terazosin hcl 10 MG</i>	1	QL(2 EA daily)	DIOVAN HCT 25 MG-160 MG (<i>valsartan-hydrochlorothiazide</i>)	7	QL(1 EA daily)
Antihypertensive Combinations					
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	7		<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1		EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (<i>amlodipine besylate-valsartan</i>)	7	
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 EA daily)	EXFORGE 10 MG-160 MG (<i>amlodipine besylate-valsartan</i>)	7	QL(1 EA daily)
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1		EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	7	
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 EA daily)	<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1		HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	7	
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	7		<i>irbesartan-hydrochlorothiazide</i>	1	
<i>atenolol & chlorthalidone</i>	1		<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	7		<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)
<i>benazepril & hydrochlorothiazide</i>	1		<i>losartan potassium & hydrochlorothiazide</i>	1	
BENICAR HCT 12.5 MG-20 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7		LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	7	
BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7	QL(1 EA daily)			
<i>bisoprolol & hydrochlorothiazide</i>	1				

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LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG <i>(amlodipine besylate- benazepril hcl)</i>	7	QL(1 EA daily)	VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	7	
metoprolol & hydrochlorothiazide TABS	1		ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	
MICARDIS HCT (<i>telmisartan- hydrochlorothiazide</i>)	7		ZESTORETIC 25 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	QL(2 EA daily)
olmesartan medoxomil- amlodipine- hydrochlorothiazide	1	ST	ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	7	
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG	1		Selective Aldosterone Receptor Antagonists (SARAs)		
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	1	QL(1 EA daily)	<i>eplerenone</i>	1	
quinapril- hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	1		INSPRA (<i>eplerenone</i>)	7	
quinapril- hydrochlorothiazide 25 MG-20 MG	1	QL(1 EA daily)	Vasodilators		
telmisartan-amlodipine	1		<i>hydralazine hcl TABS</i>	1	
telmisartan- hydrochlorothiazide	1		<i>minoxidil 2.5 MG, 10 MG</i>	1	
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	7		ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	7		Anti-infective Agents - Misc.		
TRIBENZOR (<i>olmesartan medoxomil-amlodipine- hydrochlorothiazide</i>)	7	ST	<i>FLAGYL CAPS (metronidazole)</i>	7	
valsartan- hydrochlorothiazide 25 MG-160 MG	1	QL(1 EA daily)	<i>IMPAVIDO</i>	2	
valsartan- hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	1		<i>metronidazole CAPS</i>	1	
			<i>metronidazole TABS 250 MG, 500 MG</i>	1	
			<i>NEBUPENT IN (pentamidine isethionate)</i>	7	
			<i>pentamidine isethionate IN</i>	1	
			<i>trimethoprim TABS</i>	1	
			Anti-infective Misc. - Combinations		
			(Sulfamethoxazole- Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	

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BACTRIM DS TABS <i>(sulfamethoxazole-trimethoprim)</i>	7		Urinary Anti-infectives		
BACTRIM TABS <i>(sulfamethoxazole-trimethoprim)</i>	7		MACROBID <i>(nitrofurantoin monohyd macro)</i>	7	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1		MACRODANTIN <i>(nitrofurantoin macrocrystal)</i>	7	
<i>sulfamethoxazole-trimethoprim TABS</i>	1		<i>methenamine mandelate</i>	1	
Antiprotozoal Agents			<i>nitrofurantoin</i>	1	
<i>atovaquone</i>	1		<i>nitrofurantoin macrocrystal</i>	1	
LAMPIT	2	AC; PA	<i>nitrofurantoin monohyd macro</i>	1	
MEPRON (<i>atovaquone</i>)	7		ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Glycopeptides			Antimalarial Combinations		
VANCOCIN CAPS <i>(vancomycin hcl)</i>	7	QL(2 EA daily)	<i>atovaquone-proguanil hcl 25 MG-62.5 MG</i>	1	
<i>vancomycin hcl CAPS</i>	1	QL(2 EA daily)	COARTEM	2	QL(0.8 EA daily)
Leprostatics			MALARONE 25 MG-62.5 MG (<i>atovaquone-proguanil hcl</i>)	7	
<i>dapsone 100 MG</i>	1	QL(4 EA daily)	Antimalarials		
<i>dapsone 25 MG</i>	1		<i>chloroquine phosphate TABS 250 MG</i>	1	
Lincosamides			<i>chloroquine phosphate TABS 500 MG</i>	2	
CLEOCIN (<i>clindamycin hcl</i>)	7		<i>hydroxychloroquine sulfate 200 MG</i>	1	
<i>clindamycin hcl</i>	1		KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
Oxazolidinones			<i>mefloquine hcl</i>	1	QL(6 EA per fill retail)
<i>linezolid SUSR</i>	1	QL(210 ML per 90 day(s) retail); PA	<i>primaquine phosphate TABS</i>	1	
<i>linezolid TABS</i>	1	QL(20 EA per 90 day(s) retail); PA	PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	7	
SIVEXTRO TABS	2	QL(6 EA per 90 day(s) retail)	QUALAQUIN CAPS (<i>quinine sulfate</i>)	7	QL(2 EA daily); PA
ZYVOX SUSR (<i>linezolid</i>)	7	QL(210 ML per 90 day(s) retail); PA			
ZYVOX TABS (<i>linezolid</i>)	7	QL(20 EA per 90 day(s) retail); PA			

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<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 EA daily); PA	MYLERAN TABS	2	AC			
ANTIMYASTHENIC/CHOLINERGIC AGENTS								
Antimyasthenic/Cholinergic Agents								
MESTINON TABS <i>(pyridostigmine bromide)</i>	7		<i>capecitabine 500 MG</i>	1	SP; AC			
MESTINON TBCR <i>(pyridostigmine bromide)</i>	7		<i>capecitabine 150 MG</i>	1	SP; AC			
<i>pyridostigmine bromide TABS 60 MG</i>	1		<i>mercaptopurine TABS</i>	1	AC			
<i>pyridostigmine bromide TBCR</i>	1		<i>methotrexate sodium TABS 2.5 MG</i>	1	AC			
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)								
Antimycobacterial Agents								
<i>ethambutol hcl TABS</i>	1		Antineoplastic - Angiogenesis Inhibitors					
<i>isoniazid SYRP</i>	1		INLYTA	2	SP; AC; PA			
<i>isoniazid TABS</i>	1		LENVIMA (10 MG DAILY DOSE)	2	QL(1 EA daily); SP; AC; PA			
MYAMBUTOL TABS 400 MG <i>(ethambutol hcl)</i>	7		LENVIMA (12 MG DAILY DOSE)	2	QL(1 EA daily); SP; AC; PA			
MYCOBUTIN (rifabutin)	7		LENVIMA (14 MG DAILY DOSE)	2	QL(1 EA daily); SP; AC; PA			
PRIFTIN	2		LENVIMA (18 MG DAILY DOSE)	2	QL(1 EA daily); SP; AC; PA			
<i>pyrazinamide</i>	1		LENVIMA (20 MG DAILY DOSE)	2	QL(1 EA daily); SP; AC; PA			
<i>rifabutin</i>	1		LENVIMA (24 MG DAILY DOSE)	2	QL(1 EA daily); SP; AC; PA			
<i>rifampin CAPS</i>	1		LENVIMA (4 MG DAILY DOSE)	2	QL(1 EA daily); SP; AC; PA			
TRECATOR	2		LENVIMA (8 MG DAILY DOSE)	2	QL(1 EA daily); SP; AC; PA			
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer								
Alkylating Agents								
ALKERAN (melphalan)	7	AC	Antineoplastic - Anti-HER2 Agents					
<i>cyclophosphamide CAPS</i>	1	AC	TUKYSA	2	SP; AC; PA			
CYCLOPHOSPHAMIDE TABS	2		Antineoplastic - BCL-2 Inhibitors					
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC	VENCLEXTA STARTING PACK TBPK	2	SP; AC; PA			
LEUKERAN	2	AC						
<i>melphalan</i>	1	AC						

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VENCLEXTA TABS 50 MG	2	SP; AC; PA	ERLEADA	2	SP; AC; PA			
VENCLEXTA TABS 10 MG	2	QL(2 EA daily); SP; AC; PA	EULEXIN	2	AC			
VENCLEXTA TABS 100 MG	2	QL(4 EA daily); SP; AC; PA	<i>exemestane</i>	5	Grand Fathered Plans at Tier 2; PV; AC			
Antineoplastic - EGFR Inhibitors								
<i>erlotinib hcl</i>	1	SP; AC; PA	FARESTON (<i>toremifene citrate</i>)	7	AC			
<i>gefitinib</i>	1	SP; AC	FEMARA (<i>letrozole</i>)	7	AC			
GILOTRIF	2	SP; AC; PA	<i>letrozole</i>	1	AC			
IRESSA (<i>gefitinib</i>)	7	SP; AC	LYSODREN	2	SP; AC			
TAGRISSO	2	SP; AC; PA	<i>megestrol acetate SUSP</i>	1	AC			
TARCEVA (<i>erlotinib hcl</i>)	7	SP; AC; PA	<i>megestrol acetate TABS</i>	1	AC			
VIZIMPRO	2	SP; AC; PA	NILANDRON (<i>nilutamide</i>)	7	AC			
Antineoplastic - Hedgehog Pathway Inhibitors			<i>nilutamide</i>	1	AC			
DAURISMO	2	SP; PA	NUBEQA	2	SP; AC; PA			
ERIVEDGE	2	SP; AC; PA	SOLTAMOX SOLN	5	Grand Fathered Plans at Tier 2; PV			
ODOMZO	2	SP; AC	<i>tamoxifen citrate TABS</i>	5	Grand Fathered Plans at Tier 2; PV; AC			
Antineoplastic - Hormonal and Related Agents			<i>toremifene citrate</i>	1	AC			
(Abiraterone Acetate) ABIRTEGA 250 MG	1	SP; AC; PA	XTANDI CAPS	2	SP; AC; PA			
<i>abiraterone acetate</i>	1	SP; AC; PA	XTANDI TABS	2	SP; AC; PA			
<i>anastrozole</i>	5	Grand Fathered Plans at Tier 2; QL(1 EA daily); PV; AC	ZYTIGA (<i>abiraterone acetate</i>)	7	SP; AC; PA			
ARIMIDEX (<i>anastrozole</i>)	5	Grand Fathered Plans at Tier 2; QL(1 EA daily); PV; AC	Antineoplastic - Immunomodulators					
AROMASIN (<i>exemestane</i>)	5	Grand Fathered Plans at Tier 2; PV; AC	POMALYST	2	SP; AC; PA			
<i>bicalutamide</i>	1	QL(1 EA daily); AC	Antineoplastic - XPO1 Inhibitors					
CASODEX (<i>bicalutamide</i>)	7	QL(1 EA daily); AC	XPOVIO (100 MG ONCE WEEKLY) 50 MG	2	SP; AC; PA			
EMCYT	2	SP; AC	XPOVIO (40 MG ONCE WEEKLY) 40 MG	2	SP; AC; PA			
			XPOVIO (40 MG TWICE WEEKLY) 40 MG	2	SP; AC; PA			
			XPOVIO (60 MG ONCE WEEKLY) 60 MG	2	SP; AC; PA			
			XPOVIO (80 MG ONCE WEEKLY) 40 MG	2	SP; AC; PA			

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XPOVIO (80 MG TWICE WEEKLY)	2	SP; AC; PA	IBRANCE CAPS	2	SP; AC; PA
Antineoplastic Combinations					
INQOVI	2	SP; PA	IBRANCE TABS	2	SP; AC; PA
KISQALI FEMARA (200 MG DOSE)	2	SP; AC; PA	ICLUSIG	2	QL(1 EA daily); SP; AC; PA
KISQALI FEMARA (400 MG DOSE)	2	SP; AC; PA	IDHIFA	2	SP; AC; PA
KISQALI FEMARA (600 MG DOSE)	2	SP; AC; PA	<i>imatinib mesylate TABS 400 MG</i>	1	QL(2 EA daily); SP; PA
LONSURF	2	SP; AC; PA	<i>imatinib mesylate TABS 100 MG</i>	1	QL(3 EA daily); SP; AC; PA
Antineoplastic Enzyme Inhibitors					
(Everolimus) TORPENZ TABS	1	QL(1 EA daily); SP; AC; PA	IMBRUWICA CAPS 70 MG	2	QL(1 EA daily); SP; AC; PA
AFINITOR TABS (<i>everolimus</i>)	7	QL(1 EA daily); SP; AC; PA	IMBRUWICA CAPS 140 MG	2	QL(3 EA daily); SP; AC; PA
ALECensa	2	SP; AC; PA	IMBRUWICA SUSP	2	QL(8 ML daily); SP; AC; PA
ALUNBRIG TABS	2	SP; AC; PA	IMBRUWICA TABS	2	QL(1 EA daily); SP; AC; PA
ALUNBRIG TBPK	2	SP; AC; PA	JAKAFI	2	QL(2 EA daily); SP; AC; PA
BALVERSA	2	SP; AC; PA	KISQALI (200 MG DOSE)	2	QL(1 EA daily); SP; AC; PA
BOSULIF CAPS	2	SP; AC; PA	KISQALI (400 MG DOSE)	2	QL(1 EA daily); SP; AC; PA
BOSULIF TABS	2	SP; AC; PA	KISQALI (600 MG DOSE)	2	QL(1 EA daily); SP; AC; PA
BRAFTOVI 75 MG	2	SP; AC; PA	KOSELUGO	2	SP; AC; PA
CABOMETYX TABS 40 MG	2	QL(2 EA daily); SP; AC; PA	<i>lapatinib ditosylate</i>	1	SP; AC; PA
CABOMETYX TABS 20 MG, 60 MG	2	QL(1 EA daily); SP; AC; PA	LORBRENA	2	SP; AC; PA
CALQUENCE	2	QL(2 EA daily); SP; AC; PA	LUMAKRAS 120 MG, 240 MG	2	QL(2 EA daily); SP; PA
CAPRELSA	2	SP; AC; PA	LUMAKRAS 320 MG	2	QL(3 EA daily); SP; PA
COMETRIQ (100 MG DAILY DOSE) KIT	2	SP; AC; PA	LYNPARZA TABS	2	QL(4 EA daily); SP; AC; PA
COMETRIQ (140 MG DAILY DOSE) KIT	2	SP; AC; PA	MEKINIST TABS	2	SP; AC; PA
COMETRIQ (60 MG DAILY DOSE) KIT	2	SP; AC; PA	MEKTOVI	2	SP; AC; PA
COTELLIC	2	SP; AC; PA	NERLYNX	2	SP; AC; PA
<i>dasatinib</i>	1	SP; AC; PA	NEXAVAR (<i>sorafenib tosylate</i>)	7	SP; AC; PA
<i>everolimus TABS</i>	1	QL(1 EA daily); SP; AC; PA	<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	1	SP; AC; PA
			NINLARO	2	SP; AC; PA
			<i>pazopanib hcl</i>	1	SP; AC; PA

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PIQRAY (200 MG DAILY DOSE)	2	SP; AC; PA	ZEJULA TABS	2	SP; PA	
PIQRAY (250 MG DAILY DOSE)	2	SP; AC; PA	ZELBORAF	2	SP; AC; PA	
PIQRAY (300 MG DAILY DOSE)	2	SP; AC; PA	ZOLINZA	2	SP; AC; PA	
QINLOCK	2	SP; AC; PA	ZYDELIG	2	SP; AC; PA	
RETEVMO CAPS	2	SP; AC; PA	Antineoplastics Misc.			
RUBRACA	2	SP; AC; PA	<i>bexarotene</i>	1	SP; AC; PA	
RYDAPT	2	SP; AC; PA	HYDREA (<i>hydroxyurea</i>)	7	AC	
<i>sorafenib tosylate</i>	1	SP; AC; PA	<i>hydroxyurea</i>	1	AC	
SPRYCEL (<i>dasatinib</i>)	7	SP; AC; PA	MATULANE	2	SP; AC	
STIVARGA	2	SP; AC; PA	TARGRETIN (<i>bexarotene</i>)	7	SP; AC; PA	
<i>sunitinib malate 25 MG</i>	1	SP; AC; PA	<i>tretinoin (chemotherapy)</i>	1	SP; AC	
<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	1	QL(1 EA daily); SP; AC; PA	Chemotherapy Rescue/Antidote/Protective Agents			
SUTENT 25 MG (<i>sunitinib malate</i>)	7	SP; AC; PA	<i>leucovorin calcium TABS</i>	1	AC	
SUTENT 12.5 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	7	QL(1 EA daily); SP; AC; PA	Mitotic Inhibitors			
TABRECTA	2	SP; AC; PA	<i>etoposide CAPS</i>	1	SP; AC	
TAFINLAR CAPS	2	SP; AC; PA	Topoisomerase I Inhibitors			
TALZENNA 0.25 MG, 1 MG	2	SP; AC; PA	HYCAMTIN CAPS	2	SP; AC; PA	
TASIGNA 50 MG, 150 MG, 200 MG (<i>nilotinib hcl</i>)	7	SP; AC; PA	ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			
TAZVERIK	2	SP; AC; PA	Antiparkinson Anticholinergics			
TYKERB (<i>lapatinib ditosylate</i>)	7	SP; AC; PA	<i>benztropine mesylate TABS</i>	1		
VERZENIO	2	QL(2 EA daily); SP; AC; PA	<i>trihexyphenidyl hcl SOLN</i>	1		
VITRAKVI CAPS	2	SP; AC; PA	<i>trihexyphenidyl hcl TABS</i>	1		
VITRAKVI SOLN	2	SP; AC; PA	Antiparkinson Dopaminergics			
VOTRIENT (<i>pazopanib hcl</i>)	7	SP; AC; PA	<i>amantadine hcl CAPS</i>	1		
VOTRIENT	2	SP; AC; PA	<i>bromocriptine mesylate CAPS</i>	1		
XALKORI CAPS	2	SP; AC; PA	<i>bromocriptine mesylate TABS 2.5 MG</i>	1		
XOSPATA	2	SP; AC; PA	<i>carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 75 MG-18.75 MG-200 MG</i>	2		
ZEJULA CAPS	2	SP; AC; PA				

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<i>carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 200 MG-50 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG</i>	1		<i>rasagiline mesylate</i>	1		
<i>carbidopa-levodopa TABS</i>	1		<i>selegiline hcl CAPS</i>	1	QL(2 EA daily)	
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1		<i>selegiline hcl TABS</i>	1	QL(2 EA daily)	
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 EA daily)	ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			
DHIVY TABS	2		Antimanic Agents			
DUOPA SUSP	2	PA	<i>lithium</i>	1		
INBRIJA CAPS	2	PA	<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 EA daily)	
PARLODEL CAPS (<i>bromocriptine mesylate</i>)	7		<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1		
PARLODEL TABS (<i>bromocriptine mesylate</i>)	7		<i>lithium carbonate TABS</i>	1		
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 EA daily)	<i>lithium carbonate TBCR</i>	1		
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1		LITHOBID TBCR (<i>lithium carbonate</i>)	7		
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 EA daily)	Antipsychotics - Misc.			
<i>ropinirole hydrochloride TABS</i>	1		GEODON 60 MG, 80 MG (<i>ziprasidone hcl</i>)	7	QL(2 EA daily)	
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1		GEODON 20 MG, 40 MG (<i>ziprasidone hcl</i>)	7		
<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 EA daily)	LATUDA (<i>lurasidone hcl</i>)	7		
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	7		<i>lurasidone hcl</i>	1		
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	7		<i>ziprasidone hcl 20 MG, 40 MG</i>	1		
Antiparkinson Monoamine Oxidase Inhibitors			<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 EA daily)	
AZILECT (<i>rasagiline mesylate</i>)	7		Benzisoxazoles			
			RISPERDAL SOLN (<i>risperidone</i>)	7		
			RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (<i>risperidone</i>)	7		
			RISPERDAL TABS 3 MG (<i>risperidone</i>)	7	QL(2 EA daily)	
			<i>risperidone SOLN</i>	1		
			<i>risperidone TABS 3 MG</i>	1	QL(2 EA daily)	
			<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1		

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<i>risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	1		<i>fluphenazine hcl TABS</i>	1	
Butyrophenones					
<i>haloperidol lactate CONC</i>	1		<i>perphenazine TABS</i>	1	
<i>haloperidol TABS</i>	1		<i>prochlorperazine</i>	1	QL(2 EA daily)
Dibenzapines					
<i>clozapine TABS</i>	1		<i>prochlorperazine maleate TABS</i>	1	
<i>CLOZARIL TABS (clozapine)</i>	7		<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>loxapine succinate</i>	1		<i>thioridazine hcl 50 MG</i>	1	QL(4 EA daily)
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 EA daily)	<i>trifluoperazine hcl TABS</i>	1	
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1		Quinolinone Derivatives		
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 EA daily)	<i>ABILIFY TABS 15 MG (aripiprazole)</i>	7	QL(2 EA daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1		<i>ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole)</i>	7	
<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 EA daily)	<i>ABILIFY TABS 20 MG (aripiprazole)</i>	7	QL(1 EA daily)
<i>SEROQUEL TABS 25 MG, 50 MG, 100 MG (quetiapine fumarate)</i>	7		<i>aripiprazole SOLN PO</i>	1	
<i>SEROQUEL TABS 200 MG (quetiapine fumarate)</i>	7	QL(4 EA daily)	<i>aripiprazole TABS 20 MG</i>	1	QL(1 EA daily)
<i>SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate)</i>	7	QL(2 EA daily)	<i>aripiprazole TABS 15 MG</i>	1	QL(2 EA daily)
<i>ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine)</i>	7		<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
<i>ZYPREXA TABS 15 MG, 20 MG (olanzapine)</i>	7	QL(1 EA daily)	Thioxanthenes		
Phenothiazines					
(Prochlorperazine) COMPRO	1	QL(2 EA daily)	<i>thiothixene</i>	1	
<i>chlorpromazine hcl TABS</i>	1		ANTIVIRALS - Drugs to Treat Viral Infections		
<i>fluphenazine hcl ELIX</i>	1		Antiretrovirals		
			<i>abacavir sulfate-lamivudine</i>	1	
			<i>abacavir sulfate SOLN</i>	1	
			<i>abacavir sulfate TABS</i>	1	
			<i>APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)</i>	5	Available through the Medical Benefit
			<i>APTIVUS CAPS</i>	2	
			<i>atazanavir sulfate CAPS</i>	1	
			<i>BIKTARVY 200 MG-50 MG-25 MG</i>	2	

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CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit	EMTRIVA CAPS (<i>emtricitabine</i>)	7	
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit	EMTRIVA SOLN	2	
CIMDUO	2		EPIVIR SOLN (<i>lamivudine</i>)	7	
COMBIVIR (<i>lamivudine-zidovudine</i>)	7		EPIVIR TABS (<i>lamivudine</i>)	7	
COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	7		EPZICOM (<i>abacavir sulfate-lamivudine</i>) <i>etravirine</i>	7	
<i>darunavir TABS</i>	1		EVOTAZ	2	
DELSTRIGO	2		<i>fosamprenavir calcium</i> TABS	1	
DESCOVY 200 MG-25 MG	5	Grand Fathered Plans at Tier 2; PV	GENVOYA	2	
DOVATO	2		INTELENCE (<i>etravirine</i>)	7	
EDURANT	2		INTELENCE 25 MG	2	
<i>efavirenz CAPS</i>	1		ISENTRESS HD TABS	2	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 EA daily)	ISENTRESS CHEW	2	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1		ISENTRESS PACK	2	
<i>efavirenz TABS</i>	1		ISENTRESS TABS	2	
<i>emtricitabine CAPS</i>	1		JULUCA	2	
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	1		KALETRA SOLN	2	
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	Grand Fathered Plans at Tier 2; QL(1 EA daily); PV	KALETRA TABS (<i>lopinavir-ritonavir</i>)	7	
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 EA daily)	<i>lamivudine SOLN</i>	1	
			<i>lamivudine TABS</i>	1	
			<i>lamivudine-zidovudine</i>	1	
			LEXIVA SUSP	2	
			LEXIVA TABS (<i>fosamprenavir calcium</i>)	7	
			<i>lopinavir-ritonavir SOLN</i>	1	
			<i>lopinavir-ritonavir TABS</i>	1	
			<i>maraviroc TABS</i>	1	
			<i>nevirapine SUSP</i>	1	
			<i>nevirapine TABS</i>	1	
			<i>nevirapine TB24</i>	1	
			NORVIR CAPS	2	
			NORVIR PACK	2	

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NORVIR TABS (<i>ritonavir</i>)	7		TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	7	QL(1 EA daily)
ODEFSEY	2		TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	5	Grand Fathered Plans at Tier 2; QL(1 EA daily); PV
PIFELTRO	2		TYBOST	2	
PREZCOBIX	2		VIRACEPT TABS	2	
PREZISTA SUSP	2		VIREAD POWD	2	
PREZISTA TABS 75 MG, 150 MG	2		VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	7	
PREZISTA TABS (<i>darunavir</i>)	7		VIREAD TABS 150 MG, 200 MG, 250 MG	2	
RETROVIR CAPS (<i>zidovudine</i>)	7		ZIAGEN SOLN (<i>abacavir sulfate</i>)	7	
RETROVIR SYRP (<i>zidovudine</i>)	7		ZIAGEN TABS (<i>abacavir sulfate</i>)	7	
REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	7		<i>zidovudine CAPS</i>	1	
REYATAZ PACK	2		<i>zidovudine SYRP</i>	1	
<i>ritonavir TABS</i>	1		<i>zidovudine TABS</i>	1	
RUKOBIA	2		Antiviral Combinations		
SELZENTRY SOLN	2		MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
SELZENTRY TABS 25 MG, 75 MG	2		PAXLOVID (150/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
SELZENTRY TABS (<i>maraviroc</i>)	7		PAXLOVID (300/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
<i>stavudine CAPS</i>	1		CMV Agents		
STRIBILD	2		VALCYTE SOLR (<i>valganciclovir hcl</i>)	7	QL(21 ML daily)
SYMF1 (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	7				
SYMF1 LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	7				
SYMTUZA	2				
<i>tenofovir disoproxil fumarate TABS</i>	1				
TIVICAY TABS	2				
TRIUMEQ PD TBSO	2				
TRIUMEQ TABS	2				
TRIZIVIR	2				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
VALCYTE TABS <i>(valganciclovir hcl)</i>	7		TAMIFLU CAPS <i>(oseltamivir phosphate)</i>	7	QL(10 EA per fill retail)	
<i>valganciclovir hcl SOLR</i>	1	QL(21 ML daily)	TAMIFLU SUSR <i>(oseltamivir phosphate)</i>	7	QL(75 ML daily; 5 Day(s) limit)	
<i>valganciclovir hcl TABS</i>	1		Misc. Antivirals			
Hepatitis Agents						
<i>adefovir dipivoxil</i>	1		LAGEVRIOS	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV	
BARACLUDE TABS <i>(entecavir)</i>	7		TPOXX (TECOVIRIMAT CAP 200 MG)	5		
<i>entecavir TABS</i>	1		TPOXX CAPS	5	PV	
EPCLUSIA PACK	2	SP; PA	TPOXX SOLN	5	PV	
EPCLUSIA TABS	2	SP; PA	BETA BLOCKERS - Drugs to Treat High Blood Pressure			
EPCLUSIA TABS	2	SP; PA	Alpha-Beta Blockers			
<i>ribavirin (hepatitis c) CAPS</i>	1	SP; PA	<i>carvedilol</i>	1		
VOSEVI	2	SP; PA	<i>carvedilol phosphate</i>	1		
Herpes Agents			COREG (<i>carvedilol</i>)	7		
<i>acyclovir CAPS</i>	1		COREG CR (<i>carvedilol phosphate</i>)	7		
<i>acyclovir SUSP</i>	1		<i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>	1		
<i>acyclovir TABS PO 400 MG</i>	1		Beta Blockers Cardio-Selective			
<i>acyclovir TABS PO 800 MG</i>	1	QL(5 EA daily)	<i>acebutolol hcl CAPS</i>	1		
<i>famciclovir</i>	1		<i>atenolol TABS</i>	1		
<i>valacyclovir hcl 500 MG</i>	1	QL(8 EA daily)	<i>betaxolol hcl</i>	1		
<i>valacyclovir hcl 1 GM</i>	1	QL(4 EA daily)	<i>bisoprolol fumarate</i>	1	QL(1 EA daily)	
<i>VALTREX 1 GM (valacyclovir hcl)</i>	7	QL(4 EA daily)	BYSTOLIC (<i>nebivolol hcl</i>)	7		
<i>VALTREX 500 MG (valacyclovir hcl)</i>	7	QL(8 EA daily)	LOPRESSOR TABS (<i>metoprolol tartrate</i>)	7		
Influenza Agents			<i>metoprolol succinate TB24</i>	1		
<i>oseltamivir phosphate CAPS</i>	1	QL(10 EA per fill retail)	<i>metoprolol tartrate TABS</i>	1		
<i>oseltamivir phosphate SUSR</i>	1	QL(75 ML daily; 5 Day(s) limit)	<i>nebivolol hcl</i>	1		
<i>rimantadine hydrochloride TABS</i>	1	QL(180 EA per fill retail; 180 EA per 10 day(s) retail)	TENORMIN TABS (<i>atenolol</i>)	7		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOPROL XL TB24 <i>(metoprolol succinate)</i>	7		(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
Beta Blockers Non-Selective			(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
(Sotalol Hcl) SORINE TABS	1		(Diltiazem Hcl) DILT-XR CP24	1	
BETAPACE AF <i>(sotalol hcl (afib/afl))</i>	7		(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
BETAPACE TABS 80 MG, 120 MG, 160 MG <i>(sotalol hcl)</i>	7		<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
CORGARD TABS 20 MG, 40 MG <i>(nadolol)</i>	7		<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 EA daily)
INDERAL LA CP24 <i>(propranolol hcl)</i>	7		CARDIZEM CD CP24 <i>(diltiazem hcl coated beads)</i>	7	QL(1 EA daily)
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1		CARDIZEM LA TB24 <i>(diltiazem hcl)</i>	7	
<i>pindolol TABS</i>	1		CARDIZEM TABS 30 MG, 60 MG, 120 MG <i>(diltiazem hcl)</i>	7	
<i>propranolol hcl CP24</i>	1		<i>diltiazem hcl coated beads CP24</i>	1	QL(1 EA daily)
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1		<i>diltiazem hcl extended release beads</i>	1	
<i>propranolol hcl TABS</i>	1		<i>diltiazem hcl CP12</i>	1	
<i>sotalol hcl (afib/afl)</i>	1		<i>diltiazem hcl CP24</i>	1	
<i>sotalol hcl TABS</i>	1		<i>diltiazem hcl TABS</i>	1	
SOTYLIZE SOLN PO	2		<i>diltiazem hcl TB24</i>	1	
<i>timolol maleate TABS 20 MG</i>	1	QL(60 EA per fill retail)	<i>felodipine 10 MG</i>	1	QL(1 EA daily)
<i>timolol maleate TABS 10 MG</i>	1	QL(6 EA daily)	<i>felodipine 2.5 MG, 5 MG</i>	1	
<i>timolol maleate TABS 5 MG</i>	1	QL(2 EA daily; 60 EA per fill retail)	<i>nifedipine CAPS</i>	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>nifedipine TB24</i>	1	QL(1 EA daily)
Calcium Channel Blockers			<i>nifedipine TB24 30 MG, 60 MG</i>	1	
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)	<i>nimodipine CAPS</i>	1	
			<i>nimodipine SOLN</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nisoldipine</i>	1		LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	7	
NORVASC TABS 2.5 MG (<i>amlodipine besylate</i>)	7	QL(2 EA daily)	CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
NORVASC TABS 5 MG, 10 MG (<i>amlodipine besylate</i>)	7	QL(1 EA daily)	Cardiovascular Agents Misc. - Combinations		
PROCARDIA XL TB24 (<i>nifedipine</i>)	7	QL(1 EA daily)	BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	7	
SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	7		<i>isosorbide dinitrate-hydralazine hcl</i>	1	
TIAZAC (<i>diltiazem hcl extended release beads</i>)	7		Impotence Agents		
VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	2		CIALIS 2.5 MG (<i>tadalafil</i>)	7	Check plan documents for coverage; QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA
<i>verapamil hcl CP24 180 MG</i>	1	QL(2 EA daily)	CIALIS 5 MG, 10 MG, 20 MG (<i>tadalafil</i>)	7	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1		<i>sildenafil citrate</i>	1	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 EA daily)	<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
<i>verapamil hcl TABS</i>	1		<i>tadalafil 2.5 MG</i>	1	Check plan documents for coverage; QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA
<i>verapamil hcl TBCR 120 MG</i>	1				
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 EA daily)			
VERELAN PM CP24 (<i>verapamil hcl</i>)	2				
VERELAN CP24 180 MG (<i>verapamil hcl</i>)	7	QL(2 EA daily)			
VERELAN CP24 120 MG, 240 MG (<i>verapamil hcl</i>)	7				
VERELAN CP24 360 MG (<i>verapamil hcl</i>)	2	QL(1 EA daily)			
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm					
Cardiac Glycosides					
<i>digoxin SOLN PO 0.05 MG/ML</i>	1				
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1				

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VIAGRA (<i>sildenafil citrate</i>)	7	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA	Transthyretin Stabilizers					
Prostaglandin Vasodilators								
TYVASO DPI INSTITUTIONAL KIT POWD	2	QL(4 EA daily); SP; PA	VYNDAMAX	2	QL(1 EA daily); SP; PA			
TYVASO DPI MAINTENANCE KIT POWD	2	QL(4 EA daily); SP; PA	VYNDAQEL	2	QL(4 EA daily); SP; PA			
TYVASO DPI TITRATION KIT POWD	2	QL(9 EA daily); SP; PA	CEPHALOSPORINS - Drugs to Treat Bacterial Infections					
TYVASO DPI TITRATION KIT POWD	2	QL(7 EA daily); SP; PA	Cephalosporins - 1st Generation					
VENTAVIS IN	2	SP; PA	<i>cefadroxil CAPS</i>	1				
Pulmonary Hypertension - Endothelin Receptor Antagonists			<i>cefadroxil SUSR</i>	1				
<i>ambrisentan</i>	1	ST; QL(1 EA daily); SP; PA	<i>cefadroxil TABS</i>	1				
<i>bosentan TABS 62.5 MG</i>	1	ST; SP; PA	<i>cephalexin CAPS 250 MG, 500 MG</i>	1				
<i>bosentan TABS 125 MG</i>	1	ST; SP	<i>cephalexin SUSR</i>	1				
LETAIRIS (<i>ambrisentan</i>)	7	ST; QL(1 EA daily); SP; PA	Cephalosporins - 2nd Generation					
TRACLEER TABS 62.5 MG (<i>bosentan</i>)	7	ST; SP; PA	<i>cefaclor CAPS</i>	1				
TRACLEER TABS 125 MG (<i>bosentan</i>)	7	ST; SP	<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1				
TRACLEER TBSO	2	ST; SP; PA	<i>cefprozil SUSR</i>	1				
Pulmonary Hypertension - Phosphodiesterase Inhibitors			<i>cefprozil TABS</i>	1				
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	1	QL(2 EA daily); SP; PA	<i>cefuroxime axetil TABS</i>	1				
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	7	QL(2 EA daily); SP; PA	Cephalosporins - 3rd Generation					
<i>tadalafil (pulmonary hypertension) TABS</i>	1	QL(2 EA daily); SP; PA	<i>cefdinir CAPS</i>	1				
			<i>cefdinir SUSR</i>	1				
			<i>cefixime CAPS</i>	1				
			<i>cefixime SUSR</i>	1				
			<i>cefpodoxime proxetil SUSR</i>	1				
			<i>cefpodoxime proxetil TABS</i>	1				
			SUPRAX CAPS (<i>cefixime</i>)	7				
			SUPRAX SUSR 200 MG/5ML (<i>cefixime</i>)	7				
CONTRACEPTIVES - Drugs to Prevent Pregnancy								
Combination Contraceptives - Oral								

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(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV	(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG	5	Grand Fathered Plans at Tier 2; PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV	(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28)	5	Grand Fathered Plans at Tier 2; PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	Grand Fathered Plans at Tier 2; PV			
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG	5	Grand Fathered Plans at Tier 2; PV			

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(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	5	Grand Fathered Plans at Tier 2; 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 1.5 MG-30 MCG-75 MG	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE	5	Grand Fathered Plans at Tier 2; 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 1.5 MG-30 MCG-75 MG	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; 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 1.5 MG-30 MCG-75 MG	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA	5	Grand Fathered Plans at Tier 2; 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 MG-20 MCG-75 MG	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV	(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE	5	Grand Fathered Plans at Tier 2; PV
			(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG	5	Grand Fathered Plans at Tier 2; 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 MG-20 MCG	5	Grand Fathered Plans at Tier 2.; PV	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG	5	Grand Fathered Plans at Tier 2.; PV	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	5	Grand Fathered Plans at Tier 2; PV	BALCOLTRA <i>(levonorgestrel-ethinyl estradiol-iron)</i>	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASSETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	5	Grand Fathered Plans at Tier 2; PV	BEYAZ <i>(drospirenone-ethinyl estradiol-levomefolate calcium)</i>	5	Grand Fathered Plans at Tier 2; PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	5	Grand Fathered Plans at Tier 2; PV	<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>drospirenone-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>ethynodiol diacet & eth estrad</i>	5	Grand Fathered Plans at Tier 2; PV
			GENERESS FE <i>(norethindrone & ethinyl estradiol-fe)</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>levonorgestrel & eth estradiol TABS</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>levonorgestrel-eth estradiol (triphasic)</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>levonorgestrel-ethinyl estradiol-iron</i>	5	Grand Fathered Plans at Tier 2; PV

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LO LOESTRIN FE TABS	5	Grand Fathered Plans at Tier 2; PV	SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	Grand Fathered Plans at Tier 2; PV
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	Grand Fathered Plans at Tier 2; PV	SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	Grand Fathered Plans at Tier 2; PV
MINASTRIN 24 FE CHEW (<i>norethrin acet & estrad-fe</i>)	5	Grand Fathered Plans at Tier 2; PV	TAYTULLA CAPS (<i>norethrin acet & estrad-fe</i>)	5	Grand Fathered Plans at Tier 2; PV
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	5	Grand Fathered Plans at Tier 2; PV	TYBLUME CHEW	5	Grand Fathered Plans at Tier 2; PV
NATAZIA	5	Grand Fathered Plans at Tier 2; PV	YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	5	Grand Fathered Plans at Tier 2; PV
NEXTSTELLIS	5	Grand Fathered Plans at Tier 2; PV	YAZ (<i>drospirenone-ethinyl estradiol</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>norethrin acet & estrad-fe</i> CAPS	5	Grand Fathered Plans at Tier 2; PV	Combination Contraceptives - Transdermal		
<i>norethrin acet & estrad-fe</i> CHEW	5	Grand Fathered Plans at Tier 2; PV	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	Grand Fathered Plans at Tier 2; PV
<i>norethrin acet & estrad-fe</i> TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	5	Grand Fathered Plans at Tier 2; PV	<i>norelgestromin-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
<i>norethindrone & ethinyl estradiol-fe</i>	5	Grand Fathered Plans at Tier 2; PV	TWIRLA	5	Grand Fathered Plans at Tier 2; PV
<i>norethindrone acet & ethra</i> TABS	5	Grand Fathered Plans at Tier 2.; PV	Combination Contraceptives - Vaginal		
<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	Grand Fathered Plans at Tier 2; PV	(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	Grand Fathered Plans at Tier 2; PV
<i>norgestimate-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV	ANNOVERA	5	Grand Fathered Plans at Tier 2; PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	Grand Fathered Plans at Tier 2; PV	<i>etongestrel-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	Grand Fathered Plans at Tier 2; PV	NUVARING (<i>etongestrel-ethinyl estradiol</i>)	5	Grand Fathered Plans at Tier 2; PV

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(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	Grand Fathered Plans at Tier 2; PV	Glucocorticosteroids		
ELLA	5	Grand Fathered Plans at Tier 2; PV	<i>budesonide CPEP</i>	1	QL(3 EA daily)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	Grand Fathered Plans at Tier 2; PV	CORTEF TABS <i>(hydrocortisone)</i>	7	
PLAN B ONE-STEP <i>(levonorgestrel (emergency oc))</i>	5	Grand Fathered Plans at Tier 2; PV	DEXAMETHASONE INTENSOL CONC	2	
Progestin Contraceptives - Injectable			<i>dexamethasone ELIX</i>	1	
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit	<i>dexamethasone SOLN</i>	1	
Progestin Contraceptives - Oral			<i>dexamethasone TABS</i>	1	
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, SHAROBEL	5	Grand Fathered Plans at Tier 2; PV	<i>hydrocortisone TABS</i>	1	
<i>norethindrone (contraceptive)</i>	5	Grand Fathered Plans at Tier 2; PV	MEDROL TABS	2	
OPILL	5	Grandfather Plans at Tier 2; PV	MEDROL TABS 4 MG, 8 MG, 16 MG <i>(methylprednisolone)</i>	7	
SLYND	5	Grand Fathered Plans at Tier 2; PV	MEDROL TBPK <i>(methylprednisolone)</i>	7	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			<i>methylprednisolone TABS</i>	1	
			<i>methylprednisolone TBPK</i>	1	
			PEDIAPRED SOLN <i>(prednisolone sodium phosphate)</i>	7	
			<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML</i>	1	
			PREDNISONE INTENSOL CONC	2	
			<i>prednisone SOLN</i>	1	
			<i>prednisone TABS 1 MG, 2.5 MG, 5 MG, 10 MG, 20 MG</i>	1	
			<i>prednisone TBPK</i>	1	
Mineralocorticoids					
			<i>fludrocortisone acetate TABS</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms					
Antitussives					

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(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1		<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ML daily)
<i>benzonataate 100 MG, 200 MG</i>	1		<i>promethazine w/codeine SOLN</i>	1	QL(30 ML daily)
HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	7		<i>promethazine w/codeine SYRP</i>	1	QL(30 ML daily)
HYCODAN TABS 1.5 MG-5 MG (hydrocodone bitartrate-homatropine methylbromide)	7		<i>promethazine-dm SYRP</i>	1	QL(30 ML daily)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1		<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1		Misc. Respiratory Inhalants		
Cough/Cold/Allergy Combinations			<i>sodium chloride (inhalant) NEBU 0.9 %</i>	1	
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1		Mucolytics		
(Guaifenesin-Codeine) GUAIFENESIN AC SYRP	1		<i>acetylcysteine SOLN</i>	1	
(Promethazine & Phenylephrine) PROMETHAZINE VC SYRP	1	QL(30 ML daily)	DERMATOLOGICALS - Drugs to Treat Skin Conditions		
(Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE	1		Acne Products		
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1		(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE, GNP ADAPALENE GEL 0.1 %	1	QL(45 GM per fill retail); RX/OTC
<i>guaiifenesin-codeine SOLN</i>	1		(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1	Limit 10mls per day; QL(10 ML daily); AL(At least 6 yrs old)	(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 40 MG	1	QL(2 EA daily; 150 Day(s) limit)
			(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 20 MG	1	QL(5 EA daily; 150 Day(s) limit)
			(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG	1	QL(4 EA daily; 150 Day(s) limit)
			(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 30 MG	1	QL(3 EA daily; 150 Day(s) limit)

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(Sulfacetamide Sodium W/Sulfur) SSS 10-5 FOAM	1		<i>clindamycin phosphate (topical) SOLN</i>	1	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1		<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
(Tretinoin) AVITA CREA 0.025 %	1		DIFFERIN CREA (<i>adapalene</i>)	7	QL(45 GM per fill retail)
ABSORICA 10 MG, 25 MG (<i>isotretinoin</i>)	7	QL(4 EA daily; 150 Day(s) limit)	DIFFERIN GEL 0.1 % (<i>adapalene</i>)	7	QL(45 GM per fill retail); RX/OTC
ABSORICA 35 MG, 40 MG (<i>isotretinoin</i>)	7	QL(2 EA daily; 150 Day(s) limit)	DIFFERIN GEL 0.3 % (<i>adapalene</i>)	7	QL(45 GM per fill retail; 135 per fill mail)
ABSORICA 30 MG (<i>isotretinoin</i>)	7	QL(3 EA daily; 150 Day(s) limit)	EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	7	Limit 45gms per month; QL(1.5 GM daily)
ABSORICA 20 MG (<i>isotretinoin</i>)	7	QL(5 EA daily; 150 Day(s) limit)	ERYGEL GEL (<i>erythromycin (acne aid)</i>)	7	
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)	<i>erythromycin (acne aid) GEL</i>	1	
<i>adapalene CREA</i>	1	QL(45 GM per fill retail)	<i>erythromycin (acne aid) SOLN</i>	1	
<i>adapalene GEL 0.3 %</i>	1	QL(45 GM per fill retail; 135 per fill mail)	<i>isotretinoin 30 MG</i>	1	QL(3 EA daily; 150 Day(s) limit)
<i>adapalene GEL 0.1 %</i>	1	QL(45 GM per fill retail); RX/OTC	<i>isotretinoin 20 MG</i>	1	QL(5 EA daily; 150 Day(s) limit)
BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	7	QL(2 GM daily)	<i>isotretinoin 35 MG, 40 MG</i>	1	QL(2 EA daily; 150 Day(s) limit)
<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 GM daily)	<i>isotretinoin 10 MG, 25 MG</i>	1	QL(4 EA daily; 150 Day(s) limit)
CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	7		KLARON (<i>sulfacetamide sodium (acne)</i>)	7	
CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	7		RETIN-A MICRO (<i>tretinoin microsphere</i>)	7	Limit 50gms per month; QL(1.7 GM daily)
<i>clindamycin phosphate (topical) GEL</i>	1		RETIN-A MICRO PUMP 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	7	Limit 50gms per month; QL(1.7 GM daily)
<i>clindamycin phosphate (topical) LOTN</i>	1		RETIN-A CREA (<i>tretinoin</i>)	7	
RETIN-A GEL (<i>tretinoin</i>)					

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<i>sulfacetamide sodium (acne)</i>	1		LOPROX SHAM (<i>ciclopirox</i>)	7	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(30 GM per fill retail)	LOPROX SUSP (<i>ciclopirox olamine</i>)	7	
<i>tretinoin microsphere 0.04 %, 0.1 %</i>	1	Limit 50gms per month; QL(1.7 GM daily)	<i>nystatin (topical) CREA</i>	1	
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1		<i>nystatin (topical) OINT</i>	1	
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1		<i>nystatin (topical) POWD EX</i>	1	
Antibiotics - Topical			<i>nystatin-triamcinolone CREA</i>	1	Limit 30gms per month; QL(1 GM daily)
<i>gentamicin sulfate (topical) CREA</i>	1		<i>nystatin-triamcinolone OINT</i>	1	Limit 30gms per month; QL(1 GM daily)
<i>gentamicin sulfate (topical) OINT</i>	1		Anti-inflammatory Agents - Topical		
<i>mupirocin OINT</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
Antifungals - Topical			<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
(Clotrimazole (Topical)) ATHLETES FOOT, CVS CLOTTRIMAZOLE SOLN	1	RX/OTC	<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ML daily)
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1				
<i>ciclopirox olamine CREA</i>	1				
<i>ciclopirox olamine SUSP</i>	1				
<i>ciclopirox GEL</i>	1				
<i>ciclopirox SHAM</i>	1				
<i>clotrimazole (topical) SOLN</i>	1	RX/OTC			
<i>clotrimazole w/ betamethasone CREA</i>	1	QL(45 GM per fill retail; 45 GM per 30 day(s) retail)			
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(60 ML per fill retail; 60 ML per 30 day(s) retail)			
<i>econazole nitrate CREA</i>	1				
<i>ketoconazole (topical) CREA</i>	1	QL(2 GM daily)			

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VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	7	RX/OTC	COSENTYX UNOREADY SOAJ	4	See plan documents for specific Coverage; QL(0.72 ML daily); SP; PA
Antineoplastic or Premalignant Lesion Agents - Topical					
<i>bexarotene (topical)</i>	1	SP	COSENTYX SOSY 75 MG/0.5ML	4	See plan documents for specific Coverage; QL(0.18 ML daily); SP; PA
CARAC CREA (<i>fluorouracil (topical)</i>)	2	QL(1 GM daily)	COSENTYX SOSY 150 MG/ML	4	See plan documents for specific Coverage; QL(0.036 ML daily); SP; PA
EFUDEX CREA (<i>fluorouracil (topical)</i>)	7		<i>methoxsalen rapid</i>	1	
<i>fluorouracil (topical)</i> CREA 5 %	1		SKYRIZI PEN SOAJ	4	Check Plan Documents for coverage; QL(1 ML per 84 day(s) retail); SP; PA
<i>fluorouracil (topical)</i> SOLN	1		SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ML per 84 day(s) retail); SP; PA
TARGRETIN (<i>bexarotene (topical)</i>)	7	SP	STELARA SOLN 45 MG/0.5ML	4	See plan documents for specific Coverage.; SP; PA
Antipsoriatics					
(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)	STELARA SOSY 90 MG/ML	4	See plan documents for specific Coverage; QL(0.018 ML daily); SP; PA
<i>calcipotriene CREA</i>	1	QL(5 GM daily)	STELARA SOSY 45 MG/0.5ML	4	See plan documents for specific Coverage.; QL(0.012 ML daily); SP; PA
<i>calcipotriene OINT</i>	1	QL(5 GM daily)	<i>tazarotene CREA</i>	1	QL(1 GM daily)
<i>calcipotriene SOLN</i>	1				
<i>calcitriol (topical)</i>	1	Limited 100 gms per month; QL(3.4 GM daily)			
COSENTYX (300 MG DOSE) SOSY	4	See plan documents for specific Coverage; QL(0.72 ML daily); SP; PA			
COSENTYX SENSOREADY (300 MG) SOAJ	4	See plan documents for specific Coverage; QL(0.72 ML daily); SP; PA			
COSENTYX SENSOREADY PEN SOAJ	4	See plan documents for specific Coverage; QL(0.72 ML daily); SP; PA			

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<i>tazarotene GEL</i>	1	QL(1 GM daily)	<i>selenium sulfide LOTN 2.5 %</i>	1		
TAZORAC CREA (<i>tazarotene</i>)	7	QL(1 GM daily)	<i>sulfacetamide sodium LIQD</i>	1		
TAZORAC GEL (<i>tazarotene</i>)	7	QL(1 GM daily)	Antivirals - Topical			
TREMFYA ONE-PRESS SOAJ 100 MG/ML	4	See plan documents for specific Coverage.; QL(0.018 ML daily); SP; PA	<i>acyclovir topical OINT</i>	1	QL(1 GM daily)	
TREMFYA PEN SOAJ 100 MG/ML	4	See plan documents for specific Coverage.; QL(0.018 ML daily); SP; PA	ZOVIRAX OINT (<i>acyclovir topical</i>)	7	QL(1 GM daily)	
TREMFYA SOSY 100 MG/ML	4	See plan documents for specific Coverage.; QL(0.018 ML daily); SP; PA	Burn Products			
USTEKINUMAB SOLN 45 MG/0.5ML	4	See plan documents for specific Coverage.; SP; PA	(Silver Sulfadiazine) SSD	1		
USTEKINUMAB SOSY 90 MG/ML	4	See plan documents for specific Coverage.; QL(0.018 ML daily); SP; PA	SILVADENE (<i>silver sulfadiazine</i>)	7		
USTEKINUMAB SOSY 45 MG/0.5ML	4	See plan documents for specific Coverage.; QL(0.012 ML daily); SP; PA	<i>silver sulfadiazine</i>	1		
Antiseborrheic Products						
OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	7		Corticosteroids - Topical			
OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	7		(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1		
			(Clobetasol Propionate) CLODAN SHAM	1		
			(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1		
			<i>alclometasone dipropionate CREA</i>	1		
			<i>alclometasone dipropionate OINT</i>	1		
			APEXICON E CREA	2		
			<i>betamethasone dipropionate (topical) CREA</i>	1		
			<i>betamethasone dipropionate (topical) LOTN</i>	1		
			<i>betamethasone dipropionate (topical) OINT</i>	1		
			<i>betamethasone dipropionate augmented CREA</i>	1		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1		<i>desoximetasone GEL</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	1		<i>desoximetasone OINT 0.25 %</i>	1	
<i>betamethasone dipropionate augmented OINT</i>	1		<i>diflorasone diacetate CREA</i>	1	
<i>betamethasone valerate CREA</i>	1		<i>diflorasone diacetate OINT</i>	1	
<i>betamethasone valerate LOTN</i>	1		<i>DIPROLENE OINT (betamethasone dipropionate augmented)</i>	7	
<i>betamethasone valerate OINT</i>	1		<i>fluocinolone acetonide CREA</i>	1	
CAPEX SHAM	2		<i>fluocinolone acetonide OIL</i>	1	
<i>clobetasol propionate emollient base 0.05 %</i>	1		<i>fluocinolone acetonide OINT</i>	1	
<i>clobetasol propionate CREA 0.05 %</i>	1		<i>fluocinolone acetonide SOLN</i>	1	
<i>clobetasol propionate GEL 0.05 %</i>	1		<i>fluocinonide emulsified base</i>	1	
<i>clobetasol propionate OINT 0.05 %</i>	1		<i>fluocinonide CREA 0.05 %</i>	1	
<i>clobetasol propionate SHAM</i>	1		<i>fluocinonide GEL</i>	1	
<i>clobetasol propionate SOLN 0.05 %</i>	1		<i>fluocinonide OINT</i>	1	
CLOBEX SHAM <i>(clobetasol propionate)</i>	7		<i>fluocinonide SOLN</i>	1	
DERMA-SMOOTH/FS BODY OIL <i>(fluocinolone acetonide)</i>	7		<i>fluticasone propionate CREA 0.05 %</i>	1	
DERMA-SMOOTH/FS SCALP OIL <i>(fluocinolone acetonide)</i>	7		<i>fluticasone propionate OINT</i>	1	
<i>desonide CREA</i>	1		<i>halobetasol propionate CREA</i>	1	
<i>desonide LOTN</i>	1		<i>halobetasol propionate OINT</i>	1	
<i>desonide OINT</i>	1		<i>hydrocortisone (topical) CREA 2.5 %</i>	1	
DESOWEN CREA <i>(desonide)</i>	7		<i>hydrocortisone (topical) LOTN 2.5 %</i>	1	
<i>desoximetasone CREA</i>	1		<i>hydrocortisone (topical) OINT 2.5 %</i>	1	
			<i>hydrocortisone butyrate CREA</i>	1	

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<i>hydrocortisone butyrate OINT</i>	1		<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 GM daily); AL(At least 15 yrs old)
KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	7		Keratolytic/Antimitotic/Vesicant Agents		
<i>mometasone furoate CREA</i>	1		(Salicylic Acid) KERALYT SHAM 6 %	1	
<i>mometasone furoate OINT</i>	1		CONDYLOX GEL (<i>podofilox</i>)	7	
<i>mometasone furoate SOLN</i>	1		<i>podofilox GEL</i>	1	
SYNALAR CREA (<i>fluocinolone acetonide</i>)	7		<i>podofilox SOLN</i>	1	
SYNALAR OINT (<i>fluocinolone acetonide</i>)	7		<i>salicylic acid SHAM 6 %</i>	1	
SYNALAR SOLN (<i>fluocinolone acetonide</i>)	7		Local Anesthetics - Topical		
TOPICORT CREA (<i>desoximetasone</i>)	7		(Lidocaine) LIDOCAN, TRIDACAIN II, TRIDACAIN III PTCH 5 %	1	QL(3 EA daily)
TOPICORT GEL (<i>desoximetasone</i>)	7		<i>lidocaine hcl SOLN</i>	1	
TOPICORT OINT 0.25 % (<i>desoximetasone</i>)	7		<i>lidocaine PTCH 5 %</i>	1	QL(3 EA daily)
<i>triamcinolone acetonide (topical) AERS</i>	1		LIDODERM PTCH (<i>lidocaine</i>)	7	QL(3 EA daily)
<i>triamcinolone acetonide (topical) CREA</i>	1		Misc. Topical		
<i>triamcinolone acetonide (topical) LOTN</i>	1		DRYSOL SOLN	2	
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1		Rosacea Agents		
TRIDESILON CREA 0.05 % (<i>desonide</i>)	7		<i>azelaic acid GEL</i>	1	
Immunomodulating Agents - Topical			<i>FINACEA GEL (azelaic acid)</i>	7	
<i>imiquimod 5 %</i>	1		METROCREAM CREA (<i>metronidazole (topical)</i>)	7	
Immunosuppressive Agents - Topical			METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	7	
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 GM daily); AL(At least 2 yrs old)	METROLOTION LOTN (<i>metronidazole (topical)</i>)	7	QL(60 ML per fill retail)
			<i>metronidazole (topical) CREA</i>	1	
			<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 GM per fill retail)
			<i>metronidazole (topical) GEL 1 %</i>	1	

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<i>metronidazole (topical) LOTN</i>	1	QL(60 ML per fill retail)	ONETOUCH ULTRA BLUE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
Scabicides & Pediculicides			ONETOUCH ULTRA TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ELIMITE CREA (<i>permethrin</i>)	7	QL(60 GM per fill retail)	ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
<i>permethrin CREA</i>	1	QL(60 GM per fill retail)	ONETOUCH VERIO STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
DIAGNOSTIC PRODUCTS			PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
Diagnostic Tests			PRECISION XTRA KETONE	2	QL(0.36 EA daily)
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month	RAPIDGO FLU A/B COVID-19 HOME	5	PV
COVID-19 FLU A&B 3-IN-1 TEST	5	PV	SPEEDY SWAB COVID-19/FLU HOME	5	PV
COVID-19 FLU A+B ANTIGEN TEST	5	PV	DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
FLOWFLEX PLUS COVID-19/FLU A/B	5	PV	Digestive Enzymes		
FREESTYLE INSULINX TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC	CREON CPEP	2	
FREESTYLE LITE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC			
FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month without prior authorization; QL(6.7 EA daily); RX/OTC			
FREESTYLE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC			
KETONE TEST STRP	2	QL(50 EA per fill retail)			
KETOSTIX STRP	2	QL(50 EA per fill retail)			

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ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2		<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 EA daily)
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			Loop Diuretics		
Carbonic Anhydrase Inhibitors			<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
<i>acetazolamide CP12</i>	1	QL(2 EA daily)	<i>bumetanide TABS 2 MG</i>	1	QL(5 EA daily)
<i>acetazolamide TABS 250 MG</i>	1	QL(4 EA daily)	<i>BUMEX TABS 0.5 MG (bumetanide)</i>	7	
<i>acetazolamide TABS 125 MG</i>	1		<i>furosemide SOLN PO 10 MG/ML</i>	1	
<i>methazolamide TABS</i>	1		<i>furosemide TABS</i>	1	
Diuretic Combinations			<i>LASIX TABS (furosemide)</i>	7	
<i>ALDACTAZIDE (spironolactone & hydrochlorothiazide)</i>	7		<i>SOAANZ TABS 20 MG (torsemide)</i>	7	
<i>amiloride & hydrochlorothiazide</i>	1		<i>torsemide TABS 100 MG</i>	1	QL(2 EA daily)
<i>MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)</i>	7	QL(2 EA daily)	<i>torsemide TABS 5 MG, 10 MG, 20 MG</i>	1	
<i>MAXZIDE TABS (triamterene & hydrochlorothiazide)</i>	7	QL(1 EA daily)	Potassium Sparing Diuretics		
<i>spironolactone & hydrochlorothiazide</i>	1		<i>ALDACTONE TABS (spironolactone)</i>	7	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1		<i>amiloride hcl TABS</i>	1	
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 EA daily)	<i>spironolactone TABS</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones			Thiazides and Thiazide-Like Diuretics		
			<i>chlorthalidone 25 MG, 50 MG</i>	1	
			<i>hydrochlorothiazide CAPS</i>	1	QL(1 EA daily)
			<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	
			<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
			<i>metolazone</i>	1	
			<i>THALITONE</i>	2	
Bone Density Regulators			ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		

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<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)	LHRH/GnRH Agonist Analog Pituitary Suppressants		
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 EA daily)	SYNAREL	2	SP
<i>calcitonin (salmon) NA</i>	1		Metabolic Modifiers		
FOSAMAX TABS 70 MG <i>(alendronate sodium)</i>	7	QL(0.15 EA daily)	(Sapropterin Dihydrochloride) JAVYGTOR PACK	1	SP
<i>ibandronate sodium TABS</i>	1	QL(0.04 EA daily)	(Sapropterin Dihydrochloride) JAVYGTOR TABS	1	SP
Fertility Regulators			<i>calcitriol CAPS 0.25 MCG</i>	1	
(Clomiphene Citrate) CLOMID TABS	1	Check plan documents for your specific coverage.; QL(15 EA per fill retail; 15 EA per 30 day(s) retail)	<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 EA daily)
<i>clomiphene citrate TABS</i>	1	Check plan documents for your specific coverage.; QL(15 EA per fill retail; 15 EA per 30 day(s) retail)	<i>calcitriol SOLN PO</i>	1	
Growth Hormones			KUVAN PACK <i>(sapropterin dihydrochloride)</i>	7	SP
HUMATROPE CART IJ	4	Please refer to your plan documents for specific coverage; SP; PA	KUVAN TABS <i>(sapropterin dihydrochloride)</i>	7	SP
NORDITROPIN FLEXPRO SOPN	4	Please refer to your plan documents for specific coverage; SP; PA	<i>paricalcitol CAPS</i>	1	
Hormone Receptor Modulators			ROCALTROL CAPS 0.25 MCG (<i>calcitriol</i>)	7	
EVISTA (<i>raloxifene hcl</i>)	5	Grand Fathered Plans at Tier 2; PV	ROCALTROL CAPS 0.5 MCG (<i>calcitriol</i>)	7	QL(4 EA daily)
<i>raloxifene hcl</i>	5	Grand Fathered Plans at Tier 2; PV	ROCALTROL SOLN PO <i>(calcitriol)</i>	7	
Posterior Pituitary Hormones			<i>sapropterin dihydrochloride PACK</i>	1	SP
<i>sapropterin dihydrochloride TABS</i>			<i>sapropterin dihydrochloride TABS</i>	1	SP
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)			ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	7	
DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)			DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)	7	
DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)			DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)	7	QL(6 EA daily)
<i>desmopressin acetate spray</i>			<i>desmopressin acetate spray</i>	1	

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<i>desmopressin acetate spray refrigerated 0.01 %</i>	1		<i>estradiol & norethindrone acetate TABS</i>	1	
<i>desmopressin acetate TABS 0.1 MG</i>	1		<i>norethindrone acetate-ethinyl estradiol</i>	1	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 EA daily)	ORIAHNN	2	PA
Progesterone Receptor Antagonists			PREMPHASE	2	QL(1 EA daily)
MIFEPREX <i>(mifepristone)</i>	5	Grand Fathered Plans at Tier 2; PV	PREMPRO	2	QL(1 EA daily)
<i>mifepristone</i>	5	Grand Fathered Plans at Tier 2; PV	Estrogens		
Prolactin Inhibitors			(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)
<i>cabergoline</i>	1		ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)
ESTROGENS - Hormone Replacement/Modifying Drugs			CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR <i>(estradiol)</i>	7	QL(4 EA per fill retail; 4 EA per 30 day(s) retail)
Estrogen Combinations			ESTRACE TABS <i>(estradiol)</i>	7	
(Estradiol & Norethindrone Acetate) ABIGALE LO, AMABELZ, MIMVEY TABS	1		<i>estradiol PTTW</i>	1	QL(0.29 EA daily)
(Estradiol & Norethindrone Acetate) ABIGALE LO, AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1		<i>estradiol PTWK</i>	1	QL(4 EA per fill retail; 4 EA per 30 day(s) retail)
(Estradiol & Norethindrone Acetate) ABIGALE LO, AMABELZ, MIMVEY TABS	1		<i>estradiol TABS</i>	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1		MENEST 2.5 MG	2	QL(3 EA daily)
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1		MENEST 0.3 MG, 0.625 MG, 1.25 MG	2	QL(1 EA daily)
ACTIVELLA TABS 1 MG-0.5 MG <i>(estradiol & norethindrone acetate)</i>	7		MINIVELLE PTTW <i>(estradiol)</i>	7	QL(0.29 EA daily)
CLIMARA PRO	2	QL(4 EA per 30 day(s) retail)	PREMARIN TABS	2	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections			VIVELLE-DOT PTTW <i>(estradiol)</i>	7	QL(0.29 EA daily)
Fluoroquinolones			FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
			<i>ciprofloxacin hcl TABS</i>	1	
			CIPRO SUSR	2	

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CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	7		CANASA SUPP (<i>mesalamine</i>)	7	QL(1 EA daily)
<i>levofloxacin SOLN PO</i>	1		COLAZAL CAPS (<i>balsalazide disodium</i>)	7	QL(9 EA daily; 280 EA per fill retail)
<i>levofloxacin TABS</i>	1	QL(14 EA per fill retail)	DELZICOL CPDR (<i>mesalamine</i>)	7	QL(6 EA daily)
<i>moxifloxacin hcl TABS</i>	1		LIALDA TBEC (<i>mesalamine</i>)	7	QL(4 EA daily)
<i>ofloxacin 300 MG</i>	1		<i>mesalamine CP24</i>	1	QL(4 EA daily)
GASTROINTESTINAL AGENTS - MISC. -			<i>mesalamine CPDR</i>	1	QL(6 EA daily)
Miscellaneous Gastrointestinal Drugs			<i>mesalamine ENEM</i>	1	QL(60 ML daily)
5-HT4 Receptor Agonists			<i>mesalamine SUPP</i>	1	QL(1 EA daily)
MOTEGRITY (<i>prucalopride succinate</i>)	7	QL(1 EA daily)	<i>mesalamine TBEC 800 MG</i>	1	
<i>prucalopride succinate</i>	1	QL(1 EA daily)	<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 EA daily)
Gallstone Solubilizing Agents			SFROWASA ENEM	2	
URSO 250 TABS (<i>ursodiol</i>)	7		SKYRIZI SOCT	4	Check Benefits for coverage; 1 package(s) per fill retail; SP; PA
URSO FORTE TABS (<i>ursodiol</i>)	7		<i>sulfasalazine TABS</i>	1	QL(8 EA daily)
<i>ursodiol CAPS</i>	1		<i>sulfasalazine TBEC</i>	1	QL(8 EA daily)
<i>ursodiol TABS</i>	1		TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	4	See plan documents for specific Coverage; QL(0.0715 ML daily); SP; PA
Gastrointestinal Chloride Channel Activators			TREMFYA PEN SOAJ SC 200 MG/2ML	4	See plan documents for specific Coverage; QL(0.0715 ML daily); SP; PA
AMITIZA (<i>lubiprostone</i>)	7		TREMFYA SOSY SC 200 MG/2ML	4	See plan documents for specific Coverage; QL(0.0715 ML daily); SP; PA
<i>lubiprostone</i>	1		Intestinal Acidifiers		
Gastrointestinal Stimulants					
<i>metoclopramide hcl TABS</i>	1				
REGLAN TABS (<i>metoclopramide hcl</i>)	7				
Inflammatory Bowel Agents					
APRISO CP24 (<i>mesalamine</i>)	7	QL(4 EA daily)			
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	7	QL(8 EA daily)			
AZULFIDINE TABS (<i>sulfasalazine</i>)	7	QL(8 EA daily)			
<i>balsalazide disodium CAPS</i>	1	QL(9 EA daily; 280 EA per fill retail)			

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(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1		<i>sevelamer carbonate</i> PACK 0.8 GM	1				
<i>lactulose</i> (encephalopathy)	1		<i>sevelamer carbonate</i> TABS	1				
Irritable Bowel Syndrome (IBS) Agents								
LINZESS	2	QL(1 EA daily)	GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System					
Peripheral Opioid Receptor Antagonists								
MOVANTIK	2	QL(1 EA daily)	Acidifiers					
Phosphate Binder Agents								
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC	(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1				
<i>calcium acetate</i> (phosphate binder) CAPS	1		(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1				
<i>calcium acetate</i> (phosphate binder) TABS	1	RX/OTC	(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC			
FOSRENOL CHEW 750 MG (<i>lanthanum</i> <i>carbonate</i>)	7	QL(4 EA daily)	(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC			
FOSRENOL CHEW 1000 MG (<i>lanthanum</i> <i>carbonate</i>)	7	QL(3 EA daily)	<i>potassium citrate</i> (alkalinizer) TBCR	1				
FOSRENOL CHEW 500 MG (<i>lanthanum</i> <i>carbonate</i>)	7		<i>potassium citrate-citric</i> acid SOLN	1	RX/OTC			
FOSRENOL PACK	2		<i>sodium citrate & citric acid</i>	1	RX/OTC			
<i>lanthanum carbonate</i> CHEW 750 MG	1	QL(4 EA daily)	UROCIT-K 10 TBCR (<i>potassium citrate</i> (alkalinizer))	7				
<i>lanthanum carbonate</i> CHEW 500 MG	1		UROCIT-K 15 TBCR (<i>potassium citrate</i> (alkalinizer))	7				
<i>lanthanum carbonate</i> CHEW 1000 MG	1	QL(3 EA daily)	UROCIT-K 5 TBCR (<i>potassium citrate</i> (alkalinizer))	7				
RENELA PACK 0.8 GM (<i>sevelamer carbonate</i>)	7		Cystinosis Agents					
RENELA PACK 2.4 GM (<i>sevelamer carbonate</i>)	7	QL(5 EA daily)	CYSTAGON CAPS	2	SP			
RENELA TABS (<i>sevelamer carbonate</i>)	7		PROCYSBI CPDR	2	SP			
<i>sevelamer carbonate</i> PACK 2.4 GM	1	QL(5 EA daily)	Prostatic Hypertrophy Agents					
			<i>alfuzosin hcl</i>	1	QL(1 EA daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
AVODART (<i>dutasteride</i>)	7	AL(At least 40 yrs old)	Complement Inhibitors					
<i>dutasteride</i>	1	AL(At least 40 yrs old)	FABHALTA	2	SP; PA			
<i>dutasteride-tamsulosin hcl</i>	1		Hematorheologic Agents					
<i>finasteride</i>	1	QL(1 EA daily); AL(At least 40 yrs old)	<i>pentoxifylline</i>	1	QL(3 EA daily)			
JALYN (<i>dutasteride-tamsulosin hcl</i>)	7		Platelet Aggregation Inhibitors					
PROSCAR (<i>finasteride</i>)	7	QL(1 EA daily); AL(At least 40 yrs old)	AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	7				
<i>tamsulosin hcl</i>	1	QL(2 EA daily)	<i>anagrelide hcl</i>	1				
UROXATRAL (<i>alfuzosin hcl</i>)	7	QL(1 EA daily)	BRILINTA 60 MG, 90 MG (<i>ticagrelor</i>)	7	QL(2 EA daily)			
GOUT AGENTS - Drugs to Treat Gout								
Gout Agent Combinations								
<i>colchicine w/ probenecid</i>	1		<i>cilostazol</i>	1	QL(2 EA daily)			
Gout Agents								
<i>allopurinol 100 MG</i>	1	QL(3 EA daily)	<i>clopidogrel bisulfate</i>	1	QL(2 EA daily)			
<i>allopurinol 300 MG</i>	1	QL(2 EA daily)	<i>dipyridamole</i>	1				
<i>colchicine TABS</i>	1		EFFIENT (<i>prasugrel hcl</i>)	7				
COLCRYS TABS (<i>colchicine</i>)	7		PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	7	QL(2 EA daily)			
<i>febuxostat 40 MG</i>	1	QL(2 EA daily)	<i>prasugrel hcl</i>	1				
<i>febuxostat 80 MG</i>	1	QL(1 EA daily)	<i>ticagrelor 60 MG, 90 MG</i>	1	QL(2 EA daily)			
ULORIC 40 MG (<i>febuxostat</i>)	7	QL(2 EA daily)	HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders					
ULORIC 80 MG (<i>febuxostat</i>)	7	QL(1 EA daily)	Agents for Sickle Cell Disease					
ZYLOPRIM 300 MG (<i>allopurinol</i>)	7	QL(2 EA daily)	DROXIA CAPS	2				
ZYLOPRIM 100 MG (<i>allopurinol</i>)	7	QL(3 EA daily)	ENDARI (<i>glutamine (sickle cell)</i>)	7	SP; PA			
Uricosurics			<i>glutamine (sickle cell)</i>	1	SP; PA			
<i>probenecid</i>	1		Folic Acid/Folates					
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders						(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	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	Grand Fathered Plans at Tier 2; PV	Blood Disorders		
(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	Grand Fathered Plans at Tier 2; PV	Hemostatics - Systemic		
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC	<i>tranexamic acid TABS</i>	1	QL(6 EA daily; 5 Day(s) limit)
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	Grand Fathered Plans at Tier 2; PV	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
<i>folic acid TABS 1 MG</i>	1	RX/OTC	Barbiturate Hypnotics		
Hematopoietic Growth Factors			<i>phenobarbital ELIX</i>	1	
<i>eltrombopag olamine PACK 12.5 MG</i>	1	QL(1 EA daily); SP; PA	<i>phenobarbital TABS</i>	1	
<i>eltrombopag olamine PACK 25 MG</i>	1	QL(1 EA daily); SP; PA	Non-Barbiturate Hypnotics		
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	1	QL(1 EA daily); SP; PA	AMBIEN TABS 5 MG (<i>zolpidem tartrate</i>)	7	QL(1 EA daily; 30 EA per fill retail; 30 EA per 30 day(s) retail)
PROMACTA PACK 25 MG (<i>eltrombopag olamine</i>)	7	QL(1 EA daily); SP; PA	AMBIEN TABS 10 MG (<i>zolpidem tartrate</i>)	7	QL(1 EA daily; 30 EA per fill retail)
PROMACTA PACK 12.5 MG (<i>eltrombopag olamine</i>)	7	QL(1 EA daily); SP; PA	<i>estazolam</i>	1	
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	7	QL(1 EA daily); SP; PA	<i>flurazepam hcl 15 MG</i>	1	QL(2 EA daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat			<i>flurazepam hcl 30 MG</i>	1	QL(1 EA daily)
			<i>HALCION 0.25 MG (triazolam)</i>	7	QL(1 EA daily)
			<i>RESTORIL 7.5 MG (temazepam)</i>	7	
			<i>RESTORIL 30 MG (temazepam)</i>	7	QL(1 EA daily)
			<i>RESTORIL 15 MG (temazepam)</i>	7	QL(2 EA daily)
			<i>temazepam 7.5 MG</i>	1	
			<i>temazepam 30 MG</i>	1	QL(1 EA daily)
			<i>temazepam 15 MG</i>	1	QL(2 EA daily)
			<i>triazolam 0.125 MG</i>	1	
			<i>triazolam 0.25 MG</i>	1	QL(1 EA daily)
			<i>zaleplon</i>	1	QL(1 EA daily)
			<i>zolpidem tartrate TABS 5 MG</i>	1	QL(1 EA daily; 30 EA per fill retail; 30 EA per 30 day(s) retail)

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zolpidem tartrate TABS 10 MG	1	QL(1 EA daily; 30 EA per fill retail)	sodium sulfate-potassium sulfate-magnesium sulfate	5	Grand Fathered Plans at Tier F; PV
Orexin Receptor Antagonists					
BELSOMRA	2	QL(1 EA daily); ST	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	5	Grand Fathered Plans at Tier F; PV
LAXATIVES - Bowel Treatment Drugs					
Laxative Combinations			Laxatives - Miscellaneous		
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBAT	5	Grand Fathered Plans at Tier 2; PV	(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	5	Grand Fathered Plans at Tier 2; QL(4000 ML per fill retail); PV	(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)
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	5	Grand Fathered Plans at Tier 2; PV	<i>lactulose SOLN</i>	1	
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	5	Grand Fathered Plans at Tier 2; QL(4000 ML per fill retail); PV	MIRALAX POWD (<i>polyethylene glycol 3350</i>)	7	Limit 528gms per month; QL(17.6 GM daily)
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	Grand Fathered Plans at Tier 2; PV	<i>polyethylene glycol 3350 POWD</i>	1	Limit 528gms per month; QL(17.6 GM daily)
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	5	Grand Fathered Plans at Tier 2; QL(4000 ML per fill retail); PV	Saline Laxatives		
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	Grand Fathered Plans at Tier 2; PV	OSMOPREP	5	Grand Fathered Plans at Tier 2; PV
PEG-PREP	5	Grand Fathered Plans at Tier 2; QL(1 EA per fill retail); PV	Stimulant Laxatives		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>bisacodyl SUPP</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
(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	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>bisacodyl TBEC</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX PINK LAXATIVE TBEC <i>(bisacodyl)</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX SUPP <i>(bisacodyl)</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX TBEC <i>(bisacodyl)</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
MACROLIDES - Drugs to Treat Bacterial Infections					
Azithromycin					
<i>azithromycin PACK</i>			1		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>azithromycin SUSR</i>	1		<i>erythromycin base CPEP</i>	2		
<i>azithromycin TABS 500 MG</i>	1	QL(3 EA daily)	<i>erythromycin base TABS</i>	1		
<i>azithromycin TABS 250 MG</i>	1	QL(6 EA per fill retail)	<i>erythromycin base TBEC</i>	1		
<i>azithromycin TABS 600 MG</i>	1	QL(10 EA per fill retail)	<i>erythromycin ethylsuccinate SUSR</i>	1		
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	7	QL(3 EA daily)	<i>erythromycin ethylsuccinate TABS</i>	1		
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	7	QL(6 EA per fill retail)	MEDICAL DEVICES AND SUPPLIES			
ZITHROMAX PACK	2		Contraceptives			
ZITHROMAX SUSR (<i>azithromycin</i>)	7		AIMSCO LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	
ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	7	QL(6 EA per fill retail)	CAYA DPRH	5	Grand Fathered Plans at Tier 2; QL(1 EA per 365 day(s) retail); PV	
ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	7	QL(3 EA daily)	CONDOMS	5	PV	
Clarithromycin			DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	
<i>clarithromycin SUSR</i>	1		DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	
<i>clarithromycin TABS</i>	1		DUREX TROPICAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	
<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)	FANTASY LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	
Erythromycins			FANTASY LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	
(Erythromycin Base) ERY-TAB TBEC	1		FC2 FEMALE CONDOM	5	Grand Fathered Plans at Tier 2; PV	
(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	1		FEMCAP DEVI	5	Grand Fathered Plans at Tier 2; PV	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1					
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	7					
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	7					
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	7					

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KAMELEON LUBRICATED 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
KIMONO COLORS DEVI	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
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	Grand Fathered Plans at Tier 2; 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

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TROJAN-ENZ LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX NON-LUBRICATED MISC	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	TRUSTEX RIA LUB/SPERMICIDE 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	TRUSTEX RIA LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
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/STUDDED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX-NONOXYNOL-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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV
			WIDE-SEAL DIAPHRAGM 95	5	Grand Fathered Plans at Tier 2; PV
			Diabetic Supplies		

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1ST TIER UNILET COMFORTOUCH	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
ACCU-CHEK FASTCLIX LANCETS	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
ACCU-CHEK SAFE-T PRO LANCETS	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
ACCU-CHEK SOFTCLIX LANCETS	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
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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ASSURE COMFORT LANCETS 28G	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
ASSURE HAEMOLANCE PLUS HIGH	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
ASSURE HAEMOLANCE PLUS LOW	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
ASSURE HAEMOLANCE PLUS MICRO	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
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

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CARETOUCH SAFETY LANCETS	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
CARETOUCH SAFETY LANCETS 26G	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
CARETOUCH TWIST LANCETS 28G	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
CARETOUCH TWIST LANCETS 30G	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
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

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COMFORT TOUCH PLUS LANCETS 30G	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
COMFORT TOUCH TWIST LANCET 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	DRUG MART UNILET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS ORIGINAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	DRUG MART UNILET LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS THIN 26G	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
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

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EASY TOUCH LANCETS 28G/TWIST	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EMBRACE PRESSURE ACTIVATED 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 30G/TWIST	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EMBRACE PRESSURE ACTIVATED 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 32G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EZ-LETS LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	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

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FINGERSTIX 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
FORA LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FREDS PHARMACY UNILET LANC 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FREDS PHARMACY UNILET LANC 30G	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
FREESTYLE LANCETS	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
FREESTYLE LITE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC	GLUCOCOM LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FREESTYLE PRECISION NEO SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days 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

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HAEMOLANCE	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
HAEMOLANCE LOW FLOW 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
HAEMOLANCE PLUS	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
HAEMOLANCE PLUS HIGH FLOW	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
HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	KINNEY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	KINNEY THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	KROGER HEALTHPRO LANCET 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HEALTHY ACCENTS UNILET LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
H-E-B INCONTROL LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS 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

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

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

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MPD SAFETY LANCET 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ONETOUCH VERIO FLEX SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
MYGLUCOHEALTH LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ONETOUCH VERIO REFLECT KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
NOVA SAFETY LANCETS 23G	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
NOVA SAFETY LANCETS 28G	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
NOVA SUREFLEX LANCETS	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
ONETOUCH DELICA PLUS LANCET30G	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
ONETOUCH DELICA PLUS LANCET33G	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
ONETOUCH DELICA SAFETY LANCING	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
ONETOUCH ULTRA 2 KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC	PIP 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	PRECISION THINS GP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION LANCETS	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
RELION LANCETS MICRO-THIN 33G	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
RELION LANCETS THIN 26G	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
RELION LANCETS ULTRA-THIN 30G	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
RELION ULTRA THIN LANCETS 30G	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
RIGHTEST GL300 LANCETS	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
SAFE-T-LANCE	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
SAFE-T-LANCE PLUS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SB LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SB LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS	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

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SHOPKO UNILET 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
SHOPKO UNILET 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
SINGLE-LET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SURE COMFORT LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SMARTEST LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SURELITE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SOLUS V2 LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TECHLITE AST LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SOLUS V2 TWIST LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TECHLITE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
STERILANCE TL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TECHLITE LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SUPER THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TECHLITE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 18G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	THINLETS GP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TODAYS HEALTH THIN LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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

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

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UNISTIK 3 GENTLE	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK TOUCH SAFETY LANC 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 NEONATAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK TOUCH SAFETY LANC 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK TOUCH SAFETY LANC 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK CZT COMFORT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VALUMARK LANCET SUPER THIN 30G	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	VALUMARK LANCET ULTRA THIN 28G	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	VERIFINE SAFE LANCET MINI 21G	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	VERIFINE SAFE LANCET MINI 23G	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	VERIFINE SAFE LANCET MINI 28G	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	VERIFINE SAFE LANCET MINI 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VERIFINE UNIVERSAL LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ASSURE ID INSULIN SAFETY SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ASSURE ID INSULIN SAFETY SYR	2	Limit 200; QL(6.67 EA daily); RX/OTC
VIDA MIA UNILET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	BD AUTOSHIELD	2	QL(6.67 EA daily)
VIDA MIA UNILET LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	BD AUTOSHIELD DUO	2	QL(6.67 EA daily); RX/OTC
VIVAGUARD LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	BD DISP NEEDLES	2	RX/OTC
VIVAGUARD LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	BD ECLIPSE LUER-LOK NEEDLE	2	RX/OTC
VIVAGUARD SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	BD PEN NEEDLE MICRO ULTRAFINE	2	QL(6.67 EA daily)
WALGREENS ADV TRAVEL LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	BD PEN NEEDLE MINI ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
ZEVRX TWIST TOP LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	BD PEN NEEDLE NANO 2ND GEN	2	QL(6.67 EA daily); RX/OTC
Parenteral Therapy Supplies			BD PEN NEEDLE NANO U/F	2	QL(6.67 EA daily); RX/OTC
			BD PEN NEEDLE NANO ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
			BD PEN NEEDLE ORIG ULTRAFINE	2	QL(6.67 EA daily)
			BD PEN NEEDLE SHORT ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
			BD SAFETYGLIDE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
			BD SAFETYGLIDE INSULIN SYRINGE	2	Limit 200; QL(6.67 EA daily); RX/OTC
			BD VEO INSULIN SYR ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
			BD VEO INSULIN SYR ULTRAFINE	2	Limit 200; QL(6.67 EA daily); RX/OTC

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CAREPOINT POLY HUB NEEDLE	2	RX/OTC	GLOBAL EASY GLIDE INSULIN SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
COMFORT EZ INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	POLY HUB NEEDLE	2	RX/OTC
COMFORT EZ INSULIN SYRINGE	2	Limit 200; QL(6.67 EA daily); RX/OTC	RELION INSULIN SYRINGE	2	Limit 200; QL(6.67 EA daily); RX/OTC
DROPLET INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	RELION INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
DROPLET INSULIN SYRINGE	2	Limit 200; QL(6.67 EA daily); RX/OTC	TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	2	Limit 200; QL(6.67 EA daily); RX/OTC	TECHLITE INSULIN SYRINGE	2	Limit 200; QL(6.67 EA daily); RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC	AJOVY SOAJ	4	SP; PA
EMBECTA INSULIN SYR ULTRAFINE	2	Limit 200; QL(6.67 EA daily); RX/OTC	AJOVY SOSY	4	SP; PA
EMBECTA INSULIN SYR ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EMGALITY SOAJ	4	SP; PA
EMBECTA PEN NEEDLE NANO	2	QL(6.67 EA daily); RX/OTC	EMGALITY SOSY	4	SP; PA
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL(6.67 EA daily); RX/OTC	UBRELVY	2	QL(10 EA per 30 day(s) retail); ST
EMBECTA PEN NEEDLE ULTRAFINE	2	QL(6.67 EA daily)	Migraine Combinations		
GLOBAL EASY GLIDE INSULIN SYR	2	Limit 200; QL(6.67 EA daily); RX/OTC	CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	7	
			<i>ergotamine w/ caffeine TABS</i>	1	
			Migraine Products		
			ERGOMAR SUBL	2	
			Serotonin Agonists		

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<i>almotriptan malate</i>	1	QL(0.2 EA daily)	<i>sodium fluoride CHEW</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
IMITREX 20 MG/ACT <i>(sumatriptan)</i>	7	Limit 6 sprayers per month; QL(2 EA daily)	<i>sodium fluoride SOLN</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV; RX/OTC
IMITREX 5 MG/ACT <i>(sumatriptan)</i>	7	QL(6 EA per fill retail; 6 EA per 30 day(s) retail)	<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old)
IMITREX TABS <i>(sumatriptan succinate)</i>	7	QL(2 EA daily)	<i>sodium fluoride TABS 0.5 MG</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
MAXALT-MLT TBDP 10 MG <i>(rizatriptan benzoate)</i>	7	Limit 12 per month; QL(0.4 EA daily)	<i>SOLUVITA SOLN</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV; RX/OTC
MAXALT TABS 10 MG <i>(rizatriptan benzoate)</i>	7	QL(0.6 EA daily)	Phosphate		
<i>naratriptan hcl</i>	1	QL(9 EA per fill retail; 9 EA per 30 day(s) retail)	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
<i>rizatriptan benzoate TABS</i>	1	QL(0.6 EA daily)	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
<i>rizatriptan benzoate TBDP</i>	1	Limit 12 per month; QL(0.4 EA daily)	K-PHOS-NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	7	
<i>sumatriptan 5 MG/ACT</i>	1	QL(6 EA per fill retail; 6 EA per 30 day(s) retail)	K-PHOS TABS (<i>potassium phosphate monobasic</i>)	7	
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 EA daily)	<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
<i>sumatriptan succinate TABS</i>	1	QL(2 EA daily)	Potassium		
MINERALS & ELECTROLYTES					
Fluoride					
(Sodium Fluoride) NAFRINSE DROPS SOLN 0.125 MG/DROP	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV			
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV			

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(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1		<i>penicillamine TABS</i>	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1		<i>trientine hcl 500 MG</i>	1	SP; PA
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1		Immunomodulators		
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1		<i>lenalidomide</i>	1	QL(1 EA daily); SP; AC; PA
(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ	1		Immunosuppressive Agents		
(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ	1		(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Potassium Chloride) KLOR-CON PACK PO 20 MEQ	1		(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
K-TAB TBCR 10 MEQ (<i>potassium chloride</i>)	7		<i>azathioprine TABS 50 MG</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1		CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	7	
<i>potassium chloride CPCR</i>	1		CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	7	
<i>potassium chloride PACK PO 20 MEQ</i>	1		CELLCEPT TABS (<i>mycophenolate mofetil</i>)	7	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1		<i>cyclosporine modified (for microemulsion) CAPS</i>	1	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1		<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES			<i>cyclosporine CAPS</i>	1	
Chelating Agents			<i>everolimus (immunosuppressant)</i>	1	
DEPEN TITRATABS TABS (<i>penicillamine</i>)	7		IMURAN TABS (<i>azathioprine</i>)	7	
			<i>mycophenolate mofetil CAPS</i>	1	
			<i>mycophenolate mofetil SUSR</i>	1	
			<i>mycophenolate mofetil TABS</i>	1	
			NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	7	
			NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	7	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROGRAF CAPS <i>(tacrolimus)</i>	7		<i>triamcinolone acetonide (mouth)</i>	1	
SANDIMMUNE CAPS <i>(cyclosporine)</i>	7		Throat Products - Misc.		
SANDIMMUNE SOLN PO 100 MG/ML	2		<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)
<i>tacrolimus CAPS</i>	1		<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 EA daily)
ZORTRESS <i>(everolimus (immunosuppressant))</i>	7		SALAGEN 5 MG <i>(pilocarpine hcl (oral))</i>	7	QL(6 EA daily)
Potassium Removing Agents			SALAGEN 7.5 MG <i>(pilocarpine hcl (oral))</i>	7	QL(4 EA daily)
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1		MULTIVITAMINS		
<i>sodium polystyrene sulfonate POWD</i>	1		Ped Multi Vitamins w/FI & FE		
MOUTH/THROAT/DENTAL AGENTS					
Anesthetics Topical Oral			(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
<i>lidocaine hcl (mouth-throat) 2 %</i>	1		(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
Anti-infectives - Throat			(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
<i>clotrimazole</i>	1		(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
NYSTATIN <i>(nystatin (mouth-throat))</i>	7		(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
<i>nystatin (mouth-throat)</i>	1		POLY-VI-FLOR/IRON CHEW	2	AL(Up to 5 yrs old)
Antiseptics - Mouth/Throat					
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1				
<i>chlorhexidine gluconate (mouth-throat)</i>	1				
PERIDEX <i>(chlorhexidine gluconate (mouth-throat))</i>	7				
Steroids - Mouth/Throat/Dental					
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1				

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QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	SOLUVITA ACD WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			SOLUVITA WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	VITAMINS ACD-FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	Prenatal Vitamins		
(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
FLORAFOL PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC	ATABEX EC TBEC	2	
FLORAFOL PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2	
FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL ASSURE	2	
FLOTREX CHEW 0.25 MG, 0.5 MG	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL DHA	2	
MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC	COMPLETENATE CHEW	2	
MULTIVITAMIN/FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC	CONCEPT DHA	2	
MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	CONCEPT OB	2	
MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC	FOLIVANE-OB	2	
<i>pediatric multivitamins w/fi CHEW</i>	1	AL(Up to 6 yrs old); RX/OTC	M-NATAL PLUS TABS	2	RX/OTC
POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC	NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC
QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC	NEONATAL PLUS TABS	2	RX/OTC
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC	NESTABS DHA	2	
			NIVA-PLUS TABS	2	RX/OTC
			OBSTETRIX DHA MISC	2	

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OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	2		(Carisoprodol) VANADOM TABS 350 MG	1		
ONE VITE WOMENS PLUS TABS	2	RX/OTC	<i>baclofen TABS 20 MG</i>	1	QL(4 EA daily)	
PRENA 1 TRUE	2		<i>baclofen TABS 10 MG</i>	1	QL(6 EA daily)	
PRENATAL 19 CHEW	2		<i>baclofen TABS 15 MG</i>	1	QL(3 EA daily); PA	
PRENATAL PLUS VITAMIN/MINERAL TABS	2	RX/OTC	<i>baclofen TABS 5 MG</i>	1		
PRENATAL PLUS TABS	2	RX/OTC	<i>carisoprodol TABS 350 MG</i>	1		
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	<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1		
PRENATAL-U CAPS	2		<i>methocarbamol TABS 500 MG, 750 MG</i>	1		
PRENATRIX TABS	2	RX/OTC	<i>orphenadrine citrate TB12</i>	1		
PRENATRYL TABS	2	RX/OTC	SOMA TABS 350 MG (<i>carisoprodol</i>)	7		
PROVIDA OB	2		<i>tizanidine hcl TABS 2 MG</i>	1		
SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2		<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 EA daily)	
SE-NATAL 19 CHEW	2		ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	7	QL(9 EA daily)	
THERANATAL CORE NUTRITION TABS	2	RX/OTC	Direct Muscle Relaxants			
TRICARE TABS	2	RX/OTC	DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	7		
VITATELY WITH GINGER TABS	2	RX/OTC	<i>dantrolene sodium CAPS</i>	1		
VITATRUE	2		NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus			
WESCAP-C DHA	2		Nasal Antiallergy			
WESTAB PLUS TABS	2	RX/OTC	(Azelastine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	Limit 1 bottle per month; QL(1.2 ML daily); RX/OTC	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	Limit 1 bottle per month; QL(1.2 ML daily); RX/OTC	
Central Muscle Relaxants			<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 inhaler per month; QL(1.2 ML daily)	

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Nasal Anticholinergics								
<i>ipratropium bromide (nasal)</i>	1		FLONASE ALLERGY RELIEF SUSP <i>(fluticasone propionate (nasal))</i>	7	QL(32 ML per fill retail; 32 ML per 30 day(s) retail); RX/OTC			
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	QL(32 ML per fill retail; 32 ML per 30 day(s) retail); RX/OTC	<i>fluticasone propionate (nasal) SUSP</i>	1	QL(32 GM per fill retail; 32 GM per 30 day(s) retail); RX/OTC			
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC	<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 GM daily); RX/OTC			
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, FT 24 HOUR NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	1	Limit 1 sprayer per month; QL(1.2 ML daily)	NASACORT ALLERGY 24HR AERO <i>(triamcinolone acetonide (nasal))</i>	7	Limit 1 sprayer per month; QL(1.2 ML daily)			
FLONASE ALLERGY REL CHILDRENS SUSP <i>(fluticasone propionate (nasal))</i>	7	QL(32 ML per fill retail; 32 ML per 30 day(s) retail); RX/OTC	NASONEX 24HR SUSP <i>(mometasone furoate (nasal))</i>	7	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC			
			<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)			
			XHANCE EXHU	2	QL(1.07 ML daily); ST			
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles								
Spinal Muscular Atrophy Agents (SMA)								
EVRYSDI	2	SP; PA	NUTRIENTS					
Lipids								
DOJOLVI	2	SP; PA	OPHTHALMIC AGENTS - Drugs to Treat the Eye					
Beta-blockers - Ophthalmic								
<i>betaxolol hcl (ophth) SOLN</i>	1		<i>betaxolol hcl (ophth) SOLN</i>	1				
BETIMOL 0.25 %	2		BETIMOL	2				
BETIMOL <i>(timolol)</i>	7		BETOPTIC-S SUSP	2				
COSOPT <i>(dorzolamide hcl-timolol maleate)</i>	7							

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DORZOLAMIDE HCL-TIMOLOL MAL	2		Miotics		
<i>dorzolamide hcl-timolol maleate</i>	1		<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ML daily)
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	7		Ophthalmic Adrenergic Agents		
<i>levobunolol hcl 0.5 %</i>	1		ALPHAGAN P (<i>brimonidine tartrate</i>)	7	
<i>timolol</i>	1		<i>brimonidine tartrate</i>	1	
<i>timolol maleate (ophth) SOLG</i>	1		Ophthalmic Anti-infectives		
<i>timolol maleate (ophth) SOLN</i>	1		(Bacitracin-Polymyxin B (Ophth)) POLYCIN	1	
TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	7		(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	2		<i>bacitracin (ophthalmic)</i>	2	
Cycloplegic Mydriatics			<i>bacitracin-polymyxin b (ophth)</i>	1	
(Homatropine Hbr) HOMATROPAIRE	1		CILOXAN OINT	2	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	1		CILOXAN SOLN (<i>ciprofloxacin hcl (ophth)</i>)	7	
<i>atropine sulfate (ophthalmic) OINT</i>	1		<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
<i>atropine sulfate (ophthalmic) SOLN</i>	1		ERYTHROMYCIN	2	
ATROPINE SULFATE SOLN 1 %	2		<i>erythromycin (ophth)</i>	1	
ATROPINE SULFATE SOLN 1 % (<i>atropine sulfate (ophthalmic)</i>)	7		<i>gatifloxacin (ophth)</i>	1	
CYCLOGYL	2		<i>gentamicin sulfate (ophth) SOLN</i>	1	
CYCLOGYL (<i>cyclopentolate hcl</i>)	7		<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ML per fill retail)
<i>cyclopentolate hcl 1 %</i>	1		NATACYN	2	
ISOPTO ATROPINE SOLN	2		<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1		<i>neomycin-polymyxin-gramicidin</i>	1	
PHENYLEPHRINE HCL SOLN (<i>phenylephrine hcl (mydriatic)</i>)	7		OCUFLOX (<i>ofloxacin (ophth)</i>)	7	QL(5 ML per fill retail)
			<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail)
			<i>polymyxin b-trimethoprim</i>	1	
			POLYTRIM (<i>polymyxin b-trimethoprim</i>)	7	

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<i>sulfacetamide sodium (ophth) OINT</i>	1		<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1	
<i>sulfacetamide sodium (ophth) SOLN</i>	1		<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>tobramycin (ophth) SOLN</i>	1		PRED MILD	2	
TOBREX OINT	2		<i>prednisolone acetate (ophth)</i>	1	
<i>trifluridine</i>	1		PREDNISOLONE SODIUM PHOSPHATE	2	
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	7	QL(3 ML per fill retail)	<i>sulfacetamide sod-prednisolone SOLN</i>	1	
ZYMAXID (<i>gatifloxacin (ophth)</i>)	7		TOBRADEX SUSP (<i>tobramycin-dexamethasone</i>)	7	QL(5 ML per fill retail)
Ophthalmic Immunomodulators			<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 EA daily)	Ophthalmics - Misc.		
Ophthalmic Steroids			(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %	1	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail)	(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 without prior authorization; QL(0.34 ML daily); RX/OTC
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1		ACULAR (<i>ketorolac tromethamine (ophth)</i>)	7	
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 GM per fill retail)			
<i>dexamethasone sodium phosphate (ophth)</i>	1				
FLAREX	2				
<i>fluorometholone (ophth) SUSP</i>	1				
FML FORTE SUSP	2				
FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	7				
MAXIDEX SUSP OP	2				
MAXITROL OINT (<i>neomycin-polymy-dexameth</i>)	7				
MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>)	7				
<i>neomycin-polymy-dexameth OINT</i>	1				

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ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	7		Prostaglandins - Ophthalmic		
ALOCRIL	2		<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
ALOMIDE	2		<i>latanoprost SOLN</i>	1	QL(0.0949 ML daily)
<i>azelastine hcl (ophth)</i>	1		LATANOPROST SOLN	2	QL(0.0949 ML daily)
AZOPT (<i>brinzolamide</i>)	7	Limit 10mls per month; QL(0.4 ML daily)	LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ML daily)
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ML daily)	TRAVATAN Z SOLN (<i>travoprost</i>)	7	Limit 2.5mls per month; QL(0.09 ML daily)
<i>bromfenac sodium (ophth) 0.09 %</i>	1		<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
<i>cromolyn sodium (ophth)</i>	1		XALATAN SOLN (<i>latanoprost</i>)	7	QL(0.0949 ML daily)
CYSTARAN	2	Limit 4 bottles per month; QL(2.15 ML daily); SP	OTIC AGENTS - Drugs to Treat the Ear		
<i>diclofenac sodium (ophth)</i>	1		Otic Agents - Miscellaneous		
<i>dorzolamide hcl</i>	1		<i>acetic acid (otic)</i>	1	
DORZOLAMIDE HCL	2		Otic Anti-infectives		
<i>epinastine hcl (ophth)</i>	1		<i>CETRAXAL (ciprofloxacin hcl (otic))</i>	2	
<i>flurbiprofen sodium</i>	1		<i>ciprofloxacin hcl (otic)</i>	1	
<i>ketorolac tromethamine (ophth)</i>	1		<i>ofloxacin (otic)</i>	1	
<i>olopatadine hcl 0.2 %</i>	1	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC	Otic Combinations		
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month without prior authorization; QL(0.34 ML daily); RX/OTC	(Pramoxine-HC-Chloroxylenol) CORTIC-ND	1	
PATADAY 0.1 % (<i>olopatadine hcl</i>)	7	Limit 10mls per month without prior authorization; QL(0.34 ML daily); RX/OTC	<i>CIPRODEX (ciprofloxacin-dexamethasone)</i>	7	QL(8 ML per fill retail)
PATADAY 0.2 % (<i>olopatadine hcl</i>)	7	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC	<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ML per fill retail)
			<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits		
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1		AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	7			
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding					Penicillinase-Resistant Penicillins		
Oxytocics					<i>dicloxacillin sodium</i> 1		
(Methylergonovine Maleate) METHERGINE TABS	1		PROGESTINS - Hormone Replacement/Modifying Drugs				
<i>methylergonovine maleate TABS</i>	1		Progestins				
PENICILLINS - Drugs to Treat Bacterial Infections					(Norethindrone Acetate) GALLIFREY TABS	1	
Aminopenicillins					AYGESTIN TABS (<i>norethindrone acetate</i>)	7	
<i>amoxicillin CAPS</i>	1		<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 EA daily)		
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1		<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1			
<i>amoxicillin SUSR</i>	1		<i>norethindrone acetate TABS</i>	1			
AMOXICILLIN SUSR (<i>amoxicillin</i>)	7		<i>progesterone CAPS</i>	1	QL(1 EA daily)		
<i>amoxicillin TABS</i>	1		PROMETRIUM CAPS (<i>progesterone</i>)	7	QL(1 EA daily)		
<i>ampicillin CAPS 500 MG</i>	1		PROVERA 10 MG (<i>medroxyprogesterone acetate</i>)	7	QL(1 EA daily)		
Natural Penicillins			<i>PROVERA 5 MG (medroxyprogesterone acetate)</i>	7			
<i>penicillin v potassium SOLR</i>	1		PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions				
<i>penicillin v potassium TABS</i>	1		Agents for Chemical Dependency				
Penicillin Combinations			<i>acamprosate calcium</i>				
<i>amoxicillin & pot clavulanate CHEW</i>	1		<i>disulfiram</i>	1			
<i>amoxicillin & pot clavulanate SUSR</i>	1		<i>lofexidine hcl</i>	1	QL(224 EA per 14 day(s) retail); PA		
<i>amoxicillin & pot clavulanate TABS</i>	1		<i>LUCEMYRA (lofexidine hcl)</i>	7	QL(224 EA per 14 day(s) retail); PA		
<i>amoxicillin & pot clavulanate TB12</i>	1		Antidementia Agents				
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	7						
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2						

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Generics 4=Self-injectable Drugs 5=Preventive PV=Preventive Drugs AL=Age Limit PA=Prior AC=Anti-Cancer LA=Limited Access SP=Specialty

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
ARICEPT TABS 23 MG <i>(donepezil hydrochloride)</i>	7	QL(1 EA daily)	AUSTEDO TABS	2	QL(1 EA daily); SP; PA	
ARICEPT TABS 5 MG, 10 MG <i>(donepezil hydrochloride)</i>	7		INGREZZA CAPS	2	QL(1 EA daily); SP; PA	
<i>donepezil hydrochloride TABS 23 MG</i>	1	QL(1 EA daily)	INGREZZA CPPK	2	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA	
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1		INGREZZA CPSP	2	QL(1 EA daily); SP; PA	
<i>donepezil hydrochloride TBDP</i>	1	QL(1 EA daily)	Multiple Sclerosis Agents			
EXELON <i>(rivastigmine)</i>	7		AMPYRA <i>(dalfampridine)</i>	7	SP; PA	
<i>galantamine hydrobromide CP24</i>	1	QL(1 EA daily)	AUBAGIO <i>(teriflunomide)</i>	7	QL(1 EA daily); SP	
<i>galantamine hydrobromide SOLN</i>	1		<i>dalfampridine</i>	1	SP; PA	
<i>galantamine hydrobromide TABS</i>	1		<i>dimethyl fumarate CDPK</i>	1	QL(60 EA per 365 day(s) retail); SP	
<i>memantine hcl SOLN</i>	1		<i>dimethyl fumarate CPDR</i>	1	QL(2 EA daily); SP	
<i>memantine hcl TABS 10 MG</i>	1	QL(2 EA daily)	<i>fingolimod hcl</i>	1	QL(1 EA daily); SP	
<i>memantine hcl TABS</i>	1		GILENYA <i>(fingolimod hcl)</i>	7	QL(1 EA daily); SP	
<i>memantine hcl TABS 5 MG</i>	1	QL(4 EA daily)	MAYZENT STARTER PACK TBPK 0.25 MG	2	not available thru mail order; SP; PA	
NAMENDA TITRATION PAK TABS <i>(memantine hcl)</i>	7		MAYZENT STARTER PACK TBPK 0.25 MG	2	not available thru mail order; QL(12 EA per 5 day(s) retail); SP; PA	
NAMENDA TABS 10 MG <i>(memantine hcl)</i>	7	QL(2 EA daily)	MAYZENT TABS 0.25 MG	2	not available thru mail order; QL(4 EA daily); SP; PA	
NAMENDA TABS 5 MG <i>(memantine hcl)</i>	7	QL(4 EA daily)	MAYZENT TABS 2 MG	2	not available thru mail order; QL(1 EA daily); SP; PA	
<i>rivastigmine</i>	1		MAYZENT TABS 1 MG	2	not available thru mail order; SP; PA	
<i>rivastigmine tartrate CAPS</i>	1		PLEGRIDY SOSY IM	4	SP; PA	
Movement Disorder Drug Therapy						
AUSTEDO XR PATIENT TITRATION TEPK	2	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA				
AUSTEDO XR TB24	2	QL(1 EA daily); SP; PA				

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TECFIDERA CDPK <i>(dimethyl fumarate)</i>	7	QL(60 EA per 365 day(s) retail); SP	(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	Grand Fathered Plans at Tier 2; PV
TECFIDERA CPDR <i>(dimethyl fumarate)</i>	7	QL(2 EA daily); SP			
<i>teriflunomide</i>	1	QL(1 EA daily); SP			
Smoking Deterrents					
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 4 MG	5	Grand Fathered Plans at Tier 2; PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 2 MG	5	Grand Fathered Plans at Tier 2; PV

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(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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV	<i>nicotine polacrilex GUM</i>	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV	<i>nicotine polacrilex LOZG</i>	5	Grand Fathered Plans at Tier 2; PV
APO-VARENICLINE TABS	5	Grand Fathered Plans at Tier 2; QL(2 EA daily); PV	NICOTINE KIT	5	Grand Fathered Plans at Tier 2; PV
<i>bupropion hcl (smoking deterrent)</i>	5	Grand Fathered Plans at Tier 2; PV	<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	Grand Fathered Plans at Tier 2; PV
NICODERM CQ PT24 TD (<i>nicotine</i>)	5	Grand Fathered Plans at Tier 2; PV	NICOTROL NS SOLN	5	Grand Fathered Plans at Tier 2; PV
NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV	NICOTROL INHA	5	Grand Fathered Plans at Tier 2; PV
NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV	<i>varenicline tartrate TABS</i>	5	Grand Fathered Plans at Tier 2; QL(2 EA daily); PV
NICORETTE GUM (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV	RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
NICORETTE LOZG (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV	Cystic Fibrosis Agents		
ESBRIET CAPS (<i>pirfenidone</i>)			KALYDECO PACK	2	SP; PA
ESBRIET TABS (<i>pirfenidone</i>)			KALYDECO TABS	2	SP; PA
<i>pirfenidone CAPS</i>			PULMOZYME	2	QL(5 ML daily); SP; PA
<i>pirfenidone TABS</i>			SYMDEKO	2	SP; PA
TRIKAFTA TBPK 50 MG-25 MG			TRIKAFTA TBPK 100 MG-50 MG	2	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents			TRIKAFTA TBPK 100 MG-50 MG		
ESBRIET CAPS (<i>pirfenidone</i>)			QL(3 EA daily); SP; PA		
ESBRIET TABS (<i>pirfenidone</i>)			QL(3 EA daily); SP; PA		
<i>pirfenidone CAPS</i>			QL(3 EA daily); SP; PA		
<i>pirfenidone TABS</i>			QL(3 EA daily); SP; PA		
TETRACYCLINES - Drugs to Treat Bacterial					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Infections					
Tetracyclines					
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1		(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1		(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)
<i>demeclcloxine hcl TABS</i>	1		(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
<i>doxycycline (monohydrate) CAPS 150 MG</i>	1	Use MONODOX generic	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1		ADTHYZA TABS	2	
<i>doxycycline (monohydrate) SUSR</i>	1		ARMOUR THYROID TABS	2	
<i>doxycycline (monohydrate) TABS</i>	1		CYTOMEL TABS 25 MCG, 50 MCG <i>(liothyronine sodium)</i>	2	QL(2 EA daily)
<i>doxycycline hyclate CAPS</i>	1		CYTOMEL TABS 5 MCG <i>(liothyronine sodium)</i>	2	
<i>doxycycline hyclate TABS 100 MG</i>	1		<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG</i>	1	
<i>minocycline hcl CAPS</i>	1		<i>levothyroxine sodium CAPS 125 MCG</i>	1	QL(1 EA daily)
<i>tetracycline hcl CAPS</i>	1		<i>levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG</i>	1	
VIBRAMYCIN CAPS <i>(doxycycline hyclate)</i>	7		<i>levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>	1	QL(1 EA daily)
VIBRAMYCIN SUSR <i>(doxycycline (monohydrate))</i>	7				
THYROID AGENTS - Drugs to Regulate Thyroid Hormones					
Antithyroid Agents					
<i>methimazole TABS</i>	1				
<i>propylthiouracil</i>	1	QL(3 EA daily)			
Thyroid Hormones					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium TABS 5 MCG</i>	1		<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	
<i>liothyronine sodium TABS 25 MCG, 50 MCG</i>	1	QL(2 EA daily)	LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	7	
NIVA THYROID TABS	2		LEVSIN TABS (<i>hyoscyamine sulfate</i>)	7	
NP THYROID TABS	2		<i>methscopolamine bromide</i>	1	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2		ROBINUL-FORTE TABS (<i>glycopyrrolate</i>)	7	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 EA daily)	ROBINUL TABS (<i>glycopyrrolate</i>)	7	
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	2		H-2 Antagonists		
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2		(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 ST, 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	QL(4 EA daily); RX/OTC
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	2		<i>cimetidine hcl PO 300 MG/5ML</i>	1	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions					
Antispasmodics					
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1				
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1				
CUVPOSA SOLN PO (<i>glycopyrrolate</i>)	7				
<i>dicyclomine hcl CAPS</i>	1				
<i>dicyclomine hcl SOLN PO</i>	1				
<i>dicyclomine hcl TABS</i>	1				
<i>glycopyrrolate SOLN PO 1 MG/5ML</i>	1				
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1				
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine TABS 300 MG, 800 MG</i>	1		(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ	1	QL(1 EA daily)
<i>cimetidine TABS 400 MG</i>	1	QL(4 EA daily)	OMEPRAZOLE MAGNESIUM, GNP		
<i>famotidine TABS 40 MG</i>	1	QL(2 EA daily)	OMEPRAZOLE MAGNESIUM, KP		
<i>famotidine TABS 20 MG</i>	1	QL(4 EA daily); RX/OTC	OMEPRAZOLE MAGNESIUM, QC		
<i>nizatidine CAPS</i>	1		OMEPRAZOLE MAGNESIUM CPDR 20 MG		
PEPCID AC MAXIMUM STRENGTH TABS <i>(famotidine)</i>	7	QL(4 EA daily); RX/OTC	(Omeprazole Magnesium) ACID REDUCER, CVS	1	QL(1 EA daily)
PEPCID TABS 40 MG <i>(famotidine)</i>	7	QL(2 EA daily)	OMEPRAZOLE MAGNESIUM, EQ		
PEPCID TABS 20 MG <i>(famotidine)</i>	7	QL(4 EA daily); RX/OTC	OMEPRAZOLE MAGNESIUM, GNP		
Misc. Anti-Ulcer			OMEPRAZOLE MAGNESIUM, KP		
CARAFATE SUSP <i>(sucralfate)</i>	7		OMEPRAZOLE MAGNESIUM, QC		
CARAFATE TABS <i>(sucralfate)</i>	7	QL(4 EA daily)	OMEPRAZOLE MAGNESIUM CPDR		
<i>sucralfate SUSP</i>	1		<i>lansoprazole CPDR</i>	1	QL(1 EA daily)
<i>sucralfate TABS</i>	1	QL(4 EA daily)	<i>omeprazole magnesium CPDR</i>	1	QL(1 EA daily)
Proton Pump Inhibitors			<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 EA daily)
(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 EA daily); RX/OTC	<i>omeprazole CPDR 10 MG</i>	1	
(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>pantoprazole sodium TBEC</i>	1	QL(1 EA daily)
			PREVACID 24HR CPDR <i>(lansoprazole)</i>	7	QL(1 EA daily); RX/OTC
			PREVACID CPDR 30 MG <i>(lansoprazole)</i>	7	QL(1 EA daily)
			PROTONIX TBEC <i>(pantoprazole sodium)</i>	7	QL(1 EA daily)
			Ulcer Drugs - Prostaglandins		
			<i>CYTOTEC (misoprostol)</i>	7	
			<i>misoprostol</i>	1	
			Ulcer Therapy Combinations		
			<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			FLUCELVAX SUSP	5	PV
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			FLUMIST QUADRIVALENT	5	PV
DETROL LA CP24 (<i>tolterodine tartrate</i>)	7	QL(1 EA daily)	FLUZONE HIGH-DOSE SUSY	5	PV
DETROL TABS (<i>tolterodine tartrate</i>)	7	QL(2 EA daily)	FLUZONE QUADRIVALENT SUSP	5	PV
DITROPAN XL TB24 5 MG (<i>oxybutynin chloride</i>)	7		MODERNA COVID-19 VAC 6M-11Y SUSY	5	PV
<i>fesoterodine fumarate</i>	1	QL(1 EA daily)	MRESVIA	5	AL(At least 60 yrs old); PV
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 EA daily)	NOVAVAX COVID-19 VACCINE SUSY	5	PV
<i>oxybutynin chloride TB24</i>	1		VAGINAL AND RELATED PRODUCTS		
<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)	Spermicides		
<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)	ENCARE SUPP 100 MG	5	Grand Fathered Plans at Tier 2; PV
TOVIAZ (<i>fesoterodine fumarate</i>)	7	QL(1 EA daily)	OPTIONS GYNOL II CONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV
<i>trospium chloride CP24</i>	1		SHUR-SEAL CONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV
<i>trospium chloride TABS</i>	1	QL(2 EA daily)	TODAY SPONGE MISC	5	Grand Fathered Plans at Tier 2; PV
Urinary Antispasmodics - Cholinergic Agonists			VCF VAGINAL CONTRACEPTIVE FILM	5	Grand Fathered Plans at Tier 2; PV
<i>bethanechol chloride</i>	1		VCF VAGINAL CONTRACEPTIVE FOAM	5	Grand Fathered Plans at Tier 2; PV
Urinary Antispasmodics - Direct Muscle Relaxants			VCF VAGINAL CONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV
<i>flavoxate hcl</i>	1		Vaginal Anti-infectives		
VACCINES			CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	7	
Viral Vaccines			<i>clindamycin phosphate vaginal CREA</i>	1	
ABRYSVO	5	PV	<i>metronidazole vaginal</i>	1	
AFLURIA QUADRIVALENT SUSP	5	PV	<i>terconazole vaginal CREA</i>	1	
AREXVY	5	AL(At least 50 yrs old); PV			
COVID VACCINES	5				
FLUBLOK QUADRIVALENT	5	PV			
FLUBLOK SOSY	5	PV			
FLUCELVAX QUADRIVALENT SUSY	5	PV			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VANDAZOLE	2		<i>phytonadione TABS 5 MG</i>	1	
Vaginal Contraceptive - pH Modulators					
PHEXXI	5	Grand Fathered Plans at Tier 2; PV			
Vaginal Estrogens					
(Estradiol Vaginal) YUVAFEM TABS	1				
ESTRACE CREA <i>(estradiol vaginal)</i>	7				
<i>estradiol vaginal CREA</i>	1				
<i>estradiol vaginal TABS</i>	1				
ESTRING RING 7.5 MCG/24HR	2	QL(1 EA per fill retail; 1 per fill mail)			
PREMARIN	2	QL(2 GM daily)			
VAGIFEM TABS <i>(estradiol vaginal)</i>	7				
Vaginal Progestins					
CRINONE GEL 8 %	2	QL(168 GM per 180 day(s) retail); PA			
ENDOMETRIN INST	2	PA			
FIRST-PROGESTERONE VGS SUPP	2	PA			
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions					
Anaphylaxis Therapy Agents					
<i>epinephrine (anaphylaxis) SOAJ</i>	4	QL(2 EA per fill retail; 4 EA per 30 day(s) retail); PA			
VITAMINS					
Oil Soluble Vitamins					
DRISDOL CAPS <i>(ergocalciferol)</i>	5	Grand Fathered Plans at Tier 2; PV			
<i>ergocalciferol CAPS</i>	5	Grand Fathered Plans at Tier 2; PV			

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		POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS	POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS

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(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 94	(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	94	(Norelgestromin-Ethynodiol Estradiol) XULANE, ZAFEMY	42
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 94	(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	94	(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	40
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM .. 94	(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	94	(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	39
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE,	(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	95		

(Norethrin 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	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	40	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 54
(Norethrin 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 .....40	40	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE .....41
(Norethrin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	40	(Norethindrone & Ethinyl Estradiol- Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG .....40	40	(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
(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		(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, SHAROBEL .....43	43	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI- LINYAH, TRI-LO-ESTARYLLA, TRI- LO-MARZIA, TRI-LO-MILI, TRI-LO- SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO .41
(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		(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
(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		(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) CRYSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL		(Norethindrone Acetate) GALLIFREY TABS	91	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 46
		91	(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 %	89
			(Olopatadine Hcl) CVS	

OLOPATADINE HCL, EQ	MG/ML-400 UNIT/ML-1500	POLYETHYLENE GLYCOL 3350,
OLOPATADINE HCL, EYE	UNIT/ML-0.6 MG/ML-8 MG/ML-0.25	SM CLEARLAX, SMOOTH LAX,
ALLERGY ITCH/REDNESS REL, FT	MG/ML-10 MG/ML-5 UNIT/ML ....84	TRUE LAXATIVE POWD .....59
EYE ALLERGY ITCH & REDNESS,	(Pediatric Multivitamins W/FI)	(Pot & Sod Citrates W/Citric Ac)
GNP OLOPATADINE HCL, HM EYE	MULTIVITAMIN/FLUORIDE CHEW	CYTRA-3 SYRP .....56
ALLERGY ITCH/RED RELIEF 0.1 % .	85	(Pot Phosphate Monobasic W/ Sod
89	(Pediatric Multivitamins W/FI)	Phosphate Dibasic & Monobasic)
(Omeprazole Magnesium) ACID	MULTIVITAMIN/FLUORIDE SOLN	PHOSPHA 250 NEUTRAL,
REDUCER, CVS OMEPRAZOLE	85	PHOSPHO-TRIN 250 NEUTRAL,
MAGNESIUM, EQ OMEPRAZOLE	(Pediatric Vitamins ACD W/ Fluoride)	WES-PHOS 250 NEUTRAL .....82
MAGNESIUM, GNP OMEPRAZOLE,	MULTIVITAMIN SELECT/FLUORIDE	(Potassium Bicarbonate) EFFER-K,
KP OMEPRAZOLE MAGNESIUM,	SOLN 0.25 MG/ML .....85	K-PRIME, KLOR-CON/EF TBEF ..83
QC OMEPRAZOLE MAGNESIUM	(Pediatric Vitamins ACD W/ Fluoride)	(Potassium Chloride
CPDR 20 MG .....98	TRI-VITE/FLUORIDE SOLN .....85	Microencapsulated Crystals ER)
(Omeprazole Magnesium) ACID	(PEG 3350-Kcl-NaCl-Na Sulfate-Na	KLOR-CON M10, KLOR-CON M15,
REDUCER, CVS OMEPRAZOLE	Ascorbate-Ascorbic Acid) PEG-	KLOR-CON M20 10 MEQ .....83
MAGNESIUM, EQ OMEPRAZOLE	3350/ELECTROLYTES/ASCORBAT	(Potassium Chloride
MAGNESIUM, GNP OMEPRAZOLE,	.....59	Microencapsulated Crystals ER)
KP OMEPRAZOLE MAGNESIUM,	(PEG 3350-Kcl-Sod Bicarb-Sod	KLOR-CON M10, KLOR-CON M15,
QC OMEPRAZOLE MAGNESIUM	Chloride-Sod Sulfate) GAVILYTE-G	KLOR-CON M20 15 MEQ .....83
CPDR .....98	SOLR 236 GM .....59	(Potassium Chloride
(Oxcarbazepine) TRILEPTAL SUSP .	(PEG 3350-Potassium Chloride-Sod	Microencapsulated Crystals ER)
12	Bicarbonate-Sod Chloride)	KLOR-CON M10, KLOR-CON M15,
(Oxycodone W/ Acetaminophen)	GAVILYTE-N WITH FLAVOR PACK	KLOR-CON M20 20 MEQ .....83
ENDOCET TABS 325 MG-5 MG ....7	59	(Potassium Chloride) KLOR-CON
(Ped Multivitamins W/FI & Iron)	(Phenylephrine Hcl (Mydriatic))	PACK PO 20 MEQ .....83
MULTI-VIT/IRON/FLUORIDE,	ALTAFRIN SOLN 2.5 %88	(Potassium Chloride) KLOR-CON,
MULTIVITAMIN/FLUORIDE/IRON	(Phenytoin Sodium Extended)	KLOR-CON 10 TBCR 10 MEQ .....83
SOLN 35 MG/ML-0.4 MG/ML-0.5	PHENYTEK 200 MG, 300 MG ....14	(Potassium Chloride) KLOR-CON,
MG/ML-400 UNIT/ML-1500	(Phenytoin) PHENYTOIN INFATABS	KLOR-CON 10 TBCR 8 MEQ .....83
UNIT/ML-8 MG/ML-0.6 MG/ML-0.25	CHEW .....14	(Potassium Citrate-Citric Acid)
MG/ML-5 UNIT/ML-10 MG/ML ....84	(Polyethylene Glycol 3350)	CYTRA K CRYSTALS PACK .....56
(Ped Multivitamins W/FI & Iron)	CLEARLAX, CVS PURELAX, EQ	(Potassium Citrate-Citric Acid)
MULTI-VIT/IRON/FLUORIDE,	CLEARLAX, EQL CLEARLAX, FT	CYTRA-K SOLN .....56
MULTIVITAMIN/FLUORIDE/IRON	CLEARLAX, GAVILAX,	(Potassium Phosphate Monobasic)
SOLN 35 MG/ML-0.4 MG/ML-0.5	GENTLELAX, GLYCOLAX, GNP	PHOSPHO-TRIN K500 TABS .....82
MG/ML-400 UNIT/ML-1500	CLEARLAX, GOODSENSE	(Pramoxine-HC-Chloroxylenol)
UNIT/ML-8 MG/ML-5 UNIT/ML-0.6	CLEARLAX, HM CLEARLAX, KLS	CORTIC-ND .....90
MG/ML-0.25 MG/ML-10 MG/ML ...84	LAXACLEAR, MM CLEARLAX, QC	
(Ped Multivitamins W/FI & Iron)	NATURA-LAX, RA LAXATIVE, SB	
MULTI-VITAMIN/FLUORIDE/IRON		
SOLN 35 MG/ML-0.4 MG/ML-0.5		

(Prednisolone Acetate (Ophth))	(Sotalol Hcl) SORINE TABS	35	abacavir sulfate-lamivudine	31
PREDNISOLONE ACETATE P-F .89	(Sulfacetamide Sodium W/ Sulfur)		ABILIFY TABS 15 MG (aripiprazole) .	
(Prenatal Vit W/ Docusate-Iron	SSS 10-5 FOAM	45	31	
Carbonyl-Folic Acid) INATAL GT	(Sulfacetamide Sodium-Sulfur In		ABILIFY TABS 2 MG, 5 MG, 10 MG,	
TABS	Urea Vehicle) BP CLEANSING		30 MG (aripiprazole)	31
(Prenatal Vit W/ Ferrous Fumarate-	WASH EMUL 10 %-10 %-4 %	45	ABILIFY TABS 20 MG (aripiprazole) .	
Folic Acid) PRENATAL 19 CHEW .85	(Sulfamethoxazole-Trimethoprim)		31	
(Prochlorperazine) COMPRO ....31	SULFATRIM PEDIATRIC SUSP ..	24	abiraterone acetate	27
(Promethazine & Phenylephrine)	(Tadalafil (Pulmonary Hypertension))		ABRYNSVO	99
PROMETHAZINE VC SYRP .....44	ALYQ TABS	37		
(Promethazine Hcl) PROMETHEGAN	(Testosterone) TESTIM GEL TD 1 %		ABSORICA 10 MG, 25 MG	
SUPP 12.5 MG, 25 MG	8		(isotretinoin)	45
(Promethazine Hcl) PROMETHEGAN	(Tretinoin) AVITA CREA 0.025 % .	45	ABSORICA 20 MG (isotretinoin) ..45	
SUPP 50 MG	(Triamcinolone Acetonide (Mouth))		ABSORICA 30 MG (isotretinoin) ..45	
(Promethazine-Phenylephrine-	KOURZEQ, ORALONE	84	ABSORICA 35 MG, 40 MG	
Codeine) PROMETHAZINE	(Triamcinolone Acetonide (Nasal))		(isotretinoin)	45
VC/CODEINE	ALLERGY SPRAY 24 HOUR, CVS		acamprosate calcium	91
(Pseudoephed-Bromphen-DM)	NASAL ALLERGY SPRAY, EQ		acarbose	16
BROMFED DM SYRP 10 MG/5ML-	NASAL ALLERGY, FT 24 HOUR		ACCU-CHEK FASTCLIX LANCETS .	
30 MG/5ML-2 MG/5ML	NASAL ALLERGY, GNP 24 HOUR		64	
(Salicylic Acid) KERALYT SHAM 6 %	NASAL ALLERGY, GOODSENSE		ACCU-CHEK SAFE-T PRO	
.....50	NASAL ALLERGY SPRAY, HM 24		LANCETS	64
(Sapropterin Dihydrochloride)	HOUR NASAL ALLERGY, KLS		ACCU-CHEK SOFTCLIX LANCETS	
JAVYGTOR PACK	ALLER-CORT, NASAL ALLERGY 24		64	
(Sapropterin Dihydrochloride)	HOUR, RA NASAL ALLERGY AERO			
JAVYGTOR TABS .....	.....87			
(Sapropterin Dihydrochloride)	(Triamcinolone Acetonide (Topical))		ACCUPRIL (quinapril hcl)	22
JAVYGTOR TABS	TRIDERM CREA 0.5 %	48		
(Silver Sulfadiazine) SSD	(Vigabatrin) VIGADRONE TABS ..	14	ACCURETIC 12.5 MG-10 MG, 12.5	
(Sodium Citrate & Citric Acid)	(Vigabatrin) VIGADRONE,		MG-20 MG (quinapril-hydrochlorothiazide)	23
CYTRA-2	VIGPODER PACK	14		
(Sodium Fluoride) NAFRINSE CHEW	(Warfarin Sodium) JANTOVEN TABS		acebutolol hcl CAPS	34
2.2 MG .....	.....12			
(Sodium Fluoride) NAFRINSE	1ST TIER UNILET COMFORTOUCH		acetaminophen w/ codeine SOLN ..7	
DROPS SOLN 0.125 MG/DROP ..82	.....64			
(Sodium Polystyrene Sulfonate)	abacavir sulfate SOLN	31	acetaminophen w/ codeine TABS 15	
KIONEX, SPS (SODIUM			MG-300 MG, 30 MG-300 MG	7
POLYSTYRENE SULF) SUSP CO	abacavir sulfate TABS	31	acetaminophen w/ codeine TABS 60	
15 GM/60ML			MG-300 MG	7
			acetazolamide CP12	52

acetazolamide TABS 125 MG	52	ADALIMUMAB-ADAZ SOSY	3	AGRYLIN 0.5 MG (anagrelide hcl)	57
acetazolamide TABS 250 MG	52	adapalene CREA	45	AIMSCO LUBRICATED MISC	61
acetic acid (otic)	90	adapalene GEL 0.1 %	45	AIMSCO TWIST LANCETS 32G	64
acetylcysteine SOLN	44	adapalene GEL 0.3 %	45	AIMSCO TWIST LANCETS 33G	64
ACTI-LANCE 28G	64	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	45	AJOVY SOAJ	81
ACTI-LANCE LITE LANCETS 28G	64	ADCIRCA TABS (tadalafil (pulmonary hypertension))	37	AJOVY SOSY	81
ACTI-LANCE SPECIAL LANCETS 17G	64	ADDERALL TABS (amphetamine-dextroamphetamine)	1	albuterol sulfate AERS	11
ACTI-LANCE UNIVERSAL 23G ..	64	ADDERALL XR CP24 (amphetamine-dextroamphetamine) .1		albuterol sulfate NEBU	11
ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate)	54	adefovir dipivoxil	34	ALBUTEROL SULFATE NEBU	11
ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl)	17	ADIPEX-P CAPS (phentermine hcl) 1		albuterol sulfate SYRP	11
ACTOS 15 MG (pioglitazone hcl) ..	18	ADTHYZA TABS	96	albuterol sulfate TABS	11
ACTOS 30 MG, 45 MG (pioglitazone hcl)	18	ADVAIR DISKUS AEPB (fluticasone-salmeterol)	11	alclometasone dipropionate CREA	48
ACULAR (ketorolac tromethamine (ophth))	89	ADVANCED MOBILE LANCET	64	alclometasone dipropionate OINT	48
ACULAR LS (ketorolac tromethamine (ophth))	90	ADVOCATE LANCETS	64	ALDACTAZIDE (spironolactone & hydrochlorothiazide)	52
acyclovir CAPS	34	ADVOCATE LANCETS 30G	64	ALDACTONE TABS (spironolactone)	52
acyclovir SUSP	34	ADVOCATE SAFETY LANCETS	64	ALECENSA	28
acyclovir TABS PO 400 MG	34	ADVOCATE SAFETY LANCETS 21G	64	alendronate sodium TABS 35 MG, 70 MG	53
acyclovir TABS PO 800 MG	34	ADVOCATE SAFETY LANCETS 23G	64	alendronate sodium TABS 5 MG, 10 MG	53
acyclovir topical OINT	48	ADVOCATE SAFETY LANCETS 26G	64	alfuzosin hcl	56
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	2	ADVOCATE SAFETY LANCETS 28G	64	ALKERAN (melphalan)	26
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	2	AFINITOR TABS (everolimus)	28	allopurinol 100 MG	57
ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	3	AFLURIA QUADRIVALENT SUSP 99		allopurinol 300 MG	57
		AGAMATRIX ULTRA-THIN LANCETS	64	almotriptan malate	82
				ALOCRIL	90
				ALOMIDE	90
				ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ..	54
				ALPHAGAN P (brimonidine tartrate)	

88	amoxapine	16	ANTIVERT CHEW (meclizine hcl) .19
alprazolam TABS .....	.9	amoxicillin & pot clavulanate CHEW .91	ANUSOL-HC EX (hydrocortisone (rectal)) .....8
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril)	22	amoxicillin & pot clavulanate SUSR 91	APEXICON E CREA .....48
ALUNBRIG TABS .....	.28	amoxicillin & pot clavulanate TABS 91	APO-VARENICLINE TABS .....95
ALUNBRIG TBPK28	amoxicillin & pot clavulanate TB12 91	APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)31
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AMBIEN TABS 5 MG (zolpidem tartrate)58	amoxicillin SUSR	AQUALANCE LANCETS 30G64
ambrisentan .....	.37	amoxicillin TABS	ARAVA 10 MG (leflunomide) .....4
amiloride & hydrochlorothiazide .....	.52	amoxicillin-clarithromycin w/ lansoprazole THPK	ARAVA 20 MG (leflunomide) .....4
amiloride hcl TABS .....	.52	amphetamine-dextroamphetamine	AREXVY .....99
amiodarone hcl TABS .....	.10	CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	arformoterol tartrate .....11
AMITIZA (lubiprostone) .....	.55	amphetamine-dextroamphetamine TABS	ARICEPT TABS 23 MG (donepezil hydrochloride) .....92
amitriptyline hcl TABS .....	.16	ampicillin CAPS 500 MG	ARICEPT TABS 5 MG, 10 MG (donepezil hydrochloride) .....92
amlodipine besylate TABS 2.5 MG	.35	AMPYRA (dalfampridine)	ARIKAYCE .....2
amlodipine besylate TABS 5 MG, 10 MG .....	.35	ANAFRANIL (clomipramine hcl) ..16	ARIMIDEX (anastrozole) .....27
amlodipine besylate-benazepril hcl 10 MG-2.5 MG .....	.23	anagrelide hcl	ariPIPRAZOLE SOLN PO .....31
amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG 23		ANAPROX DS TABS (naproxen sodium)	ariPIPRAZOLE TABS 15 MG .....31
amlodipine besylate-valsartan 10 MG-160 MG .....	.23	anastrozole	ariPIPRAZOLE TABS 2 MG, 5 MG, 10 MG, 30 MG .....31
amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG .....	.23	ANDROGEL PUMP GEL TD (testosterone)	ariPIPRAZOLE TABS 20 MG .....31
amlodipine-valsartan-hydrochlorothiazide .....	.23	ANNOVERA	armodafinil 200 MG .....2
		ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (umeclidinium-vilanterol) 11	armodafinil 50 MG, 150 MG, 250 MG 2
			ARMOUR THYROID TABS .....96
			ARNUTITY ELLIPTA
			.10

AROMASIN (exemestane)	27	atenolol TABS	34	AVAPRO 150 MG, 300 MG (irbesartan)	22
aspirin CHEW	6	ATIVAN TABS (lorazepam)	9	AVODART (dutasteride)	57
aspirin TBEC 81 MG	6	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	AYGESTIN TABS (norethindrone acetate)	91
ASSURE COMFORT LANCETS 28G	65	atomoxetine hcl 60 MG, 80 MG, 100 MG	1	azathioprine TABS 50 MG	83
ASSURE HAEMOLANCE PLUS HIGH	65	atorvastatin calcium TABS	21	azelaic acid GEL	50
ASSURE HAEMOLANCE PLUS LOW	65	atovaquone	25	azelastine hcl (ophth)	90
ASSURE HAEMOLANCE PLUS MICRO	65	atovaquone-proguanil hcl 25 MG- 62.5 MG	25	azelastine hcl 0.1 %, 137 MCG/SPRAY	86
ASSURE HAEMOLANCE PLUS NORMAL	65	atropine sulfate (ophthalmic) OINT 88 88		azelastine hcl 0.15 %, 205.5 MCG/SPRAY	86
ASSURE HAEMOLANCE PLUS PED	65	ATROPINE SULFATE SOLN 1 % (atropine sulfate (ophthalmic))	88	AZILECT (rasagiline mesylate) ...	30
ASSURE ID INSULIN SAFETY SYR 80		ATROPINE SULFATE SOLN 1 % .88		azithromycin PACK	60
ASSURE LANCE LANCETS	65	ATROVENT HFA	10	azithromycin SUSR	61
ASSURE LANCE LANCETS 21G ..	65	AUBAGIO (teriflunomide)	92	azithromycin TABS 250 MG	61
ASSURE LANCE PLUS SAFETY 25G	65	AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	91	azithromycin TABS 500 MG	61
ASSURE LANCE PLUS SAFETY 30G	65	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	91	azithromycin TABS 600 MG	61
ASSURE LANCE SAFETY LANCET 28G	65	AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	91	AZOPT (brinzolamide)	90
ATABEX EC TBEC	85	AURANOFIN 3 MG	3	AZULFIDINE EN-TABS TBEC (sulfasalazine)	55
ATACAND 32 MG (candesartan cilexetil)	22	AURORA LANCET SUPER THIN 30G	65	AZULFIDINE TABS (sulfasalazine) 55	
ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil)	22	AURORA LANCET THIN 23G	65	bacitracin (ophthalmic)	88
ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	23	AUSTEDO TABS	92	bacitracin-polymyxin b (ophth)	88
atazanavir sulfate CAPS	31	AUSTEDO XR PATIENT TITRATION TEPK	92	bacitracin-poly-neomycin-hc	89
atenolol & chlorthalidone	23	AUSTEDO XR TB24	92	baclofen TABS 10 MG	86
		AVALIDE (irbesartan- hydrochlorothiazide)	23	baclofen TABS 15 MG	86
				baclofen TABS 20 MG	86
				baclofen TABS 5 MG	86
				BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	25

BACTRIM TABS (sulfamethoxazole-trimethoprim)	25	SYRINGE	80	betamethasone dipropionate augmented OINT	49
BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	41	BD VEO INSULIN SYR ULTRAFINE	80	betamethasone valerate CREA	49
balsalazide disodium CAPS	55	BELSOMRA	59	betamethasone valerate LOTN	49
BALVERSA	28	benazepril & hydrochlorothiazide ..	23	betamethasone valerate OINT	49
BANZEL SUSP (rufinamide)	12	benazepril hcl	22	BETAPACE AF (sotalol hcl (afib/afl))	35
BANZEL TABS 200 MG (rufinamide) ..	12	BENICAR 40 MG (olmesartan medoxomil)	22	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	35
BANZEL TABS 400 MG (rufinamide) ..	12	BENICAR 5 MG, 20 MG (olmesartan medoxomil)	22	betaxolol hcl (ophth) SOLN	87
BARACLUDE TABS (entecavir) ...	34	BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil-hydrochlorothiazide)	23	betaxolol hcl	34
BD AUTOSHIELD	80	BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil-hydrochlorothiazide)	23	bethanechol chloride	99
BD AUTOSHIELD DUO	80	BENOPTIC-S SUSP	87	BETHKIS NEBU (tobramycin)	2
BD DISP NEEDLES	80	BETIMOL (timolol)	87	BETIMOL 0.25 %	87
BD ECLIPSE LUER-LOK NEEDLE ..	80	BETIMOL 0.25 %	87	BETOPICTIC GEL (benzoyl peroxide-erythromycin)	45
BD LANCET ULTRAFINE 30G ...	65	BENZNIDAZOLE	8	bexarotene (topical)	47
BD LANCET ULTRAFINE 33G ...	65	benzonatate 100 MG, 200 MG	44	bexarotene	29
BD MICROTAINER LANCETS ...	65	benzoyl peroxide-erythromycin GEL ..	45	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium)	41
BD PEN NEEDLE MICRO ULTRAFINE	80	benztropine mesylate TABS	29	bicalutamide	27
BD PEN NEEDLE MINI ULTRAFINE	80	betamethasone dipropionate (topical) CREA	48	BIDIL (isosorbide dinitrate-hydralazine hcl)	36
BD PEN NEEDLE NANO 2ND GEN ..	80	betamethasone dipropionate (topical) LOTN	48	BIKTARVY 200 MG-50 MG-25 MG ..	
BD PEN NEEDLE NANO U/F	80	betamethasone dipropionate (topical) OINT	48	31	
BD PEN NEEDLE NANO ULTRAFINE	80	betamethasone dipropionate augmented CREA	48	BILTRICIDE (praziquantel)	8
BD PEN NEEDLE ORIG ULTRAFINE	80	betamethasone dipropionate augmented GEL 0.05 %	49	bimatoprost SOLN	90
BD PEN NEEDLE SHORT ULTRAFINE	80	betamethasone dipropionate augmented LOTN	49	bisacodyl SUPP	60
BD SAFETYGLIDE INSULIN				bisacodyl TBEC	60
				bisoprolol & hydrochlorothiazide ..	23
				bisoprolol fumarate	34
				bosentan TABS 125 MG	37

bosentan TABS 62.5 MG	37	dihydrate FILM SL 3 MG-12 MG	7	calcitriol CAPS 0.25 MCG	53
BOSULIF CAPS	28	buprenorphine hcl-naloxone hcl dihydrate SUBL	7	calcitriol CAPS 0.5 MCG	53
BOSULIF TABS	28	bupropion hcl (smoking deterrent)	95	calcitriol SOLN PO	53
BRAFTOVI 75 MG	28	bupropion hcl TABS	15	calcium acetate (phosphate binder)	56
BREZTRI AEROSPHERE	11	bupropion hcl TB12	15	CAPS	56
BRILINTA 60 MG, 90 MG (ticagrelor)	57	bupropion hcl TB24 150 MG, 300 MG	15	calcium acetate (phosphate binder)	56
brimonidine tartrate	88	buspirone hcl	9	CALQUENCE	28
brinzolamide	90	butalbital-acetaminophen-caffeine	5	CANASA SUPP (mesalamine)	55
bromfenac sodium (ophth) 0.09 %	90	CAPS 40 MG-50 MG-325 MG	5	candesartan cilexetil 32 MG	22
bromocriptine mesylate CAPS	29	butalbital-acetaminophen-caffeine	5	candesartan cilexetil 4 MG, 8 MG, 16 MG	22
bromocriptine mesylate TABS 2.5 MG	29	TABS 40 MG-50 MG-325 MG	5	candesartan cilexetil- hydrochlorothiazide	23
BROVANA (arformoterol tartrate)	11	butalbital-aspirin-caffeine CAPS	5	capecitabine 150 MG	26
budesonide (inhalation) SUSP 0.25 MG/2ML	10	BYSTOLIC (nebivolol hcl)	34	capecitabine 500 MG	26
budesonide (inhalation) SUSP 0.5 MG/2ML	10	CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	32	CAPEX SHAM	49
budesonide (inhalation) SUSP 1 MG/2ML	10	CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	32	CAPRELSA	28
budesonide CPEP	43	cabergoline	54	captopril	22
budesonide-formoterol fumarate dihydrate	11	CABOMETYX TABS 20 MG, 60 MG	28	CARAC CREA (fluorouracil (topical))	47
bumetanide TABS 0.5 MG, 1 MG	52	CABOMETYX TABS 40 MG	28	CARAFATE SUSP (sucralfate)	98
bumetanide TABS 2 MG	52	CAFERGOT TABS (ergotamine w/ caffeine)	81	CARAFATE TABS (sucralfate)	98
BUMEX TABS 0.5 MG (bumetanide)	52	caffeine citrate SOLN PO	1	carbamazepine CHEW 100 MG	12
buprenorphine hcl SUBL 2 MG	7	calcipotriene CREA	47	carbamazepine CP12	12
buprenorphine hcl SUBL 8 MG	7	calcipotriene OINT	47	carbamazepine SUSP	12
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	7	calcipotriene SOLN	47	carbamazepine TABS	12
buprenorphine hcl-naloxone hcl		calcitonin (salmon) NA	53	carbamazepine TB12 100 MG	12
		calcitriol (topical)	47	carbamazepine TB12 200 MG	12
				carbamazepine TB12 400 MG	12
				CARBATROL CP12 (carbamazepine)	12

carbidopa-levodopa TABS	30	CARETOUCH TWIST LANCETS 33G	66	mofetil)	83
carbidopa-levodopa TBCR 100 MG- 25 MG	30	CARETOUCH TWIST MC LANCETS 30G	66	CELLCEPT SUSR (mycophenolate mofetil)	83
carbidopa-levodopa TBCR 200 MG- 50 MG	30	carisoprodol TABS 350 MG	86	CELLCEPT TABS (mycophenolate mofetil)	83
carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 75 MG-18.75 MG-200 MG	29	carvedilol	34	CELONTIN (methsuximide)	14
carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 200 MG-50 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG	30	carvedilol phosphate	34	cephalexin CAPS 250 MG, 500 MG 37	
carbinoxamine maleate SOLN	20	CASODEX (bicalutamide)	27	cephalexin SUSR	37
CARDIZEM CD CP24 (diltiazem hcl coated beads)	35	CAYA DPRH	61	CETRAXAL (ciprofloxacin hcl (otic)) . 90	
CARDIZEM LA TB24 (diltiazem hcl) 35		cefaclor CAPS	37	chlordiazepoxide hcl CAPS	9
CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)	35	cefaclor SUSR 125 MG/5ML, 375 MG/5ML	37	chlorhexidine gluconate (mouth- throat)	84
CARDURA (doxazosin mesylate)	22	cefadroxil CAPS	37	chloroquine phosphate TABS 250 MG	25
CAREONE LANCET SUPER THIN 30G	65	cefadroxil SUSR	37	chloroquine phosphate TABS 500 MG	25
CAREONE LANCET THIN 23G	65	cefadroxil TABS	37	chlorpromazine hcl TABS	31
CAREPOINT POLY HUB NEEDLE 81		cefdinir CAPS	37	chlorthalidone 25 MG, 50 MG	52
CARESENS LANCETS	65	cefdinir SUSR	37	cholestyramine light POWD	20
CARESENS LANCETS 30G	65	cefpodoxime proxetil SUSR	37	cholestyramine POWD	20
CARETOUCH SAFETY LANCETS 66		cefpodoxime proxetil TABS	37	choline fenofibrate 135 MG	21
CARETOUCH SAFETY LANCETS 26G	66	cefprozil SUSR	37	choline fenofibrate 45 MG	21
CARETOUCH TWIST LANCETS 28G	66	cefprozil TABS	37	CHOSEN LANCETS 30G	66
CARETOUCH TWIST LANCETS 30G	66	cefuroxime axetil TABS	37	CHOSEN SAFETY LANCETS 28G 66	
		CELEBREX 400 MG (celecoxib)	4	CIALIS 2.5 MG (tadalafil)	36
		CELEBREX 50 MG, 100 MG, 200 MG (celecoxib)	3	CIALIS 5 MG, 10 MG, 20 MG (tadalafil)	36
		celecoxib 400 MG	4	ciclopirox GEL	46
		celecoxib 50 MG, 100 MG, 200 MG	4	ciclopirox olamine CREA	46
		CELEXA TABS (citalopram hydrobromide)	15	ciclopirox olamine SUSP	46

ciclopirox SHAM	46	clemastine fumarate TABS 2.68 MG .		clobetasol propionate emollient base	
cilostazol	57	20		0.05 %	49
CILOXAN OINT	88	CLEOCIN (clindamycin hcl)	25	clobetasol propionate GEL 0.05 %	
CILOXAN SOLN (ciprofloxacin hcl (ophth))	88	CLEOCIN CREA (clindamycin phosphate vaginal)	99	49	
CIMDUO	32	CLEOCIN-T LOTN (clindamycin phosphate (topical))	45	clobetasol propionate OINT 0.05 %	
cimetidine hcl PO 300 MG/5ML	97	CLEVER CHEK LANCETS	66	49	
cimetidine TABS 300 MG, 800 MG 98		CLEVER CHOICE COMFORT EZ		clobetasol propionate SHAM	49
cimetidine TABS 400 MG	98	66		clobetasol propionate SOLN 0.05 %	.
CIPRO SUSR	54	CLEVER CHOICE LANCETS 21G		49	
CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	55	66		CLOBEX SHAM (clobetasol propionate)	49
CIPRODEX (ciprofloxacin- dexamethasone)	90	CLEVER CHOICE LANCETS 23G		clomiphene citrate TABS	53
ciprofloxacin hcl (ophth) SOLN	88	66		clomipramine hcl	16
ciprofloxacin hcl (otic)	90	CLEVER CHOICE LANCETS 28G		clonazepam TABS	12
ciprofloxacin hcl TABS	54	66		clonazepam TBDP	12
ciprofloxacin-dexamethasone	90	CLIMARA PRO	54	clonidine hcl TABS	22
citalopram hydrobromide SOLN ...	15	CLIMARA PTWK 0.025 MG/24HR,		clopidogrel bisulfate	57
citalopram hydrobromide TABS ...	15	0.0375 MG/24HR, 0.05 MG/24HR,		clorazepate dipotassium TABS	9
CITRANATAL 90 DHA 120 MG-20		0.06 MG/24HR, 0.075 MG/24HR, 0.1		clotrimazole (topical) SOLN	46
MG-1 MG-3 MG-400 UNIT-3.4 MG-		MG/24HR (estradiol)	54	clotrimazole	84
20 MG-50 MG-25 MG-2 MG-159 MG-		CLINDAGEL GEL (clindamycin phosphate (topical))	45	clotrimazole w/ betamethasone	
90 MG-150 MCG-30 UNIT-0.75 MG-		25		CREA	46
300 MG	85	clindamycin hcl		clotrimazole w/ betamethasone	
CITRANATAL ASSURE	85	clindamycin phosphate (topical)		LOTN	46
CITRANATAL DHA	85	GEL		clozapine TABS	31
clarithromycin SUSR	61	clindamycin phosphate (topical)		CLOZARIL TABS (clozapine)	31
clarithromycin TABS	61	SOLN	45	COAGUCHEK LANCETS	66
clarithromycin TB24	61	clindamycin phosphate vaginal CREA		COARTEM	25
CLEANLET LANCETS 28G	66	.....	99	codeine sulfate TABS 15 MG, 30 MG	
clemastine fumarate SYRP	20	clindamycin phosphate-benzoyl		.....	6
		peroxide (refrigerate)	45	CODEINE SULFATE TABS 60 MG	.6
		clobetasol propionate CREA 0.05 %		COLAZAL CAPS (balsalazide	
		.....		disodium)	55
		49		colchicine TABS	57

colchicine w/ probenecid	57	CONCEPT DHA	85	CRESTOR TABS (rosuvastatin calcium)	21
COLCRYS TABS (colchicine)	57	CONCEPT OB	85	CRINONE GEL 8 %	100
COLESTID FLAVORED GRAN (colestipol hcl)	20	CONDOMS	61	cromolyn sodium (ophth)	90
COLESTID GRAN (colestipol hcl) ..	20	CONDYLOX GEL (podofilox)	50	cromolyn sodium NEBU	10
COLESTID TABS (colestipol hcl) ..	20	CONTRAVE	1	CUVPOSA SOLN PO (glycopyrrolate)	97
colestipol hcl GRAN	21	COREG (carvedilol)	34	CVS LANCETS ORIGINAL	67
colestipol hcl TABS	21	COREG CR (carvedilol phosphate) 34		CVS LANCETS THIN 26G	67
COMBIVIR (lamivudine-zidovudine) . 32		CORGARD TABS 20 MG, 40 MG (nadolol)	35	CVS ULTRA THIN LANCETS	67
COMETRIQ (100 MG DAILY DOSE) KIT	28	CORTEF TABS (hydrocortisone) ..	43	cyclobenzaprine hcl TABS 5 MG, 10 MG	86
COMETRIQ (140 MG DAILY DOSE) KIT	28	CORTENEMA (hydrocortisone (intrarectal))	8	CYCLOGYL (cyclopentolate hcl) ..	88
COMETRIQ (60 MG DAILY DOSE) KIT	28	CORTIFOAM EX 10 %	8	CYCLOGYL	88
COMFORT ASSURED LANCETS 28G	66	COSENTYX (300 MG DOSE) SOSY . 47		cyclopentolate hcl 1 %	88
COMFORT ASSURED LANCETS 33G	66	COSENTYX SENOREADY (300 MG) SOAJ	47	cyclophosphamide CAPS	26
COMFORT EZ INSULIN SYRINGE . 81		COSENTYX SENOREADY PEN SOAJ	47	CYCLOPHOSPHAMIDE TABS	26
COMFORT LANCETS	66	COSENTYX SOSY 150 MG/ML ...	47	cyclosporine (ophth) EMUL	89
COMFORT TOUCH LANCETS 31G ..	66	COSENTYX SOSY 75 MG/0.5ML . 47		cyclosporine CAPS	83
COMFORT TOUCH PLUS LANCETS 28G	66	COSENTYX UNOREADY SOAJ ..	47	cyclosporine modified (for microemulsion) CAPS	83
COMFORT TOUCH PLUS LANCETS 30G	67	COSOPT (dorzolamide hcl-timolol maleate)	87	cyclosporine modified (for microemulsion) SOLN	83
COMFORT TOUCH TWIST LANCET 30G	67	COTELLIC	28	CYMBALTA CPEP (duloxetine hcl) 16	
COMPLERA 200 MG-300 MG-25 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	32	COVID VACCINES	99	cyproheptadine hcl SYRP	20
COMPLETENATE CHEW	85	COVID-19 AT HOME TEST KITS . 51		cyproheptadine hcl TABS	20
		COVID-19 FLU A&B 3-IN-1 TEST 51		CYSTAGON CAPS	56
		COVID-19 FLU A+B ANTIGEN TEST	51	CYSTARAN	90
		COZAAR (losartan potassium) ... 22		CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium)	96
		CREON CPEP	51	CYTOMEL TABS 5 MCG (liothyronine sodium)	96

CYTOTEC (misoprostol)	98	(divalproex sodium)	15	DETROL TABS (tolterodine tartrate) .	
dabigatran etexilate mesylate CAPS 110 MG	12	DEPAKOTE TBEC (divalproex sodium)	15	99	
dabigatran etexilate mesylate CAPS 75 MG, 150 MG	12	DEPEN TITRATABS TABS (penicillamine)	83	dexamethasone ELIX	43
dalfampridine	92	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP		DEXAMETHASONE INTENSOL CONC	43
DALIRESP (roflumilast)	10	PREF SYR)	43	dexamethasone sodium phosphate (ophth)	89
danazol CAPS	8	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)	49	dexamethasone SOLN	43
DANTRIUM CAPS 25 MG (dantrolene sodium)	86	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	49	dexamethasone TABS	43
dantrolene sodium CAPS	86	DESCOZY 200 MG-25 MG	32	DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate)	1
dapagliflozin propanediol	19	desipramine hcl TABS	16	dexamethylphenidate hcl TABS	2
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	17	desmopressin acetate spray	53	dextroamphetamine sulfate CP24 ..	1
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	17	desmopressin acetate spray refrigerated 0.01 %	54	dextroamphetamine sulfate TABS 5 MG, 10 MG	1
dapsone 100 MG	25	desmopressin acetate TABS 0.1 MG 54		DHIVY TABS	30
dapsone 25 MG	25	desmopressin acetate TABS 0.2 MG 54		DIATHRIVE LANCET ULTRA THIN 30	67
darunavir TABS	32	desogestrel-ethynodiol (biphasic)	41	DIATHRIVE LANCETS	67
dasatinib	28	desonide CREA	49	diazepam CONC	9
DAURISMO	27	desonide LOTN	49	diazepam SOLN PO 5 MG/5ML	9
DAYPRO TABS (oxaprozin)	4	desonide OINT	49	diazepam TABS 10 MG	9
DDAVP TABS 0.1 MG (desmopressin acetate)	53	DESOWEN CREA (desonide)	49	diazepam TABS 2 MG, 5 MG	9
DDAVP TABS 0.2 MG (desmopressin acetate)	53	desoximetasone CREA	49	DIBENZYLINE (phenoxybenzamine hcl)	22
deferasirox TABS	19	desoximetasone GEL	49	diclofenac sodium (ophth)	90
DELSTRIGO	32	desoximetasone OINT 0.25 %	49	diclofenac sodium (topical) GEL EX 46	
DELZICOL CPDR (mesalamine) ..	55	desvenlafaxine succinate	16	diclofenac sodium (topical) SOLN EX 1.5 %	46
demeclocycline hcl TABS	96	DETROL LA CP24 (tolterodine tartrate)	99	diclofenac sodium TBEC	4
DEPAKOTE ER TB24 (divalproex sodium)	14			dicloxacillin sodium	91
DEPAKOTE SPRINKLES CSDR				dicyclomine hcl CAPS	97

dicyclomine hcl SOLN PO	97	dimethyl fumarate CDPK	92	DORZOLAMIDE HCL-TIMOLOL MAL	88
dicyclomine hcl TABS	97	dimethyl fumarate CPDR	92	dorzolamide hcl-timolol maleate ..	88
DIFFERIN CREA (adapalene)	45	DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (valsartan-hydrochlorothiazide)	23	DOVATO	32
DIFFERIN GEL 0.1 % (adapalene)	45	DIOVAN HCT 25 MG-160 MG (valsartan-hydrochlorothiazide)	23	doxazosin mesylate	22
DIFFERIN GEL 0.3 % (adapalene)	45	DIOVAN TABS 160 MG (valsartan-hydrochlorothiazide)	23	doxepin hcl CAPS	16
diflorasone diacetate CREA	49	DIOVAN TABS 40 MG, 80 MG, 320 MG (valsartan-hydrochlorothiazide)	22	doxepin hcl CONC	16
diflorasone diacetate OINT	49	diphenoxylate w/ atropine LIQD	19	doxycycline (monohydrate) CAPS 150 MG	96
DIFLUCAN SUSR (fluconazole)	20	diphenoxylate w/ atropine TABS	19	doxycycline (monohydrate) CAPS 50 MG, 100 MG	96
DIFLUCAN TABS 100 MG, 150 MG, 200 MG (fluconazole)	20	DIPROLENE OINT (betamethasone dipropionate augmented)	49	doxycycline (monohydrate) SUSR	96
digoxin SOLN PO 0.05 MG/ML	36	dipyridamole	57	doxycycline (monohydrate) TABS	96
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	36	disopyramide phosphate CAPS	9	doxycycline hyclate CAPS	96
DILANTIN (phenytoin sodium extended)	14	disulfiram	91	doxycycline hyclate TABS 100 MG	96
DILANTIN 30 MG	14	DITROPAN XL TB24 5 MG (oxybutynin chloride)	99	DRISDOL CAPS (ergocalciferol)	100
DILANTIN INFATABS CHEW (phenytoin)	14	divalproex sodium CSDR	15	DROPLET INSULIN SYRINGE	81
DILANTIN SUSP (phenytoin)	14	divalproex sodium TB24	15	DROPLET LANCETS ULTRA THIN 30G	67
DILANTIN-125 SUSP (phenytoin)	14	divalproex sodium TBEC	15	DROPLET PERSONAL LANCETS 30G	67
DILAUDID LIQD (hydromorphone hcl)	6	dofetilide	10	DROPSAFE ACTI-LANCE 23G	67
DILAUDID TABS (hydromorphone hcl)	6	DOJOLVI	87	DROPSAFE SAFETY SYRINGE/NEEDLE	81
diltiazem hcl coated beads CP24	35	donepezil hydrochloride TABS 23 MG	92	drospirenone-ethinyl estradiol	41
diltiazem hcl CP12	35	donepezil hydrochloride TABS 5 MG, 10 MG	92	drospirenone-ethinyl estradiol-levomefolate calcium	41
diltiazem hcl CP24	35	donepezil hydrochloride TBDP	92	DROXIA CAPS	57
diltiazem hcl extended release beads	35	dorzolamide hcl	90	DRUG MART ON-THE-GO LANCET 30G	67
diltiazem hcl TABS	35	DORZOLAMIDE HCL	90	DRUG MART UNILET LANCETS 28G	67
diltiazem hcl TB24	35				

DRUG MART UNILET LANCETS	EASY TOUCH LANCETS	ELIQUIS DVT/PE STARTER PACK
30G .....67	28G/TWIST .....68	TBPK .....12
DRUG MART UNILET LANCETS	EASY TOUCH LANCETS 30G .....68	ELIQUIS TABS .....12
33G .....67	EASY TOUCH LANCETS	ELLA .....43
DRYSOL SOLN .....50	30G/TWIST .....68	eltrombopag olamine PACK 12.5 MG .....58
DUETACT (pioglitazone hcl- glimepiride) .....17	EASY TOUCH LANCETS 32G .....68	eltrombopag olamine PACK 25 MG
DULCOLAX PINK LAXATIVE TBEC (bisacodyl) .....60	EASY TOUCH LANCETS	32G/TWIST .....68
DULCOLAX SUPP (bisacodyl) ....60	33G/TWIST .....68	58
DULCOLAX TBEC (bisacodyl) ....60	EASY TOUCH SAFETY LANCETS	eltrombopag olamine TABS 12.5 MG,
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG .....16	21G .....68	25 MG, 50 MG, 75 MG .....58
DUOPA SUSP .....30	EASY TOUCH SAFETY LANCETS	EMBECTA INSULIN SYR
DUREX EXTRA SENSITIVE THIN DEVI .....61	23G .....68	ULTRAFINE .....81
DUREX EXTRA SENSITIVE THIN MISC .....61	EASY TOUCH SAFETY LANCETS	EMBECTA PEN NEEDLE NANO .....81
DUREX TROPICAL MISC .....61	26G .....68	EMBECTA PEN NEEDLE NANO 2
dutasteride .....57	EASY TOUCH SAFETY LANCETS	GEN .....81
dutasteride-tamsulosin hcl .....57	28G .....68	EMBECTA PEN NEEDLE
E.E.S. GRANULES SUSR (erythromycin ethylsuccinate) .....61	econazole nitrate CREA .....46	ULTRAFINE .....81
EASY COMFORT LANCETS .....67	EDURANT .....32	EMBRACE LANCETS ULTRA THIN
EASY COMFORT LANCETS TWIST TOP .....67	efavirenz CAPS .....32	30G .....68
EASY TOUCH FLIPLOCK NEEDLES.....81	efavirenz TABS .....32	EMBRACE PRESSURE ACTIVATED
EASY TOUCH HYPODERMIC NEEDLE .....81	efavirenz-emtricitabine-tenofovir disoproxil fumarate .....32	21G .....68
EASY TOUCH LANCETS 21G ...67	effexor XR CP24 150 MG (venlafaxine hcl) .....16	EMBRACE PRESSURE ACTIVATED
EASY TOUCH LANCETS 23G ...67	EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl) .....16	28G .....68
EASY TOUCH LANCETS 26G ...67	EFFIENT (prasugrel hcl) .....57	EMCYT .....27
EASY TOUCH LANCETS 28G ...67	EFUDEX CREA (fluorouracil (topical)) .....47	EMGALITY SOAJ .....81
	ELIMITE CREA (permethrin) .....51	EMGALITY SOSY .....81
		emtricitabine CAPS .....32
		emtricitabine-rilpivirine-tenofovir disoproxil fumarate .....32
		emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG .....32
		emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG .....32
		EMTRIVA CAPS (emtricitabine) ...32

EMTRIVA SOLN	32	aid))	45	estradiol vaginal CREA	100
enalapril maleate & hydrochlorothiazide	23	ERYPED 200 SUSR (erythromycin ethylsuccinate)	61	estradiol vaginal TABS	100
enalapril maleate TABS	22	ERYPED 400 SUSR (erythromycin ethylsuccinate)	61	ESTRING RING 7.5 MCG/24HR ..	100
ENBREL MINI SOCT	4	erythromycin (acne aid) GEL	45	ethambutol hcl TABS	26
ENBREL SOLN	4	erythromycin (acne aid) SOLN	45	ethosuximide CAPS	14
ENBREL SOSY 25 MG/0.5ML	4	erythromycin (ophth)	88	ethosuximide SOLN	14
ENBREL SOSY 50 MG/ML	4	ERYTHROMYCIN	88	ethynodiol diacet & eth estrad ..	41
ENBREL SURECLICK SOAJ	4	erythromycin base CPEP	61	etodolac CAPS	4
ENCARE SUPP 100 MG	99	erythromycin base TABS	61	etodolac TABS	4
ENDARI (glutamine (sickle cell)) ..	57	erythromycin base TBEC	61	etodolac TB24	4
ENDOMETRIN INST	100	erythromycin ethylsuccinate SUSR	61	etonogetrel-ethinyl estradiol ..	42
entecavir TABS	34	erythromycin ethylsuccinate TABS	61	etoposide CAPS	29
EPCLUSA PACK	34	ESBRIET CAPS (pirfenidone)	95	etravirine	32
EPCLUSA TABS	34	ESBRIET TABS (pirfenidone)	95	EULEXIN	27
EPIDUO GEL (adapalene-benzoyl peroxide)	45	escitalopram oxalate SOLN	15	everolimus (immunosuppressant) ..	83
epinastine hcl (ophth)	90	escitalopram oxalate TABS 10 MG, 20 MG	15	everolimus TABS	28
epinephrine (anaphylaxis) SOAJ ..	100	escitalopram oxalate TABS 5 MG ..	15	EVISTA (raloxifene hcl)	53
EPIVIR SOLN (lamivudine)	32	ESGIC TABS (butalbital-acetaminophen-caffeine)	5	EVOTAZ	32
EPIVIR TABS (lamivudine)	32	estazolam	58	EVRYSDI	87
eplerenone	24	ESTRACE CREA (estradiol vaginal) ..	100	EXELON (rivastigmine)	92
EPZICOM (abacavir sulfate-lamivudine)	32	ESTRACE TABS (estradiol)	54	exemestane	27
ergocalciferol CAPS	100	estradiol & norethindrone acetate TABS	54	EXFORGE 10 MG-160 MG (amlodipine besylate-valsartan) ..	23
ERGOMAR SUBL	81	estradiol PTTW	54	EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (amlodipine besylate-valsartan)	23
ergotamine w/ caffeine TABS	81	estradiol PTWK	54	EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide) ..	23
ERIVEDGE	27	estradiol TABS	54	ezetimibe	21
ERLEADA	27			ezetimibe-simvastatin	20
erlotinib hcl	27			EZ-LETS LANCETS 21G	68
ERYGEL GEL (erythromycin (acne					

EZ-LETS LANCETS 26G	68	fenofibrate TABS 145 MG, 160 MG 21	FLORAFL PEDIATRIC SOLN ... 85
EZ-LETS LANCETS 28G	68	fenofibrate TABS 48 MG	FLORIVA PLUS SOLN .....85
EZ-LETS LANCETS 30G	68	fenofibrate TABS 54 MG	FLOTREX CHEW 0.25 MG, 0.5 MG . 85
FABHALTA	57	fenoprofen calcium CAPS 200 MG . 4	FLOWFLEX PLUS COVID-19/FLU A/B
famciclovir	34	FENOPROFEN CALCIUM CAPS 200 MG	FLUBLOK QUADRIVALENT .....99
famotidine TABS 20 MG	98	FENOPRON CAPS	FLUBLOK SOSY .....99
famotidine TABS 40 MG	98	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR	FLUCELVAX QUADRIVALENT SUSY
FANTASY LUBRICATED MISC ...	61	fesoterodine fumarate	FLUCELVAX SUSP .....99
FANTASY LUBRICATED/SPERMICIDE MISC 61		FIFTY50 SAFETY SEAL LANCETS . 68	fluconazole SUSR
FARESTON (toremifene citrate) ..	27	FIFTY50 UNILET LANCETS 33G .68	fluconazole TABS
FARXIGA	19	FINACEA GEL (azelaic acid)	fludrocortisone acetate TABS ....43
FC2 FEMALE CONDOM	61	finasteride	FLUMIST QUADRIVALENT
febuxostat 40 MG	57	FINE 30	fluocinolone acetonide CREA
febuxostat 80 MG	57	FINGERSTIX LANCETS	fluocinolone acetonide OIL
felbamate SUSP	14	fingolimod hcl	fluocinolone acetonide OINT
felbamate TABS	14	FIRST-PROGESTERONE VGS SUPP	fluocinolone acetonide SOLN
FELBATOL SUSP (felbamate) ..	14	FLAGYL CAPS (metronidazole) ..24	fluocinonide CREA 0.05 %
FELBATOL TABS (felbamate) ..	14	FLAREX	fluocinonide emulsified base
FELDENE CAPS 10 MG (piroxicam) . 4		flavoxate hcl	fluocinonide GEL
FELDENE CAPS 20 MG (piroxicam) . 4		flecainide acetate	fluocinonide OINT
felodipine 10 MG	35	FLONASE ALLERGY REL CHILDRENS SUSP (fluticasone propionate (nasal))	fluocinonide SOLN
felodipine 2.5 MG, 5 MG	35	87	fluorometholone (ophth) SUSP ....89
FEMARA (letrozole)	27	FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal)) ..87	fluorouracil (topical) CREA 5 % ...47
FEMCAP DEVI	61	FLORAFL PEDIATRIC CHEW ..85	fluorouracil (topical) SOLN
fenofibrate micronized 130 MG, 200 MG	21		fluoxetine hcl CAPS 10 MG, 20 MG 15
fenofibrate micronized 43 MG, 67 MG, 134 MG	21		fluoxetine hcl CAPS 40 MG
			15
			fluoxetine hcl SOLN

fluoxetine hcl TABS 10 MG	15	15	28G	69
fluoxetine hcl TABS 20 MG	15	fluvoxamine maleate TABS 100 MG .	FREDS PHARMACY UNILET LANC	
fluphenazine hcl ELIX	31	15	30G	69
fluphenazine hcl TABS	31	fluvoxamine maleate TABS 25 MG,	FREESTYLE INSULINX TEST STRP	
		50 MG	15	51
flurazepam hcl 15 MG	58	FLUZONE HIGH-DOSE SUSY	99 FREESTYLE LANCETS	69
flurazepam hcl 30 MG	58	FLUZONE QUADRIVALENT SUSP	FREESTYLE LITE KIT	69
flurbiprofen sodium	90	99	FREESTYLE LITE TEST STRP ...	51
flurbiprofen TABS 50 MG	4	FML FORTE SUSP	89 FREESTYLE PRECISION NEO	
fluticasone furoate-vilanterol	11	FML LIQUIFILM SUSP	SYSTEM KIT	69
fluticasone propionate (inhalation)		(fluorometholone (ophth))	FREESTYLE PRECISION NEO	
AEPB 100 MCG/ACT	10	FOCALIN TABS	TEST STRP	51
fluticasone propionate (inhalation)		(dexmethylphenidate hcl)	FREESTYLE TEST STRP	51
AEPB 250 MCG/ACT	10	folic acid TABS 1 MG	58 FREESTYLE UNISTICK II LANCETS	
fluticasone propionate (inhalation)		folic acid TABS 400 MCG, 800 MCG .	.....	69
AEPB 50 MCG/ACT	10	58	furosemide SOLN PO 10 MG/ML ..	52
fluticasone propionate (nasal) SUSP .	87	FOLIVANE-OB	85 furosemide TABS	52
fluticasone propionate CREA 0.05 %	49	FORA LANCETS	69 gabapentin CAPS	12
fluticasone propionate hfa 110		formoterol fumarate NEBU	11 gabapentin SOLN	12
MCG/ACT, 220 MCG/ACT	10	FORTESTA GEL TD (testosterone) .	8 gabapentin TABS 600 MG, 800 MG	
fluticasone propionate hfa 44		53	12 galantamine hydrobromide CP24 ..	92
MCG/ACT	10	FOSAMAX TABS 70 MG	galantamine hydrobromide SOLN ..	92
		(alendronate sodium)	galantamine hydrobromide TABS ..	92
fluticasone propionate OINT	49	fosamprenavir calcium TABS	56 gatifloxacin (ophth)	88
fluticasone-salmeterol AEPB 100		32	gefitinib	27
MCG/ACT-50 MCG/ACT, 250		fosinopril sodium &	gemfibrozil TABS	21
MCG/ACT-50 MCG/ACT, 500		hydrochlorothiazide	23	
MCG/ACT-50 MCG/ACT	11	fosinopril sodium	22	
fluticasone-salmeterol AERO	11	FOSRENOL CHEW 1000 MG	23	
fluvastatin sodium CAPS	21	(lanthanum carbonate)	56 gatifloxacin (ophth)	88
fluvastatin sodium TB24	21	56	gefitinib	27
fluvoxamine maleate CP24 100 MG		FOSRENOL CHEW 500 MG	gemfibrozil TABS	21
15		(lanthanum carbonate)	56	
fluvoxamine maleate CP24 150 MG		FOSRENOL PACK	56	
		FREDS PHARMACY UNILET LANC	56	

GENTEEL BUTTERFLY TOUCH LANCET	69	glycopyrrolate SOLN PO 1 MG/5ML . 97	halobetasol propionate CREA 49
GENTLE-LET GP LANCETS	69	glycopyrrolate TABS 1 MG, 2 MG . 97	halobetasol propionate OINT 49
GENTLE-LET LANCETS	69	GLYNASE (glyburide micronized) 19	haloperidol lactate CONC 31
GENVOYA	32	GLYXAMBI 17	haloperidol TABS 31
GEODON 20 MG, 40 MG (ziprasidone hcl)	30	GNP STERILE LANCETS 28G ... 69	HEALTHY ACCENTS UNILET LANCETS 70
GEODON 60 MG, 80 MG (ziprasidone hcl)	30	GNP STERILE LANCETS 30G ... 69	H-E-B INCONTROL LANCETS 28G . 70
GILENYA (fingolimod hcl)	92	GNP STERILE LANCETS 33G ... 69	H-E-B INCONTROL LANCETS 30G . 70
GILOTrif	27	GOJJI STERILE LANCETS 69	H-E-B INCONTROL LANCETS 33G . 70
GLEOSTINE 10 MG, 40 MG, 100 MG	26	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ... 59	HUMALOG JUNIOR KWIKPEN SOPN 18
glimepiride 1 MG, 2 MG, 4 MG	19	griseofulvin microsize SUSP 19	HUMALOG KWIKPEN SOPN 100 UNIT/ML 18
glipizide TABS	19	griseofulvin microsize TABS 19	HUMALOG KWIKPEN SOPN 200 UNIT/ML 18
glipizide TB24	19	griseofulvin ultramicrosize 19	HUMALOG MIX 50/50 KWIKPEN SUPN 18
glipizide-metformin hcl	17	guaifenesin-codeine SOLN 44	HUMALOG MIX 75/25 KWIKPEN SUPN 18
GLOBAL EASY GLIDE INSULIN SYR	81	guanfacine hcl (adhd) 1	HUMALOG MIX 50/50 SUSP 18
GLOBAL INJECT EASE LANCETS 28G	69	guanfacine hcl 22	HUMALOG MIX 75/25 SUSP 18
GLOBAL INJECT EASE LANCETS 30G	69	HADLIMA PUSHTOUCH SOAJ ....3	HUMALOG SOCT 18
GLUCAGON EMERGENCY	17	HADLIMA SOSY 3	HUMALOG SOLN IJ 18
GLUCOCOM LANCETS 28G	69	HAEMOLANCE 70	HUMATIN 2
GLUCOCOM LANCETS 30G	69	HAEMOLANCE LOW FLOW LANCETS 70	HUMATROPE CART IJ 53
GLUCOCOM LANCETS 33G	69	HAEMOLANCE PLUS 70	HUMIRA (2 PEN) AJKT 80 MG/0.8ML 3
GLUCOTROL XL TB24 (glipizide)	19	HAEMOLANCE PLUS HIGH FLOW . 70	HUMIRA (2 PEN) AJKT 3
glutamine (sickle cell)	57	HAEMOLANCE PLUS LOW FLOW . 70	HUMIRA (2 SYRINGE) PSKT 3
glyburide micronized 1.5 MG, 3 MG, 6 MG	19	HAEMOLANCE PLUS MAX FLOW 70	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML 3
glyburide TABS	19	HAEMOLANCE PLUS PEDIATRIC FLOW 70	
glyburide-metformin	17	HALCION 0.25 MG (triazolam) ....58	

HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	3	hydrocodone bitartrate-homatropine methylbromide TABS	44	25
HUMIRA-PED<40KG CROHNS STARTER PSKT	3	hydrocodone polistirex-chlorpheniramine polistirex SUER	44	29
HUMIRA-PED>/=40KG CROHNS START PSKT	3	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	7	9
HUMIRA-PED>/=40KG UC STARTER AJKT	3	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	7	9
HUMIRA-PS/UV/ADOL HS STARTER AJKT	3	hydrocodone-acetaminophen TABS 300 MG-7.5 MG	7	9
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	3	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	7	70
HUMULIN 70/30 KWIKPEN SUPN	18	HY-VEE LANCETS	70	
HUMULIN 70/30 SUSP	18	HY-VEE THIN LANCETS	70	
HUMULIN N KWIKPEN SUPN	18	HYZAAR (losartan potassium & hydrochlorothiazide)	23	
HUMULIN N SUSP	18	ibandronate sodium TABS	53	
HUMULIN R SOLN IJ	18	IBRANCE CAPS	28	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	18	IBRANCE TABS	28	
HUMULIN R U-500 KWIKPEN SOPN SC	18	ibuprofen TABS 400 MG, 600 MG, 800 MG	4	
HYCAMTIN CAPS	29	ICLUSIG	28	
HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	44	icosapent ethyl	20	
HYCODAN TABS 1.5 MG-5 MG (hydrocodone bitartrate-homatropine methylbromide)	44	IDHIFA	28	
hydralazine hcl TABS	24	imatinib mesylate TABS 100 MG ..	28	
HYDREA (hydroxyurea)	29	imatinib mesylate TABS 400 MG ..	28	
hydrochlorothiazide CAPS	52	IMBRUICA CAPS 140 MG	28	
hydrochlorothiazide TABS 25 MG, 50 MG	52	IMBRUICA CAPS 70 MG	28	
hydrocodone bitartrate-homatropine methylbromide SOLN	44	IMBRUICA SUSP	28	
		IMBRUICA TABS	28	
		imipramine hcl TABS 10 MG, 25 MG ..	16	
		imipramine hcl TABS 50 MG	16	
		imiquimod 5 %	50	
		IMITREX 20 MG/ACT (sumatriptan)		

82	irbesartan	22	JANUMET TABS	17
IMITREX 5 MG/ACT (sumatriptan) 82	irbesartan-hydrochlorothiazide	23	JANUMET XR TB24 1000 MG-100 MG	17
IMITREX TABS (sumatriptan succinate)	IRESSA (gefitinib)	27	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	17
IMPAVIDO	ISENTRESS CHEW	32	JANUVIA	17
IMURAN TABS (azathioprine)	ISENTRESS HD TABS	32	JARDIANCE	19
IN TOUCH STERILE LANCETS 30G	ISENTRESS PACK	32	JULUCA	32
INBRIJA CAPS	ISENTRESS TABS	32	KALETRA SOLN	32
INCRUSE ELLIPTA	isoniazid SYRP	26	KALETRA TABS (lopinavir-ritonavir)	32
indapamide TABS 1.25 MG, 2.5 MG . 52	isoniazid TABS	26	KALYDECO PACK	95
INDERAL LA CP24 (propranolol hcl) . 35	ISOPTO ATROPINE SOLN	88	KALYDECO TABS	95
INDOCIN SUSP (indomethacin) 4	ISORDIL TITRADOSE TABS (isosorbide dinitrate)	9	KAMELEON LUBRICATED MISC . 62	
indomethacin CAPS 25 MG, 50 MG 4	isosorbide dinitrate TABS	9	KENALOG AERS (triamcinolone acetonide (topical))	50
indomethacin CPCR	isosorbide dinitrate-hydralazine hcl 36		KEPPRA SOLN PO 100 MG/ML (levetiracetam)	13
indomethacin SUSP	isosorbide mononitrate TABS	9	KEPPRA TABS 1000 MG (levetiracetam)	13
INGREZZA CAPS	ISOSORBIDE MONONITRATE TABS	9	KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)	13
INGREZZA CPPK	isotretinoin 10 MG, 25 MG	45	KEPPRA XR TB24 (levetiracetam) 13	
INGREZZA CPSP	isotretinoin 20 MG	45	ketoconazole (topical) CREA	46
INLYTA	isotretinoin 30 MG	45	ketoconazole	20
INQOVI	isotretinoin 35 MG, 40 MG	45	KETONE TEST STRP	51
INSPRA (eplerenone)	ISTALOL SOLN (timolol maleate (ophth))	88	ketorolac tromethamine (ophth) ... 90	
INSULIN LISPRO PROT & LISPRO SUPN	itraconazole CAPS	20	ketorolac tromethamine TABS	4
INTELENCE (etravirine)	itraconazole SOLN	20	KETOSTIX STRP	51
INTELENCE 25 MG	ivermectin	8	KEVZARA SOAJ	3
INTUNIV (guanfacine hcl (adhd)) .. 1	JADENU TABS (deferasirox)	19	KEVZARA SOSY	3
ipratropium bromide (nasal)	JAKAFI	28	KIMONO COLORS DEVI	62
ipratropium bromide SOLN 0.02 % 10	JALYN (dutasteride-tamsulosin hcl) ..			
ipratropium-albuterol SOLN	57			

KIMONO MAXX-LARGE FLARE	phosphate monobasic)	82	lamivudine SOLN	32	
MISC	K-PHOS-NEUTRAL (pot phosphate		lamivudine TABS	32	
KIMONO MICRO THIN MISC	monobasic w/ sod phosphate dibasic		lamivudine-zidovudine	32	
KIMONO MICRO THIN PLUS MISC .	& monobasic)	82	lamotrigine CHEW	13	
62	KRINTAFEL	25	lamotrigine KIT 25 MG	13	
KIMONO MISC	KROGER HEALTHPRO LANCET		lamotrigine TABS	13	
KIMONO PLUS MISC	26G	70	lamotrigine TBDP	13	
KIMONO PS MISC	KROGER LANCETS	70	LAMPIT	25	
KIMONO PS PLUS MISC	KROGER LANCETS SUPER THIN		LANCETS	71	
KIMONO SENSATION MISC	70	KROGER LANCETS THIN	70	LANCETS 28G THIN	71
KIMONO SENSATION PLUS MISC	K-TAB TBCR 10 MEQ (potassium		LANCETS 30G	71	
62	chloride)	83	LANCETS 33G	71	
KIMONO SPECIAL DEVI	KUVAN PACK (sapropterin		LANCETS MICRO THIN 33G	71	
KINNEY LANCETS	dihydrochloride)	53	LANCETS SUPER THIN	71	
KINNEY THIN LANCETS	KUVAN TABS (sapropterin		LANCETS SUPER THIN 28G	71	
KISQALI (200 MG DOSE)	dihydrochloride)	53	LANCETS THIN	71	
KISQALI (400 MG DOSE)	K-Y ME & YOU EXTRA		LANCETS ULTRA THIN	71	
KISQALI (600 MG DOSE)	LUBRICATED DEVI	62	K-Y ME & YOU INTENSE DEVI	62	
KISQALI FEMARA (200 MG DOSE)	labetalol hcl TABS 100 MG, 200 MG,		LANCETS ULTRA THIN 30G	71	
28	300 MG	34	LANOXIN TABS 62.5 MCG, 125		
KISQALI FEMARA (400 MG DOSE)	lacosamide SOLN PO 10 MG/ML, 50		MCG, 250 MCG (digoxin)	36	
28	MG/5ML, 100 MG/10ML	13	Iansoprazole CPDR	98	
KISQALI FEMARA (600 MG DOSE)	lacosamide TABS	13	Ianthanum carbonate CHEW 1000		
28	lactulose (encephalopathy)	56	MG	56	
KITABIS PAK (W/ NEBULIZER)	lactulose SOLN	59	Ianthanum carbonate CHEW 500 MG		
NEBU 300 MG/5ML (tobramycin) ..	LAGEVRIOD	34	..... .....	56
2	LAMICTAL CHEW (lamotrigine) ..	13	Ianthanum carbonate CHEW 750 MG		
KLARON (sulfacetamide sodium	LAMICTAL ODT TBDP (lamotrigine) ..		..... .....	56
(acne))	13	LANTUS SOLN	18		
45	LAMICTAL STARTER KIT 25 MG		LANTUS SOLOSTAR SOPN	18	
KLONOPIN TABS (clonazepam) ..	(lamotrigine)	13	lapatinib ditosylate	28	
12	LAMICTAL TABS (lamotrigine) ..	13	LASIX TABS (furosemide)	52	
KLOXXADO LIQD					
19					
KOSELUGO					
28					
K-PHOS NO 2					
56					
K-PHOS TABS (potassium					

latanoprost SOLN	90	levonorgestrel & eth estradiol TABS 41	LIALDA TBEC (mesalamine)	55
LATANOPROST SOLN	90	levonorgestrel (emergency oc) 1.5 MG	LIBERTY MEDICAL LANCETS ...	71
LATUDA (lurasidone hcl)	30	levonorgestrel-eth estradiol (triphasic)	lidocaine hcl (mouth-throat) 2 % ...	84
leflunomide 10 MG	4	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	lidocaine hcl SOLN	50
leflunomide 20 MG	4	levonorgestrel-ethinyl estradiol (continuous)	lidocaine PTCH 5 %	50
lenalidomide	83	levonorgestrel-ethinyl estradiol-iron 41	LIDODERM PTCH (lidocaine)	50
LENVIMA (10 MG DAILY DOSE) ..	26	levothroxine sodium CAPS 125 MCG	linezolid SUSR	25
LENVIMA (12 MG DAILY DOSE) ..	26	levothroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88	linezolid TABS	25
LENVIMA (14 MG DAILY DOSE) ..	26	MCG, 100 MCG, 112 MCG, 137	LINZESS	56
LENVIMA (18 MG DAILY DOSE) ..	26	MCG, 150 MCG, 175 MCG, 200	liothyronine sodium TABS 25 MCG, 50 MCG	97
LENVIMA (20 MG DAILY DOSE) ..	26	MCG	liothyronine sodium TABS 5 MCG .97	
LENVIMA (24 MG DAILY DOSE) ..	26	levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200	LIPITOR TABS (atorvastatin calcium)	21
LENVIMA (4 MG DAILY DOSE) ..	26	MCG	lisdexamfetamine dimesylate CAPS 1	
LENVIMA (8 MG DAILY DOSE) ..	26	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100	lisdexamfetamine dimesylate CHEW . 1	
LESCOL XL TB24 (fluvastatin sodium)	21	MCG, 137 MCG, 150 MCG, 300	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	23
LETAIRIS (ambrisentan)	37	MCG	lisinopril & hydrochlorothiazide 25 MG-20 MG	23
letrozole	27	LEVSIN TABS (hyoscyamine sulfate)	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	22
leucovorin calcium TABS	29	LEVSIN/SL SUBL (hyoscyamine sulfate)	lisinopril TABS 40 MG	22
LEUKERAN	26	LEXAPRO TABS 10 MG, 20 MG (escitalopram oxalate)	LITE TOUCH LANCETS	71
levalbuterol hcl	11	LEXAPRO TABS 5 MG (escitalopram oxalate)	LITETOUCH LANCETS	71
levalbuterol tartrate	11	LEXIVA SUSP	lithium	30
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	13	LEXIVA TABS (fosamprenavir calcium)	lithium carbonate CAPS 150 MG, 600 MG	30
levetiracetam TABS 1000 MG	13	32	lithium carbonate CAPS 300 MG ..30	
levetiracetam TABS 250 MG, 500 MG, 750 MG	13		lithium carbonate TABS	30
levetiracetam TB24	13		lithium carbonate TBCR	30
levobunolol hcl 0.5 %	88			
levofloxacin SOLN PO	55			
levofloxacin TABS	55			

LITHOBID TBCR (lithium carbonate)	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl)	(rizatriptan benzoate)	82
30	24	MAXIDEX SUSP OP	89
LIVE BETTER LANCET SUPER THIN	lovastatin TABS 10 MG, 20 MG	MAXITROL OINT (neomycin-polymy-dexameth)	89
71	lovastatin TABS 40 MG	MAXITROL SUSP (neomycin-polymy-dexameth)	89
LIVE BETTER LANCET ULTRA THIN	LOVAZA (omega-3-acid ethyl esters)	MAXX MISC	62
71	20	MAXX PLUS MISC	62
LO LOESTRIN FE TABS	loxapine succinate	MAXZIDE TABS (triamterene & hydrochlorothiazide)	52
42	lubiprostone	MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	52
LODINE TABS (etodolac)	LUCEMYRA (lofexidine hcl)	MAYZENT STARTER PACK TBPK 0.25 MG	92
4	91	MAYZENT TABS 0.25 MG	92
lofexidine hcl	LUMAKRAS 120 MG, 240 MG	MAYZENT TABS 1 MG	92
91	28	MAYZENT TABS 2 MG	92
LOMAIRA TABS	LUMAKRAS 320 MG	meclizine hcl CHEW	19
1	90	meclofenamate sodium CAPS	4
LOMOTIL TABS (diphenoxylate w/ atropine)	Iurasidone hcl	MEDICHOICE SAFETY LANCET	71
19	30	MEDICHOICE SAFETY LANCET EXTRA	71
LONSURF	LYNPARZA TABS	MEDICHOICE SAFETY LANCET NORM	71
28	LYRICA CAPS 225 MG, 300 MG (pregabalin)	MEDLANCE EXTRA 21G	71
LOPID TABS (gemfibrozil)	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin)	MEDLANCE LITE 25G	71
21	13	MEDLANCE PLUS EXTRA 21G	72
lopinavir-ritonavir SOLN	LYRICA SOLN (pregabalin)	MEDLANCE PLUS LANCETS	72
32	27	MEDLANCE PLUS LITE 25G	72
lopinavir-ritonavir TABS	MACROBID (nitrofurantoin monohyd macro)	MEDLANCE PLUS SPECIAL 0.8MM	72
32	25	MEDLANCE PLUS SUPERLITE 30G	72
LOPRESSOR TABS (metoprolol tartrate)	MACRODANTIN (nitrofurantoin macrocrystal)		
34	25		
LOPROX SHAM (ciclopirox)	MALARONE 25 MG-62.5 MG (atovaquone-proguanil hcl)		
46	25		
LOPROX SUSP (ciclopirox olamine)	maraviroc TABS		
46	32		
lorazepam CONC	MATULANE		
9	29		
lorazepam TABS	MAXALT TABS 10 MG (rizatriptan benzoate)		
9	82		
LORBRENA	MAXALT-MLT TBDP 10 MG		
28			
losartan potassium & hydrochlorothiazide			
23			
losartan potassium			
22			
LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))			
42			
LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl)			
22			
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide)			
23			

MEDLANCE PLUS UNIVERSAL 21G	MENEST 2.5 MG	54	methenamine mandelate	25
.....	.....	72	.....	.....
MEDLANCE UNIVERSAL 21G ... 72	MEPERIDINE HCL SOLN PO 50	6	METHIMAZOLE TABS	96
MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone)	MG/5ML	6	METHOCARBAMOL TABS 500 MG, 750	.....
.....	MEPERIDINE HCL TABS 50 MG	6	MG	86
MEDROL TABS	MEPRON (atovaquone)	25	METHOTREXATE SODIUM TABS 2.5 MG	.....
.....	MERCAPTOPURINE TABS	26	26	.....
MEDROL TBPK (methylprednisolone)	MESALAMINE CP24	55	METHOXSALEN RAPID	47
.....	MESALAMINE CPDR	55	METHSCOPOLAMINE BROMIDE	97
medroxyprogesterone acetate 10 MG	MESALAMINE ENEM	55	METHSUXIMIDE	14
.....	MESALAMINE SUPP	55	METHYLDOPA TABS	22
medroxyprogesterone acetate 2.5	MESALAMINE TBEC 1.2 GM	55	METHYLERGONOVINE MALEATE TABS ..	91
MG, 5 MG	MESALAMINE TBEC 800 MG	55	METHYLIN SOLN 5 MG/5ML	.....
.....	MESTINON TABS (pyridostigmine	.....	(METHYLPHENIDATE HCL)	2
mefloquine hcl	BROMIDE)	26	METHYLPHENIDATE HCL CP24	2
megestrol acetate SUSP	MESTINON TBCR (pyridostigmine	.....	METHYLPHENIDATE HCL CPCR	2
.....	BROMIDE)	26	METHYLPHENIDATE HCL SOLN 5	.....
megestrol acetate TABS	METADATE CD CPCR	.....	MG/5ML	2
.....	(METHYLPHENIDATE HCL)	2	METHYLPHENIDATE HCL TABS 20 MG ..	2
MEIJER LANCETS	METFORMIN HCL SOLN	17	METHYLPHENIDATE HCL TABS 5 MG, 10	.....
.....	METFORMIN HCL TABS 500 MG, 850	.....	MG	2
MEIJER LANCETS UNIVERSAL 33G	MG, 1000 MG	17	METHYLPHENIDATE HCL TB24 18 MG, 27	.....
.....	METFORMIN HCL TB24 500 MG, 750 MG	.....	MG	2
.....	.....	17	METHYLPHENIDATE HCL TB24 36 MG ..	2
MEKINIST TABS	METHADONE HCL CONC	6	METHYLPHENIDATE HCL TB24 54 MG ..	2
.....	METHADONE HCL SOLN PO 5 MG/5ML	.....	METHYLPHENIDATE HCL TBCR 10 MG ..	2
.....	6	.....	METHYLPHENIDATE HCL TBCR 18 MG,	.....
melphalan	METHADONE HCL TABS	6	27 MG, 36 MG	2
.....	METHADONE HCL TBSO	6	METHYLPHENIDATE HCL TBCR 20 MG ..	2
memantine hcl SOLN	METHADOSE CONC (methadone	.....	METHYLPHENIDATE HCL TBCR 54 MG ..	2
.....	HCL)	6	METHYLPREDNISOLONE TABS	43
memantine hcl TABS	METHADOSE SUGAR-FREE CONC	.....	METHYLPREDNISOLONE TBPK	43
.....	(methadone hcl)	6	METHYLTESTOSTERONE CAPS	8
MENEST 0.3 MG, 0.625 MG, 1.25	METHAZOLAMIDE TABS	52	.....	.....
MG .....	.....	.....	.....	.....

metoclopramide hcl TABS	55	MINIVELLE PTTW (estradiol)	54	MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	6
metolazone	52	minocycline hcl CAPS	96		
metoprolol & hydrochlorothiazide TABS	24	minoxidil 2.5 MG, 10 MG	24	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	6
metoprolol succinate TB24	34	MIRALAX POWD (polyethylene glycol 3350)	59	morphine sulfate SUPP 20 MG, 30 MG	6
metoprolol tartrate TABS	34	MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	42	morphine sulfate TABS	6
METROCREAM CREA (metronidazole (topical))	50	mirtazapine TABS	15	morphine sulfate TBCR	6
METROGEL GEL 1 % (metronidazole (topical))	50	mirtazapine TBDP	15	MOTEGRITY (prucalopride succinate)	55
METROLOTION LOTN (metronidazole (topical))	50	misoprostol	98	MOVANTIK	56
metronidazole (topical) CREA	50	MM TWIST LANCETS	72	moxifloxacin hcl (ophth) SOLN OP	88
metronidazole (topical) GEL 0.75 % 50		M-NATAL PLUS TABS	85	moxifloxacin hcl TABS	55
metronidazole (topical) GEL 1 % ..	50	MOBILE LANCETS 30G	72	MPD SAFETY LANCET 21G	72
metronidazole (topical) LOTN	51	MODERNA COVID-19 VAC 6M-11Y SUSY	99	MPD SAFETY LANCET 23G	72
metronidazole CAPS	24	moexipril hcl	22	MPD SAFETY LANCET 28G	72
metronidazole TABS 250 MG, 500 MG	24	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	33	MPD SAFETY LANCET 30G	73
metronidazole vaginal	99	mometasone furoate (nasal) SUSP 87		MRESVIA	99
mexiletine hcl	9	mometasone furoate CREA	50	MS CONTIN TBCR (morphine sulfate)	7
MICARDIS 20 MG, 40 MG (telmisartan)	22	mometasone furoate OINT	50	MULTIVITAMIN + FLUORIDE CHEW	85
MICARDIS 80 MG (telmisartan) ...	22	mometasone furoate SOLN	50	MULTIVITAMIN/FLUORIDE CHEW 85	
MICARDIS HCT (telmisartan- hydrochlorothiazide)	24	MONOLET LANCETS	72	MULTIVITAMIN/FLUORIDE SOLN 85	
MICROLET LANCETS	72	MONOLET OPD LANCETS	72	MULTI-VIT-FLOR CHEW	85
MIFEPREX (mifepristone)	54	MONOLETTOR SAFETY LANCETS 72		mupirocin OINT	46
mifepristone	54	montelukast sodium CHEW	10	MYAMBUTOL TABS 400 MG (ethambutol hcl)	26
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	42	montelukast sodium PACK	10	MYCOBUTIN (rifabutin)	26
MINIPRESS CAPS (prazosin hcl) .	22	montelukast sodium TABS	10	mycophenolate mofetil CAPS	83
		morphine sulfate beads	6		
		morphine sulfate CP24 10 MG, 20			

mycophenolate mofetil SUSR	83	nebivolol hcl	34	NEXAVAR (sorafenib tosylate) ...	28
mycophenolate mofetil TABS	83	NEBUPENT IN (pentamidine isethionate)	24	NEXTSTELLIS	42
MYGLUCOHEALTH LANCETS 30G 73		nefazodone hcl	16	niacin (antihyperlipidemic) TBCR ..	21
MYLERAN TABS	26	neomycin sulfate TABS	2	NICODERM CQ PT24 TD (nicotine) ..	
MYSOLINE (primidone)	13	neomycin-bacitracin zn-polymyxin	88	NICORETTE GUM (nicotine polacrilex)	95
nabumetone 500 MG	4	neomycin-polomy-dexameth OINT	89	NICORETTE LOZG (nicotine polacrilex)	95
nabumetone 750 MG	4	neomycin-polomy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML,		NICORETTE MINI LOZG (nicotine polacrilex)	95
nadolol TABS 20 MG, 40 MG, 80 MG	35	0.1 %	89	NICORETTE STARTER KIT GUM (nicotine polacrilex)	95
naltrexone hcl	19	neomycin-polomyxin-gramicidin ..	88	NICOTINE KIT	95
NAMENDA TABS 10 MG (memantine hcl)	92	neomycin-polomyxin-hc (ophth) ..	89	nicotine polacrilex GUM	95
NAMENDA TABS 5 MG (memantine hcl)	92	neomycin-polomyxin-hc (otic) SOLN .		nicotine polacrilex LOZG	95
NAMENDA TITRATION PAK TABS (memantine hcl)	92	90		nicotine PT24 TD 7 MG/24HR, 14	
NAPROSYN SUSP (naproxen)	4	neomycin-polomyxin-hc (otic) SUSP .		MG/24HR, 21 MG/24HR	95
NAPROSYN TABS 500 MG (naproxen)	4	91		NICOTROL INHA	95
naproxen sodium TABS 275 MG, 550 MG	4	NEONATAL COMPLETE TABS 120		NICOTROL NS SOLN	95
naproxen SUSP	4	MG-10 MG-9.2 MG-1000 MCG-10		nifedipine CAPS	35
naproxen TABS	4	MCG-12 MCG-3 MG-5 MG-20 MG-		nifedipine TB24 30 MG, 60 MG ..	35
naratriptan hcl	82	27 MG-200 MG-1.84 MG-25 MG-2		nifedipine TB24	35
NARDIL (phenelzine sulfate)	15	MG-1200 MCG-2 MG-0.2 MG	85	NILANDRON (nilutamide)	27
NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal)) ..	87	NEONATAL PLUS TABS	85	nilotinib hcl 50 MG, 150 MG, 200 MG	28
NASONEX 24HR SUSP (mometasone furoate (nasal)) ..	87	NEORAL CAPS (cyclosporine modified (for microemulsion)) ..	83	nilutamide	27
NATACYN	88	NEORAL SOLN (cyclosporine modified (for microemulsion)) ..	83	nimodipine CAPS	35
NATAZIA	42	NERLYNX	28	nimodipine SOLN	35
nateglinide	18	NESTABS DHA	85	NINLARO	28
		NEURONTIN CAPS (gabapentin) ..	13	nisoldipine	36
		NEURONTIN SOLN (gabapentin) ..	13	NITRO-BID OINT	9
		NEURONTIN TABS (gabapentin) ..	13		
		nevirapine SUSP	32		
		nevirapine TABS	32		
		nevirapine TB24	32		

NITRO-DUR PT24 (nitroglycerin) ...	9	norgestimate-ethinyl estradiol (triphasic)	42	nystatin (topical) OINT	46
NITRO-DUR PT24	9	norgestimate-ethinyl estradiol	42	nystatin (topical) POWD EX	46
nitrofurantoin	25	NORPACE CAPS (disopyramide phosphate)	9	nystatin TABS	19
nitrofurantoin macrocrystal	25	NORPACE CR CP12	9	nystatin-triamcinolone CREA	46
nitrofurantoin monohyd macro	25	NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl)	16	nystatin-triamcinolone OINT	46
nitroglycerin (intra-anal)	8	nortriptyline hcl CAPS	16	OBSTETRIX DHA MISC	85
nitroglycerin PT24	9	nortriptyline hcl SOLN	16	OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	86
nitroglycerin SOLN TL 0.4 MG/SPRAY	9	NORVASC TABS 2.5 MG (amlodipine besylate)	36	OCUFLOX (ofloxacin (ophth))	88
nitroglycerin SUBL	9	NORVASC TABS 5 MG, 10 MG (amlodipine besylate)	36	ODEFSEY	33
NITROLINGUAL SOLN TL (nitroglycerin)	9	NORVIR CAPS	32	ODOMZO	27
NITROSTAT SUBL (nitroglycerin) ..	9	NORVIR PACK	32	ofloxacin (ophth)	88
NIVA THYROID TABS	97	NORVIR TABS (ritonavir)	33	ofloxacin (otic)	90
NIVA-PLUS TABS	85	NOVA SAFETY LANCETS 23G ..	73	ofloxacin 300 MG	55
nizatidine CAPS	98	NOVA SAFETY LANCETS 28G ..	73	olanzapine TABS 15 MG, 20 MG ..	31
NORDITROPIN FLEXPRO SOPN .	53	NOVA SUREFLEX LANCETS ..	73	olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	31
norelgestromin-ethinyl estradiol ..	42	NOVAVAX COVID-19 VACCINE SUSY	99	olmesartan medoxomil 40 MG	22
norethrin acet & estrad-fe CAPS ..	42	NP THYROID TABS	97	olmesartan medoxomil 5 MG, 20 MG ..	22
norethrin acet & estrad-fe CHEW ..	42	NUBEQA	27	olmesartan medoxomil-amlodipine-hydrochlorothiazide	24
norethrin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	42	NUVARING (etonogestrel-ethinyl estradiol)	42	olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG ..	24
norethindrone & ethinyl estradiol-fe ..	42	NUVIGIL 200 MG (armodafinil)	2	olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	24
norethindrone (contraceptive)	43	NUVIGIL 50 MG, 150 MG, 250 MG (armodafinil)	2	olopatadine hcl 0.1 %	90
norethindrone acet & eth estra TABS ..	42	NYSTATIN (nystatin (mouth-throat)) ..	84	olopatadine hcl 0.2 %	90
norethindrone acetate TABS	91	nystatin (mouth-throat)	84	omega-3-acid ethyl esters	20
norethindrone acetate-ethinyl estradiol	54	nystatin (topical) CREA	46		
norethindrone acetate-ethinyl estradiol-fe	42				

omeprazole CPDR 10 MG	98	orlistat	1	oxymorphone hcl TB12	7
omeprazole CPDR 20 MG, 40 MG	98	orphenadrine citrate TB12	86	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	17
omeprazole magnesium CPDR	98	oseltamivir phosphate CAPS	34	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	17
OMNIFLEX DIAPHRAGM	62	oseltamivir phosphate SUSR	34	OZEMPIC (2 MG/DOSE) SOPN ..	17
ondansetron hcl SOLN PO 4 MG/5ML	19	OSMOPREP	59	PAMELOR CAPS (nortriptyline hcl) 16	
ondansetron hcl TABS 4 MG, 8 MG 19		OTEZLA TABS	4	pantoprazole sodium TBEC	98
ONE VITE WOMENS PLUS TABS 86		OTEZLA TBPK	4	paricalcitol CAPS	53
ONETOUCH DELICA PLUS LANCET30G	73	OVACE PLUS WASH LIQD (sulfacetamide sodium)	48	PARLODEL CAPS (bromocriptine mesylate)	30
ONETOUCH DELICA PLUS LANCET33G	73	OVACE WASH LIQD (sulfacetamide sodium)	48	PARLODEL TABS (bromocriptine mesylate)	30
ONETOUCH DELICA SAFETY LANCING	73	oxandrolone 10 MG	8	PARNATE (tranylcypromine sulfate) 15	
ONETOUCH ULTRA 2 KIT	73	oxandrolone 2.5 MG	8	paroxetine hcl SUSP	15
ONETOUCH ULTRA BLUE TEST STRP	51	oxaprozin TABS	4	paroxetine hcl TABS	15
ONETOUCH ULTRA STRP	51	OXAYDO TABS 5 MG	7	paroxetine hcl TB24	16
ONETOUCH ULTRA TEST STRP .	51	oxazepam CAPS 10 MG, 15 MG ...	9	PATADAY 0.1 % (olopatadine hcl)	90
ONETOUCH ULTRASOFT 2 LANCETS	73	oxazepam CAPS 30 MG	9	PATADAY 0.2 % (olopatadine hcl)	90
ONETOUCH VERIO FLEX SYSTEM KIT	73	oxcarbazepine SUSP	13	PAXIL CR TB24 (paroxetine hcl) ..	16
ONETOUCH VERIO REFLECT KIT 73		oxcarbazepine TABS 150 MG	13	PAXIL SUSP (paroxetine hcl)	16
ONETOUCH VERIO STRP	51	oxcarbazepine TABS 300 MG	13	PAXIL TABS (paroxetine hcl)	16
ONUREG TABS	26	oxcarbazepine TABS 600 MG	13	PAXLOVID (150/100)	33
OPILL	43	oxybutynin chloride TABS 5 MG ...	99	PAXLOVID (300/100)	33
OPTIONS GYNOL II CONTRACEPTIVE GEL	99	oxybutynin chloride TB24	99	pazopanib hcl	28
ORIAHNN	54	oxycodone hcl CAPS	7	PC LANCETS SUPER THIN 30G .	73
		oxycodone hcl CONC 100 MG/5ML	7	PEDIAPRED SOLN (prednisolone sodium phosphate)	43
		oxycodone hcl SOLN	7	pediatric multivitamins w/fl CHEW .	85
		oxycodone hcl TABS 30 MG	7	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	59

peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM	59	phenobarbital TABS	58	piroxicam CAPS 10 MG	4
peg 3350-potassium chloride-sod bicarbonate-sod chloride	59	phenoxybenzamine hcl	22	piroxicam CAPS 20 MG	4
PEG-PREP	59	phentermine hcl CAPS	1	PLAN B ONE-STEP (levonorgestrel (emergency oc))	43
penicillamine TABS	83	phentermine hcl-topiramate	1	PLAVIX 75 MG (clopidogrel bisulfate)	57
penicillin v potassium SOLR	91	phenylephrine hcl (mydriatic) SOLN 2.5 %	88	PLEGRIDY SOSY IM	92
penicillin v potassium TABS	91	PHENYLEPHRINE HCL SOLN (phenylephrine hcl (mydriatic))	88	podofilox GEL	50
pentamidine isethionate IN	24	phenytoin CHEW	14	podofilox SOLN	50
pentoxifylline	57	phenytoin sodium extended 100 MG, 200 MG, 300 MG	14	POLY HUB NEEDLE	81
PEPCID AC MAXIMUM STRENGTH TABS (famotidine)	98	phenytoin SUSP	14	polyethylene glycol 3350 POWD ..	59
PEPCID TABS 20 MG (famotidine)	98	PHEXXI	100	polymyxin b-trimethoprim	88
PEPCID TABS 40 MG (famotidine)	98	phytonadione TABS 5 MG	100	POLYTRIM (polymyxin b-trimethoprim)	88
PERCOCET TABS 325 MG-5 MG (oxycodone w/ acetaminophen)	7	PIFELTRO	33	POLY-VI-FLOR CHEW	85
PERFECT LANCETS 28G	73	pilocarpine hcl (oral) 5 MG	84	POLY-VI-FLOR/IRON CHEW	84
PERFECT LANCETS 30G	73	pilocarpine hcl (oral) 7.5 MG	84	POMALYST	27
PERFECT POINT SAFETY LANCETS	73	pilocarpine hcl SOLN 1 %, 2 %, 4 % ..	88	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	82
PERFOROMIST NEBU (formoterol fumarate)	11	pindolol TABS	35	potassium chloride CPCR	83
PERIDEX (chlorhexidine gluconate (mouth-throat))	84	pioglitazone hcl 15 MG	18	potassium chloride microencapsulated crystals er	83
perindopril erbumine	22	pioglitazone hcl 30 MG, 45 MG	18	potassium chloride PACK PO 20 MEQ	83
permethrin CREA	51	pioglitazone hcl-glimepiride	17	potassium chloride SOLN PO 10 %, 20 %, 10 %	83
perphenazine TABS	31	pioglitazone hcl-metformin hcl TABS ..	17	potassium chloride TBCR 8 MEQ, 10 MEQ	83
PHARMACIST CHOICE LANCETS ..	73	PIP LANCETS 28G	73	potassium citrate (alkalinizer) TBCR ..	56
phenelzine sulfate	15	PIP LANCETS 30G	73	potassium citrate-citric acid SOLN ..	56
phenobarbital ELIX	58	PIQRAY (200 MG DAILY DOSE) ..	29	PRALUENT SOAJ	21
		PIQRAY (250 MG DAILY DOSE) ..	29	pramipexole dihydrochloride TABS ..	
		PIQRAY (300 MG DAILY DOSE) ..	29		
		pirfenidone CAPS	95		
		pirfenidone TABS	95		

0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	30	PREMARIN TABS	54	30G	74
pramipexole dihydrochloride TABS 1 MG	30	PREMPHASE	54	probenecid	57
pramipexole dihydrochloride TABS 1.5 MG	30	PREMPRO	54	PROCARDIA XL TB24 (nifedipine) 36	
prasugrel hcl	57	PRENA 1 TRUE	86	prochlorperazine	31
pravastatin sodium 10 MG, 20 MG, 80 MG	21	PRENATAL 19 CHEW	86	prochlorperazine maleate TABS ..	31
pravastatin sodium 40 MG	21	PRENATAL PLUS TABS	86	PROCTOFOAM HC FOAM EX	8
praziquantel	8	PRENATAL PLUS		PROCYSBI CPDR	56
prazosin hcl CAPS	23	VITAMIN/MINERAL TABS	86	PRODIGY LANCETS 28G	74
PRECISION THINS GP LANCETS 73		PRENATAL-U CAPS	86	PRODIGY SAFETY LANCETS 26G ..	
PRECISION XTRA BLOOD GLUCOSE STRP	51	PRENATRIX TABS	86	74	
PRECISION XTRA KETONE	51	PRENATRYL TABS	86	PRODIGY TWIST TOP LANCETS 28G	74
PRED MILD	89	PREVACID 24HR CPDR (lansoprazole)	98	progesterone CAPS	91
prednisolone acetate (ophth)	89	PREVACID CPDR 30 MG (lansoprazole)	98	PROGRAF CAPS (tacrolimus)	84
PREDNISOLONE SODIUM PHOSPHATE	89	PREZCOBIX	33	PROMACTA PACK 12.5 MG (eltrombopag olamine)	58
prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML	43	PREZISTA SUSP	33	PROMACTA PACK 25 MG (eltrombopag olamine)	58
PREDNISONE INTENSOL CONC	43	PREZISTA TABS (darunavir)	33	PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	58
prednisone SOLN	43	PREZISTA TABS 75 MG, 150 MG	33	promethazine & phenylephrine SYRP	44
prednisone TABS 1 MG, 2.5 MG, 5 MG, 10 MG, 20 MG	43	PRIFTIN	26	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	20
prednisone TBPK	43	PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)	25	promethazine hcl SUPP 12.5 MG, 25 MG	20
pregabalin CAPS 225 MG, 300 MG 13		primaquine phosphate TABS	25	promethazine hcl TABS 12.5 MG ..	20
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	13	primidone 50 MG, 250 MG	13	promethazine hcl TABS 25 MG ..	20
pregabalin SOLN	13	PRISTIQ (desvenlafaxine succinate) 16		promethazine hcl TABS 50 MG ..	20
PREMARIN	100	PRO COMFORT LANCETS 30G ..	74	promethazine w/codeine SOLN	44
		PRO COMFORT LANCETS 31G ..	74	promethazine w/codeine SYRP	44

promethazine-dm SYRP	44	MCG/ACT	10	quetiapine fumarate TABS 200 MG 31	
PROMETRIUM CAPS (progesterone)	91	PULMICORT SUSP 0.25 MG/2ML (budesonide (inhalation))	11	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	31
propafenone hcl CP12	9	PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation))	11	quetiapine fumarate TABS 300 MG, 400 MG	31
propafenone hcl TABS 150 MG ...	10	PULMICORT SUSP 1 MG/2ML (budesonide (inhalation))	11	QUFLORA FE PEDIATRIC LIQD ..	85
propafenone hcl TABS 225 MG, 300 MG	10	PULMOZYME	95	QUFLORA PEDIATRIC CHEW ..	85
propranolol hcl CP24	35	PURE COMFORT LANCETS 30G 74		QUFLORA PEDIATRIC SOLN	85
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	35	PX LANCETS MICROTHIN 33G ..	74	quinapril hcl	22
propranolol hcl TABS	35	PX LANCETS ULTRA THIN	74	quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	24
propylthiouracil	96	PX LANCETS ULTRA THIN 28G ..	74	quinapril-hydrochlorothiazide 25 MG- 20 MG	24
PROSCAR (finasteride)	57	pyrazinamide	26	quinidine gluconate TBCR	9
PROTONIX TBEC (pantoprazole sodium)	98	pyridostigmine bromide TABS 60 MG	26	quinine sulfate CAPS 324 MG	26
PROVERA 10 MG (medroxyprogesterone acetate) ...	91	pyridostigmine bromide TBCR	26	QVAR REDIHALER 80 MCG/ACT .	11
PROVERA 5 MG (medroxyprogesterone acetate) ...	91	QC LANCETS SUPER THIN 30G ..	74	raloxifene hcl	53
PROVIDA OB	86	QC LANCETS ULTRA THIN	74	ramipril CAPS	22
PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl)	16	QC UNILET LANCETS 28G	74	ranolazine TB12 1000 MG	8
PROZAC CAPS 40 MG (fluoxetine hcl)	16	QC UNILET LANCETS MICRO THIN	74	ranolazine TB12 500 MG	8
prucalopride succinate	55	QINLOCK	29	RAPIDGO FLU A/B COVID-19 HOME	51
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 44		QSYMIA 11.25 MG-69 MG, 15 MG- 92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG (phentermine hcl-topiramate) ...	1	rasagiline mesylate	30
PSS SELECT GP LANCETS	74	QUALAQUIN CAPS (quinine sulfate) 25		READYLANCE SAFETY LANCETS ..	
PSS SELECT SAFETY LANCETS 74		QUARTETTE (levonorgestrel-ethynil estradiol (91-day))	42	74	
PULMICORT FLEXHALER AEPB 180 MCG/ACT	11	QUESTRAN LIGHT POWD (cholestyramine light)	21	REALITY LANCETS	74
PULMICORT FLEXHALER AEPB 90		QUESTRAN POWD (cholestyramine)	21	REALITY LATEX CONDOMS MISC ..	
				62	
				REALITY LATEX/ULTRA TEXTURED DEVI	62
				REALITY LATEX/ULTRA THIN DEVI 62	

REALITY TRIGGER LANCETS	74	RETIN-A MICRO (tretinoin microsphere)	45	RITALIN TABS 5 MG, 10 MG (methylphenidate hcl)	2
RECTIV (nitroglycerin (intra-anal))	8	RETIN-A MICRO PUMP 0.04 %, 0.1 % (tretinoin microsphere)	45	ritonavir TABS	33
REGLAN TABS (metoclopramide hcl)	55	RETROVIR CAPS (zidovudine)	33	rivaroxaban TABS 2.5 MG	12
RELION INSULIN SYRINGE	81	RETROVIR SYRP (zidovudine)	33	rivastigmine	92
RELION LANCET DEVICES 30G	74	REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate)	33	rivastigmine tartrate CAPS	92
RELION LANCETS	75	REYATAZ PACK	33	rizatriptan benzoate TABS	82
RELION LANCETS MICRO-THIN 33G	75	ribavirin (hepatitis c) CAPS	34	rizatriptan benzoate TBDP	82
RELION LANCETS THIN 26G	75	RIDAURA	3	ROBINUL TABS (glycopyrrolate)	97
RELION LANCETS ULTRA-THIN 30G	75	rifabutin	26	ROBINUL-FORTE TABS (glycopyrrolate)	97
RELION ULTRA THIN LANCETS 30G	75	rifampin CAPS	26	ROCALTROL CAPS 0.25 MCG (calcitriol)	53
REMERON SOLTAB TBDP (mirtazapine)	15	RIGHTEST GL300 LANCETS	75	ROCALTROL CAPS 0.5 MCG (calcitriol)	53
REMERON TABS 15 MG, 30 MG (mirtazapine)	15	rimantadine hydrochloride TABS	34	ROCALTROL SOLN PO (calcitriol)	53
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	97	RINVOQ LQ SOLN	2	roflumilast	10
RENVELA PACK 0.8 GM (sevelamer carbonate)	56	RINVOQ TB24	2	ropinirole hydrochloride TABS	30
RENVELA PACK 2.4 GM (sevelamer carbonate)	56	RIOMET SOLN (metformin hcl)	17	ropinirole hydrochloride TB24 12 MG	30
RENVELA TABS (sevelamer carbonate)	56	RISPERDAL SOLN (risperidone)	30	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG	30
repaglinide	18	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone)	30	rosuvastatin calcium TABS	21
RESTORIL 15 MG (temazepam)	58	RISPERDAL TABS 3 MG (risperidone)	30	ROXICODONE TABS 15 MG (oxycodone hcl)	7
RESTORIL 30 MG (temazepam)	58	risperidone SOLN	30	ROXICODONE TABS 30 MG (oxycodone hcl)	7
RESTORIL 7.5 MG (temazepam)	58	risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	30	RUBRACA	29
RETEVMO CAPS	29	risperidone TABS 3 MG	30	rufinamide SUSP	13
RETIN-A CREA (tretinoin)	45	risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	31	rufinamide TABS 200 MG	13
RETIN-A GEL (tretinoin)	45	RITALIN LA CP24 (methylphenidate hcl)	2	rufinamide TABS 400 MG	13
		RITALIN TABS 20 MG (methylphenidate hcl)	2	RUKOBIA	33

RYBELSUS TABS	17	75	SFROWASA ENEM	55
RYDAPT	29		SHOPKO ON-THE-GO LANCETS	
RYTHMOL SR CP12 (propafenone hcl)	10		30G	75
SABRIL PACK (vigabatrin)	14		SHOPKO UNILET LANCETS 28G	
SABRIL TABS (vigabatrin)	14		76	
SAFE-T-LANCE	75		SHOPKO UNILET LANCETS 30G	
SAFE-T-LANCE PLUS	75		76	
SAFETY LANCET 30G/PRESSURE ACT	75		SHUR-SEAL CONTRACEPTIVE	
SAFETY LANCETS	75		GEL	99
SAFETY LANCETS 21G	75		sildenafil citrate	36
SAFETY LANCETS 23G	75		SILVADENE (silver sulfadiazine) ..	48
SAFETY LANCETS 28G	75		silver sulfadiazine	48
SAFYRAL (drospirenone-ethinyl estradiol-levomefolic acid calcium) ..	42		simvastatin TABS	21
SALAGEN 5 MG (pilocarpine hcl (oral))	84		SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	30
SALAGEN 7.5 MG (pilocarpine hcl (oral))	84		SINGLE-LET	76
salicylic acid SHAM 6 %	50		SINGULAIR CHEW (montelukast sodium)	10
salsalate	6		SINGULAIR PACK (montelukast sodium)	10
SANDIMMUNE CAPS (cyclosporine) ..	84		SINGULAIR TABS (montelukast sodium)	10
SANDIMMUNE SOLN PO 100 MG/ML	84		SIVEXTRO TABS	25
sapropterin dihydrochloride PACK ..	53		SKYRIZI PEN SOAJ	47
sapropterin dihydrochloride TABS ..	53		SKYRIZI SOCT	55
SAPS HEALTH PLUS LANCETS ..	75		SKYRIZI SOSY	47
SAPS HEALTH TWIST TOP LANCETS ..	75		SLYND	43
SAPS TWIST TOP LANCETS	75		SMARTEST LANCETS 28G	76
SAPSCARE TWIST TOP LANCETS			SOAANZ TABS 20 MG (torsemide) ..	52
			sodium chloride (inhaled) NEBU 0.9 %	44
			sodium citrate & citric acid	56

sodium fluoride CHEW	82	SPORANOX CAPS (itraconazole)	20	sulfacetamide sodium (ophth) OINT	
sodium fluoride SOLN	82	SPORANOX SOLN (itraconazole)	20	89	
sodium fluoride TABS 0.5 MG	82	SPRAVATO (56 MG DOSE)	15	sulfacetamide sodium (ophth) SOLN	
sodium fluoride TABS 1 MG	82	SPRAVATO (84 MG DOSE)	15	89	
sodium polystyrene sulfonate POWD	84	SPRYCEL (dasatinib)	29	sulfacetamide sodium LIQD	48
sodium sulfate-potassium sulfate-magnesium sulfate	59	STALEVO 50 (carbidopa-levodopa-entacapone)	30	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	46
SOLTAMOX SOLN	27	stavudine CAPS	33	sulfacetamide sod-prednisolone SOLN	89
SOLUS V2 LANCETS 28G	76	STELARA SOLN 45 MG/0.5ML	47	sulfamethoxazole-trimethoprim SUSP	25
SOLUS V2 TWIST LANCETS 30G	76	STELARA SOSY 45 MG/0.5ML	47	sulfamethoxazole-trimethoprim TABS	25
SOLUVITA ACD WITH FLUORIDE SOLN	85	STELARA SOSY 90 MG/ML	47	sulfasalazine TABS	55
SOLUVITA SOLN	82	STERILANCE TL	76	sulfasalazine TBEC	55
SOLUVITA WITH FLUORIDE SOLN	85	STIOLTO RESPIMAT	11	sulindac TABS 150 MG	4
SOMA TABS 350 MG (carisoprodol)	86	STIVARGA	29	sulindac TABS 200 MG	4
sorafenib tosylate	29	STRIBILD	33	sumatriptan 20 MG/ACT	82
sotalol hcl (afib/afl)	35	STRIVERDI RESPIMAT	11	sumatriptan 5 MG/ACT	82
sotalol hcl TABS	35	STROMECTOL (ivermectin)	8	sumatriptan succinate TABS	82
SOTYLIZE SOLN PO	35	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	7	sunitinib malate 12.5 MG, 37.5 MG, 50 MG	29
SPEEDY SWAB COVID-19/FLU HOME	51	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	7	sunitinib malate 25 MG	29
SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate)	10	sucralfate SUSP	98	SUPER THIN LANCETS	76
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	10	sucralfate TABS	98	SUPRAX CAPS (cefixime)	37
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	10	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	36	SUPRAX SUSR 200 MG/5ML (cefixime)	37
spironolactone & hydrochlorothiazide	52	sulfacetamide sodium (acne)	46	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	59
spironolactone TABS	52			SURE COMFORT LANCETS 18G	
				76	
				SURE COMFORT LANCETS 21G	
				76	

SURE COMFORT LANCETS 23G	137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)	97	TAZVERIK	29
76			TECFIDERA CDPK (dimethyl fumarate)	93
SURE COMFORT LANCETS 28G	TABLOID	26	TECFIDERA CPDR (dimethyl fumarate)	93
76			TECHLITE AST LANCETS	76
SURE COMFORT LANCETS 30G	TABRECTA	29	TECHLITE INSULIN SYRINGE ..	81
76	tacrolimus (topical) OINT 0.03 % ..	50	TECHLITE LANCETS	76
SURELITE LANCETS	tacrolimus (topical) OINT 0.1 % ..	50	TECHLITE LANCETS 26G	76
76	tacrolimus CAPS	84	TECHLITE LANCETS 30G	76
SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate)	tadalafil (pulmonary hypertension) TABS	37	TEGRETOL SUSP (carbamazepine) ..	13
29	tadalafil 2.5 MG	36	TEGRETOL TABS (carbamazepine) ..	13
SUTENT 25 MG (sunitinib malate)	tadalafil 5 MG, 10 MG, 20 MG	36	TEGRETOL-XR TB12 100 MG (carbamazepine)	13
29	TAFINLAR CAPS	29	TEGRETOL-XR TB12 200 MG (carbamazepine)	13
SYMBICORT (budesonide- formoterol fumarate dihydrate) ..	TAGRISSO	27	TEGRETOL-XR TB12 400 MG (carbamazepine)	13
11	TALZENNA 0.25 MG, 1 MG	29	telmisartan 20 MG, 40 MG	22
SYMDEKO	TAMIFLU CAPS (oseltamivir phosphate)	34	telmisartan 80 MG	22
95	TAMIFLU SUSR (oseltamivir phosphate)	34	telmisartan-amlodipine	24
SYMFY (efavirenz-lamivudine- tenofovir disoproxil fumarate) ..	tamoxifen citrate TABS	27	telmisartan-hydrochlorothiazide ..	24
33	tamsulosin hcl	57	temazepam 15 MG	58
SYMFY LO (efavirenz-lamivudine- tenofovir disoproxil fumarate) ..	TARCEVA (erlotinib hcl)	27	temazepam 30 MG	58
33	TARGETIN (bexarotene (topical))	47	temazepam 7.5 MG	58
SYMTUZA	TARGETIN (bexarotene)	29	temozolamide CAPS	26
33	TASIGNA 50 MG, 150 MG, 200 MG (nilotinib hcl)	29	tenofovir disoproxil fumarate TABS	
SYNALAR CREA (fluocinolone acetonide)	TAYTULLA CAPS (norethin acet & estradiol)	42	33	
50	tazarotene CREA	47	TENORETIC 100 (atenolol & chlorthalidone)	24
SYNALAR OINT (fluocinolone acetonide)	tazarotene GEL	48	TENORETIC 50 (atenolol &	
50	TAZORAC CREA (tazarotene) ..	48		
SYNALAR SOLN (fluocinolone acetonide)	TAZORAC GEL (tazarotene)	48		
50				
SYNAREL				
53				
SYNJARDY TABS				
17				
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG				
17				
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG				
17				
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)				
97				
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG,				

chlorthalidone)	24	TIKOSYN (dofetilide)	10	tolterodine tartrate TABS	99
TENORMIN TABS (atenolol)	34	timolol	88	TOPAMAX SPRINKLE CPSP (topiramate)	13
terazosin hcl 1 MG, 2 MG, 5 MG ..	23	timolol maleate (ophth) SOLG	88	TOPAMAX TABS 100 MG (topiramate)	13
terazosin hcl 10 MG	23	timolol maleate (ophth) SOLN	88	TOPAMAX TABS 200 MG (topiramate)	13
terbinafine hcl TABS	19	timolol maleate TABS 10 MG	35	TOPAMAX TABS 25 MG (topiramate)	13
terbutaline sulfate TABS	11	timolol maleate TABS 20 MG	35	TOPAMAX TABS 50 MG (topiramate)	14
terconazole vaginal CREA	99	timolol maleate TABS 5 MG	35	TOPICORT CREA (desoximetasone)	50
teriflunomide	93	TIMOPTIC SOLN (timolol maleate (ophth))	88	TOPICORT GEL (desoximetasone) 50	
testosterone GEL TD 1 %, 50 MG/5GM	8	TIMOPTIC-XE SOLG (timolol maleate (ophth))	88	TOPICORT OINT 0.25 % (desoximetasone)	50
testosterone GEL TD 1 %	8	tiotropium bromide monohydrate CAPS	10	topiramate CPSP 15 MG, 25 MG ..	14
testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 1.62 %	8	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	97	topiramate TABS 100 MG	14
testosterone GEL TD 10 MG/ACT ..	8	TIVICAY TABS	33	topiramate TABS 200 MG	14
tetracycline hcl CAPS	96	tizanidine hcl TABS 2 MG	86	topiramate TABS 25 MG	14
THALITONE	52	tizanidine hcl TABS 4 MG	86	topiramate TABS 50 MG	14
theophylline TB12 300 MG	12	TOBI PODHALER CAPS	2	TOPROL XL TB24 (metoprolol succinate)	35
theophylline TB12 450 MG	11	TOBRADEX SUSP (tobramycin- dexamethasone)	89	toremifene citrate	27
theophylline TB24	12	tobramycin (ophth) SOLN	89	torsemide TABS 100 MG	52
THERANATAL CORE NUTRITION TABS	86	tobramycin NEBU	2	torsemide TABS 5 MG, 10 MG, 20 MG	52
THINLETS GP LANCETS	76	tobramycin-dexamethasone SUSP 89		TOUJEO MAX SOLOSTAR SOPN 18	
thioridazine hcl 10 MG, 25 MG, 100 MG	31	TOBREX OINT	89	TOUJEO SOLOSTAR SOPN	18
thioridazine hcl 50 MG	31	TODAY SPONGE MISC	99	TOVIAZ (fesoterodine fumarate) ..	99
thiothixene	31	TODAYS HEALTH THIN LANCETS 28G	76	TPOXX (TECOVIRIMAT CAP 200 MG)	34
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	97	TODAYS HEALTH THIN LANCETS 30G	77		
TIAZAC (diltiazem hcl extended release beads)	36	TOLSURA CAPS	20		
ticagrelor 60 MG, 90 MG	57	tolterodine tartrate CP24	99		

TPOXX CAPS .....	.34	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	18	21	
TPOXX SOLN .....	.34	TRESIBA SOLN	18	TRIDESILON CREA 0.05 % (desonide)	50
TRACLEER TABS 125 MG (bosentan) .....	.37	tretinoin (chemotherapy)	29	trientine hcl 500 MG .....	.83
TRACLEER TABS 62.5 MG (bosentan) .....	.37	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	46	trifluoperazine hcl TABS .....	.31
TRACLEER TBSO .....	.37	tretinoin GEL 0.01 %, 0.025 %	46	trifluridine .....	.89
tramadol hcl TABS 100 MG .....	.7	tretinoin microsphere 0.04 %, 0.1 % 46		trihexyphenidyl hcl SOLN .....	.29
tramadol hcl TABS 50 MG .....	.7	triamicinolone acetonide (mouth) ..	.84	trihexyphenidyl hcl TABS .....	.29
trandolapril .....	.22	triamicinolone acetonide (nasal) AERO .....	.87	TRIJARDY XR .....	.17
tranexamic acid TABS .....	.58	triamicinolone acetonide (topical)		TRIKAFTA TBPK 100 MG-50 MG ..	.95
tranylcypromine sulfate .....	.15	AERS .....	.50	TRIKAFTA TBPK 50 MG-25 MG ..	.95
TRAVATAN Z SOLN (travoprost) ..	.90	triamicinolone acetonide (topical)		TRILEPTAL TABS 150 MG (oxcarbazepine) .....	.14
TRAVEL LANCETS .....	.77	CREA .....	.50	TRILEPTAL TABS 300 MG (oxcarbazepine) .....	.14
TRAVEL LANCETS ADVANCED 28G .....	.77	triamicinolone acetonide (topical)		TRILEPTAL TABS 600 MG (oxcarbazepine) .....	.14
travoprost SOLN .....	.90	LOTN .....	.50	TRILIPPIX 135 MG (choline fenofibrate) .....	.21
trazodone hcl TABS .....	.16	triamicinolone acetonide (topical)		TRILIPPIX 45 MG (choline fenofibrate) .....	.21
TRECATOR .....	.26	OINT 0.025 %, 0.1 %, 0.5 % .....	.50	trimethobenzamide hcl CAPS ..	.19
TRELEGY ELLIPTA .....	.11	triaterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	.52	trimethoprim TABS .....	.24
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML .....	.55	triaterene & hydrochlorothiazide TABS 25 MG-37.5 MG .....	.52	TRINTELLIX .....	.16
TREMFYA ONE-PRESS SOAJ 100 MG/ML .....	.48	triaterene & hydrochlorothiazide TABS 50 MG-75 MG .....	.52	TRIUMEQ PD TBSO .....	.33
TREMFYA PEN SOAJ 100 MG/ML 48		triazolam 0.125 MG .....	.58	TRIUMEQ TABS .....	.33
TREMFYA PEN SOAJ SC 200 MG/2ML .....	.55	triazolam 0.25 MG .....	.58	TRIZIVIR .....	.33
TREMFYA SOSY 100 MG/ML ..	.48	TRIBENZOR (olmesartan medoxomil-amlodipine- hydrochlorothiazide) .....	.24	TROJAN ENZ MISC .....	.62
TREMFYA SOSY SC 200 MG/2ML 55		TRICARE TABS .....	.86	TROJAN MAGNUM MISC .....	.62
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML .....	.18	TRICOR TABS 145 MG (fenofibrate) 21		TROJAN ULTRA THIN MISC .....	.62
		TRICOR TABS 48 MG (fenofibrate)		TROJAN ULTRA THIN/SPERMICIDAL MISC .....	.62

TROJAN-ENZ LUBRICATED MISC 63	TRUSTEX NATURAL CONDOMS + LUBE MISC .....63	ULTILET LANCETS .....77
TROJAN-ENZ/SPERMICIDAL MISC . 63	TRUSTEX NON-LUBRICATED MISC.....63	ULTILET SAFETY LANCETS .....77
trospium chloride CP24 .....99	TRUSTEX RIA LUB/SPERMICIDE MISC .....63	ULTILET SAFETY LANCETS 23G 77
trospium chloride TABS .....99	TRUSTEX RIA LUBRICATED MISC . 63	ULTRA THIN LANCETS 31G .....77
TRUE COMFORT SAFETY LANCETS .....77	TRUSTEX RIA NON-LUBRICATED MISC .....63	ULTRA-CARE LANCETS 30G .....77
TRUE COMFORT TWIST TOP LANCETS .....77	TRUSTEX-NONOXYNOL- 9/RIB/STUD MISC .....63	ULTRA-THIN II AUTO LANCET ..77
TRUE COVER DEVI .....63	TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate) .....33	ULTRA-THIN II LANCETS .....77
TRUEPLUS LANCETS 26G .....77	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate) .....33	UMECLIDINIUM-VILANEROL .....11
TRUEPLUS LANCETS 28G .....77	TUKYSA .....26	UNILET COMFORTOUCH LANCET 77
TRUEPLUS LANCETS 30G .....77	TWIRLA .....42	UNILET EXCELITE .....78
TRUEPLUS LANCETS 33G .....77	TWIST TOP LANCETS 30G .....77	UNILET EXCELITE II .....78
TRUEPLUS SAFETY LANCETS 28G.....77	TYBLUME CHEW .....42	UNILET G.P. LANCET .....78
TRULICITY .....17	TYBOST .....33	UNILET G.P. SUPERLITE LANCET . 78
TRUSTEX COLOR CONDOMS + LUBE MISC .....63	TYKERB (lapatinib ditosylate) ....29	UNILET GP 28 ULTRA THIN .....78
TRUSTEX LUB/RIBBED/STUDDED MISC .....63	TYVASO DPI INSTITUTIONAL KIT	UNILET LANCET .....78
TRUSTEX LUB/SPERMICIDE EX ST MISC .....63	POWD .....37	UNILET MICRO-THIN 33G .....78
TRUSTEX LUB/SPERMICIDE XL MISC .....63	POWD .....37	UNILET SUPERLITE LANCET ...78
TRUSTEX LUBRICATED EX LARGE MISC .....63	TYVASO DPI MAINTENANCE KIT	UNILET SUPER-THIN 30G .....78
TRUSTEX LUBRICATED EXTRA ST MISC .....63	TYVASO DPI TITRATION KIT	UNILET ULTRA-THIN 28G .....78
TRUSTEX LUBRICATED MISC ...63	POWD .....37	UNISTIK 1 .....78
TRUSTEX LUBRICATED/SPERMICIDE MISC 63	UBRELVY .....81	UNISTIK 2 .....78
	ULORIC 40 MG (febuxostat) .....57	UNISTIK 2 COMFORT .....78
	ULORIC 80 MG (febuxostat) .....57	UNISTIK 2 EXTRA .....78
	ULTILET CLASSIC LANCETS .....77	UNISTIK 2 NEONATAL .....78
		UNISTIK 2 NORMAL .....78
		UNISTIK 2 SUPER .....78
		UNISTIK 3 .....78
		UNISTIK 3 COMFORT .....78

UNISTIK 3 EXTRA	78	USTEKINUMAB SOSY 45 MG/0.5ML	48	VANCOCIN CAPS (vancomycin hcl)
UNISTIK 3 GENTLE	79	.....	25	
UNISTIK 3 NEONATAL	79	USTEKINUMAB SOSY 90 MG/ML 48		vancomycin hcl CAPS
UNISTIK 3 NORMAL	79	VAGIFEM TABS (estradiol vaginal) 100		VANDAZOLE
UNISTIK CZT COMFORT	79	valacyclovir hcl 1 GM	34	varenicline tartrate TABS
UNISTIK CZT NORMAL	79	valacyclovir hcl 500 MG	34	VASCEPA (icosapent ethyl)
UNISTIK NORMAL	79	VALCYTE SOLR (valganciclovir hcl) .		VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide)
UNISTIK PRO SAFETY LANCET .	79	33		24
UNISTIK SAFETY LANCETS 28G		VALCYTE TABS (valganciclovir hcl) .		VASOTEC TABS (enalapril maleate)
79		34		22
UNISTIK SAFETY LANCETS 30G		valganciclovir hcl SOLR	34	VCF VAGINAL CONTRACEPTIVE
79		valganciclovir hcl TABS	34	FILM
UNISTIK TOUCH SAFETY LANC		VALIUM TABS 10 MG (diazepam) ..	9	99
21G	79	9		VCF VAGINAL CONTRACEPTIVE
UNISTIK TOUCH SAFETY LANC		VALIUM TABS 2 MG, 5 MG		FOAM
23G	79	(diazepam)		99
UNISTIK TOUCH SAFETY LANC		valproate sodium SOLN PO 250		VCF VAGINAL CONTRACEPTIVE
28G	79	MG/5ML, 500 MG/10ML	15	GEL
UNISTIK TOUCH SAFETY LANC		valproic acid CAPS		99
30G	79	valsartan TABS 160 MG	22	VENCLEXTA STARTING PACK
UROCIT-K 10 TBCR (potassium		valsartan TABS 40 MG, 80 MG, 320		TBPK
citrate (alkalinizer))	56	MG	22	26
UROCIT-K 15 TBCR (potassium		valsartan-hydrochlorothiazide 12.5		VENCLEXTA TABS 10 MG
citrate (alkalinizer))	56	MG-160 MG, 12.5 MG-320 MG, 12.5		27
UROCIT-K 5 TBCR (potassium		MG-80 MG, 25 MG-320 MG	24	VENCLEXTA TABS 100 MG
citrate (alkalinizer))	56	24		27
UROXATRAL (alfuzosin hcl) ..	57	valsartan-hydrochlorothiazide 25 MG-		venlafaxine hcl CP24 150 MG
URSO 250 TABS (ursodiol)	55	160 MG	24	16
URSO FORTE TABS (ursodiol) ..	55	valsartan-hydrochlorothiazide 25 MG-		venlafaxine hcl CP24 37.5 MG, 75
ursodiol CAPS	55	160 MG	24	MG
ursodiol TABS	55	VALTREX 1 GM (valacyclovir hcl) .	34	16
USTEKINUMAB SOLN 45 MG/0.5ML		VALTREX 500 MG (valacyclovir hcl) .		venlafaxine hcl TABS
.....	48	34		16
		VALUMARK LANCET SUPER THIN		venlafaxine hcl TB24 225 MG
		30G	79	16
		VALUMARK LANCET ULTRA THIN		venlafaxine hcl TB24 37.5 MG, 75
		28G	79	MG, 150 MG
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				verapamil hcl CP24 100 MG, 120
				MG, 200 MG, 240 MG, 300 MG ..
				36
				verapamil hcl CP24 180 MG
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				verapamil hcl CP24 360 MG
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VERAPAMIL HCL ER CP24 (verapamil hcl)	36	(monohydrate))	96	VIVAGUARD LANCETS	80
verapamil hcl TABS	36	VIDA MIA UNILET LANCETS 28G 80		VIVAGUARD LANCETS 30G	80
verapamil hcl TBCR 120 MG	36	VIDA MIA UNILET LANCETS 30G 80		VIVAGUARD SAFETY LANCETS 28G	80
verapamil hcl TBCR 180 MG, 240 MG	36	vigabatrin PACK	14	VIVELLE-DOT PTTW (estradiol) ..	54
VERELAN CP24 120 MG, 240 MG (verapamil hcl)	36	vigabatrin TABS	14	VIZIMPRO	27
VERELAN CP24 180 MG (verapamil hcl)	36	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	89	VOGELXO GEL TD (testosterone) ..	8
VERELAN CP24 360 MG (verapamil hcl)	36	VIIBRYD TABS 10 MG, 40 MG (vilazodone hcl)	16	VOGELXO PUMP GEL TD (testosterone)	8
VERELAN PM CP24 (verapamil hcl) . 36		VIIBRYD TABS 20 MG (vilazodone hcl)	16	VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ..	47
VERIFINE SAFE LANCET MINI 21G	79	vilazodone hcl TABS 10 MG, 40 MG . 16		voriconazole SUSR	20
VERIFINE SAFE LANCET MINI 23G	79	vilazodone hcl TABS 20 MG	16	voriconazole TABS	20
VERIFINE SAFE LANCET MINI 28G	79	VIMPAT SOLN PO 10 MG/ML (lacosamide)	14	VOSEVI	34
VERIFINE SAFE LANCET MINI 30G	79	VIMPAT TABS (lacosamide)	14	VOTRIENT (pazopanib hcl)	29
VERIFINE UNIVERSAL LANCETS 28G	79	VIRACEPT TABS	33	VOTRIENT	29
VERIFINE UNIVERSAL LANCETS 30G	80	VIREAD POWD	33	VYNDAMAX	37
VERIFINE UNIVERSAL LANCETS 33G	80	VIREAD TABS (tenofovir disoproxil fumarate)	33	VYndaQEL	37
VERZENIO	29	VIREAD TABS 150 MG, 200 MG, 250 MG	33	VYTORIN (ezetimibe-simvastatin) 20	20
VFEND SUSR (voriconazole)	20	VISTARIL CAPS (hydroxyzine pamoate)	9	WALGREENS ADV TRAVEL LANCETS	80
VFEND TABS (voriconazole)	20	VITAMINS ACD-FLUORIDE SOLN 85		warfarin sodium TABS	12
VIAGRA (sildenafil citrate)	37	VITATELY WITH GINGER TABS 86		WELLBUTRIN SR TB12 (bupropion hcl)	15
VIBRAMYCIN CAPS (doxycycline hyolate)	96	VITATRUE	86	WELLBUTRIN XL TB24 (bupropion hcl)	15
VIBRAMYCIN SUSR (doxycycline hyolate)		VITRAKVI CAPS	29	WESCAP-C DHA	86
VIBRAMYCIN SUSR (doxycycline hyolate)		VITRAKVI SOLN	29	WESTAB PLUS TABS	86
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WIDE-SEAL DIAPHRAGM 90	63	XPOVIO (80 MG ONCE WEEKLY) 40 MG	27	ZESTRIL TABS 40 MG (lisinopril)	22
WIDE-SEAL DIAPHRAGM 95	63	XALKORI CAPS	29	ZETIA (ezetimibe)	21
XALATAN SOLN (latanoprost)	90	XPOVIO (80 MG TWICE WEEKLY) 28	27	ZEVRX TWIST TOP LANCETS 30G 80	
XANAX TABS (alprazolam)	9	XTANDI CAPS	27	ZIAC (bisoprolol & hydrochlorothiazide)	24
XARELTO STARTER PACK TBPK 12		XTANDI TABS	27	ZIAGEN SOLN (abacavir sulfate)	33
XARELTO SUSR	12	YASMIN 28 (drospirenone-ethinyl estradiol)	42	ZIAGEN TABS (abacavir sulfate)	33
XARELTO TABS 10 MG	12	YAZ (drospirenone-ethinyl estradiol)	42	zidovudine CAPS	33
XARELTO TABS 2.5 MG, 15 MG, 20 MG (rivaroxaban)	12	zaleplon	58	zidovudine SYRP	33
XARELTO TABS 2.5 MG, 15 MG, 20 MG	12	ZANAFLEX TABS 4 MG (tizanidine hcl)	86	zidovudine TABS	33
XATMEP SOLN PO	26	ZARONTIN CAPS (ethosuximide)	14	ziprasidone hcl 20 MG, 40 MG	30
XELJANZ SOLN	2	ZARONTIN SOLN (ethosuximide)	14	ziprasidone hcl 60 MG, 80 MG	30
XELJANZ TABS	2	ZEJULA CAPS	29	ZITHROMAX PACK	61
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XELODA 150 MG (capecitabine)	26	ZELBORA	29	ZITHROMAX TABS 250 MG (azithromycin)	61
XELODA 500 MG (capecitabine)	26	ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)	53	ZITHROMAX TABS 500 MG (azithromycin)	61
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XHANCE EXHU	87	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide)	24	ZITHROMAX Z-PAK TABS (azithromycin)	61
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	17	ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	21	ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	21
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	17	ZOLINZA	29	ZOLINZA	29
XOSPATA	29	ZOLOFT CONC (sertraline hcl)	16	ZOLOFT TABS (sertraline hcl)	16
XPOVIO (100 MG ONCE WEEKLY) 50 MG	27	ZOLOFT TABS (sertraline hcl)	16	ZOLOFT TABS (sertraline hcl)	16
XPOVIO (40 MG ONCE WEEKLY) 40 MG	27				

zolpidem tartrate TABS 10 MG	59
zolpidem tartrate TABS 5 MG	58
ZONEGRAN CAPS 100 MG (zonisamide)	14
ZONEGRAN CAPS 25 MG (zonisamide)	14
zonisamide CAPS 100 MG	14
zonisamide CAPS 25 MG, 50 MG .	14
ZORTRESS (everolimus (immunosuppressant))	84
ZOVIRAX OINT (acyclovir topical) .	48
ZYDELIG	29
ZYLOPRIM 100 MG (allopurinol) ..	57
ZYLOPRIM 300 MG (allopurinol) ..	57
ZYMAXID (gatifloxacin (ophth)) ...	89
ZYPREXA TABS 15 MG, 20 MG (olanzapine)	31
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine)	31
ZYTIGA (abiraterone acetate)	27
ZYVOX SUSR (linezolid)	25
ZYVOX TABS (linezolid)	25