

California

3 Tier with Specialty Drug List (1020)

California Small and Large Group Members

The 3 Tier with Specialty Drug List (formulary) includes a list of drugs covered by Health Net. The drug list is updated at least monthly and is subject to change. All previous versions are no longer in effect. You can view the most current drug list by going to our website at www.healthnet.com. Refer to *Plan documents* for specific cost share information.

California Small and Large Group members

Go to

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

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

Small Group

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

Hours of Operation

8:00am – 6:00pm Monday through Friday

Large Group

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

Hours of Operation

8:00am – 6:00pm Monday through Friday



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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

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

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

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

How do I find a drug in the Drug List?

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

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

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

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

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

How are the drugs listed in the categorical list?

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

Example:

Drug	Tier	Requirements/ Limits
MAVYRET (<i>glecaprevir-pibrentasvir</i>) TABS	3	PA
<i>phentermine hcl caps</i>	1	PA

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

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

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

Generic Drug Example: *terbutaline sulfate tabs*

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

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

How much will I pay for my drugs?

To see how much you will pay for a drug check the abbreviations in the Drug Tier column on the formulary. The copayment or coinsurance for each tier is defined in your Summary of Benefits or other plan documents.

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

Note: For oral chemotherapy drugs - Notwithstanding any deductible, the total amount of copayment or coinsurance an enrollee is required to pay shall not exceed two hundred 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.

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

Are there any limits on my drug coverage?

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

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

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

How often does the Drug List change?

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

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

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

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

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

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

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

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

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

If we approve an exception for a drug that is not on the drug list, the non-preferred brand drug tier (Tier 3) or Tier 4 (Specialty) copayment applies. Health Net will cover all medically necessary drugs. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving an expedited request, the request will be approved, and Health Net may not deny the request thereafter.

Step Therapy Exception

In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. This is called step therapy. Step therapy is

when you are required to use one drug before another, in a stepwise fashion. The required first step drug or preferred drug is a proven, cost-effective medication. Unless a step therapy exception is made, one or more preferred drugs must be tried before progressing to a drug that is subject to step therapy.

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

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

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

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

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

Are all contraceptives covered?

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

What blood glucose supplies are covered?

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

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

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

Are preventive drugs covered?

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

What drugs are covered under my medical benefit?

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

Can I go to any pharmacy?

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

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

must be dispensed from a network specialty pharmacy. After your drug has been approved, we will arrange for the specialty pharmacy to contact you to set up delivery.

Can I use a mail order pharmacy?

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

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Definitions

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

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.

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders					
Amphetamines			Analeptics		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1		<i>caffeine citrate SOLN PO</i>	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1		Anorexiants Non-Amphetamine		
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	7	QL(2 EA daily; 90 Day(s) limit)	ADIPEX-P CAPS (<i>phentermine hcl</i>)	4	Check plan documents for coverage; PA
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	7		<i>benzphetamine hcl 25 MG</i>	4	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)	<i>phentermine hcl CAPS</i>	4	Check plan documents for coverage; PA
<i>amphetamine-dextroamphetamine TABS</i>	1		QSYMIA	4	Check plan documents for coverage; QL(1 EA daily); PA
DESOXYN (<i>methamphetamine hcl</i>)	7	PA	Anti-Obesity Agents		
DEXEDRINE CP24 10 MG, 15 MG (<i>dextroamphetamine sulfate</i>)	7		CONTRAVE	4	Check plan documents for coverage; PA
<i>dextroamphetamine sulfate CP24</i>	1		<i>orlistat</i>	4	Check plan documents for coverage; PA
<i>dextroamphetamine sulfate SOLN</i>	1		SAXENDA	4	QL(0.5 ML daily); PA
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1		XENICAL (<i>orlistat</i>)	4	Check plan documents for coverage; PA
<i>lisdexamfetamine dimesylate CAPS</i>	2	QL(1 EA daily)	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>lisdexamfetamine dimesylate CHEW</i>	2	QL(1 EA daily)	<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 EA daily)
<i>methamphetamine hcl</i>	1	PA	<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 EA daily)
VYVANSE CHEW	3	QL(1 EA daily)	<i>guanfacine hcl (adhd)</i>	1	QL(1 EA daily)
Stimulants - Misc.			INTUNIV (<i>guanfacine hcl (adhd)</i>)	7	QL(1 EA daily)
			STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (<i>atomoxetine hcl</i>)	7	QL(2 EA daily)
			STRATTERA 60 MG, 80 MG, 100 MG (<i>atomoxetine hcl</i>)	7	QL(1 EA daily)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
APTENSIO XR CP24 <i>(methylphenidate hcl)</i>	7	QL(1 EA daily)	<i>methylphenidate hcl TBCR 20 MG</i>	1	QL(1 EA daily; 90 Day(s) limit)
<i>armodafinil</i>	1	ST; PA	<i>methylphenidate PTCH</i>	2	QL(1 EA daily)
<i>dexmethylphenidate hcl CP24</i>	1	QL(1 EA daily)	<i>modafinil</i>	1	QL(1 EA daily)
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 EA daily)	<i>NUVIGIL (armodafinil)</i>	7	ST; PA
FOCALIN XR CP24 <i>(dexmethylphenidate hcl)</i>	7	QL(1 EA daily)	<i>PROVIGIL (modafinil)</i>	7	QL(1 EA daily)
FOCALIN TABS <i>(dexmethylphenidate hcl)</i>	7	QL(2 EA daily)	QUILLICHEW ER CHER 30 MG	3	QL(2 EA daily); PA
METADATE CD CPCR <i>(methylphenidate hcl)</i>	7	QL(1 EA daily)	QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 EA daily); PA
METHYLIN SOLN <i>(methylphenidate hcl)</i>	7		QUILLIVANT XR SRER	3	QL(12 ML daily); PA
<i>methylphenidate hcl CHEW</i>	1		RELEXXII TBCR 72 MG	2	QL(1 EA daily)
<i>methylphenidate hcl CP24 60 MG</i>	2	QL(1 EA daily; 90 EA per fill retail)	RITALIN LA CP24 <i>(methylphenidate hcl)</i>	7	QL(1 EA daily)
<i>methylphenidate hcl CP24</i>	1	QL(1 EA daily)	RITALIN TABS 5 MG, 10 MG <i>(methylphenidate hcl)</i>	7	
<i>methylphenidate hcl CPCR</i>	1	QL(1 EA daily)	RITALIN TABS 20 MG <i>(methylphenidate hcl)</i>	7	QL(3 EA daily)
<i>methylphenidate hcl SOLN</i>	1		AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 EA daily)	Aminoglycosides		
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1		ARIKAYCE	4	PA
<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 EA daily; 180 EA per fill retail)	BETHKIS NEBU <i>(tobramycin)</i>	4	PA
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)	HUMATIN	2	
<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 EA daily)	<i>neomycin sulfate TABS</i>	1	
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 72 MG</i>	1	QL(1 EA daily)	<i>paromomycin sulfate</i>	1	
<i>methylphenidate hcl TBCR 10 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)	TOBI PODHALER CAPS	4	PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RINVOQ LQ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(12 ML daily); SP; PA	RASUVO SOAJ 20 MG/0.4ML	4	SP; PA
RINVOQ TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA	Anti-TNF-alpha - Monoclonal Antibodies		
XELJANZ XR TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	4	QL(0.143 ML daily); PA
XELJANZ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); SP; PA	ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	4	QL(0.143 ML daily); PA
XELJANZ TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA	HADLIMA PUSHTOUCH SOAJ	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); PA
Antirheumatic Antimetabolites			HADLIMA SOSY	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); PA
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	SP; PA	HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(0.072 EA daily); SP; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	PA	HUMIRA (2 PEN) AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA
			HUMIRA (2 PEN) AJKT 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA
			HUMIRA (2 SYRINGE) PSKT	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA
			HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	ARCALYST	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA	Interleukin-6 Receptor Inhibitors		
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	Check plan documents for coverage; QL(2 EA per 365 day(s) retail); PA	KEVZARA SOAJ	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
HUMIRA-PED>/=40KG CROHNS START PSKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA	KEVZARA SOSY	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
HUMIRA-PED>/=40KG UC STARTER AJKT	4	Check plan documents for coverage; QL(4 EA per 365 day(s) retail); SP; PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	Check plan documents for coverage; QL(0.143 EA daily); PA	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA	(Indomethacin) INDOCIN SUPP	4	
Gold Compounds			ANAPROX DS TABS (<i>naproxen sodium</i>)	7	
AURANOFIN 3 MG	4		ARTHROTEC TBEC (<i>diclofenac w/ misoprostol</i>)	7	
RIDAURA	4		CELEBREX 400 MG (<i>celecoxib</i>)	7	QL(2 EA daily); PA
Interleukin-1 Blockers			CELEBREX 50 MG, 100 MG, 200 MG (<i>celecoxib</i>)	7	QL(2 EA daily)
			<i>celecoxib 400 MG</i>	1	QL(2 EA daily); PA
			<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 EA daily)
			DAYPRO TABS (<i>oxaprozin</i>)	7	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac potassium TABS 50 MG</i>	1		NAPROSYN TABS 500 MG (<i>naproxen</i>)	7	
<i>diclofenac sodium TB24</i>	1		<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	
<i>diclofenac sodium TBEC</i>	1		<i>naproxen SUSP</i>	1	
<i>diclofenac w/ misoprostol 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 20 MG</i>	1	QL(1 EA daily)
<i>etodolac TB24</i>	1	QL(2 EA daily)	<i>piroxicam CAPS 10 MG</i>	1	
FELDENE CAPS 10 MG (<i>piroxicam</i>)	7		<i>sulindac TABS 200 MG</i>	1	
FELDENE CAPS 20 MG (<i>piroxicam</i>)	7	QL(1 EA daily)	<i>sulindac TABS 150 MG</i>	1	QL(2 EA daily)
<i>fenoprofen calcium TABS</i>	3		Phosphodiesterase 4 (PDE4) Inhibitors		
<i>flurbiprofen TABS</i>	1		OTEZLA TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1		OTEZLA TBPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 EA per 365 day(s) retail); SP; PA
<i>indomethacin CAPS 25 MG, 50 MG</i>	1		Pyrimidine Synthesis Inhibitors		
<i>indomethacin CPCR</i>	1		ARAVA 10 MG (<i>leflunomide</i>)	7	QL(2 EA daily)
<i>indomethacin SUPP</i>	4		ARAVA 20 MG (<i>leflunomide</i>)	7	QL(1 EA daily)
<i>indomethacin SUSP</i>	2		<i>leflunomide 20 MG</i>	1	QL(1 EA daily)
<i>ketoprofen CP24</i>	2		<i>leflunomide 10 MG</i>	1	QL(2 EA daily)
<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail)	Soluble Tumor Necrosis Factor Receptor Agents		
LODINE TABS (<i>etodolac</i>)	7		ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ML daily); SP; PA
<i>meclofenamate sodium CAPS</i>	1				
<i>mefenamic acid CAPS</i>	2				
<i>meloxicam CAPS 10 MG</i>	3	PA			
<i>meloxicam CAPS 5 MG</i>	3	ST; PA			
<i>meloxicam TABS 15 MG</i>	1	QL(1 EA daily)			
<i>meloxicam TABS 7.5 MG</i>	1	QL(2 EA daily)			
<i>nabumetone 750 MG</i>	1	QL(3 EA daily)			
<i>nabumetone 500 MG</i>	1	QL(4 EA daily)			
NALFON TABS 600 MG	3				
NAPROSYN SUSP (<i>naproxen</i>)	7				

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ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	
ENBREL SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA	<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	
ENBREL SOSY 50 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ML daily); SP; PA	<i>butalbital-acetaminophen CAPS</i>	2	
ENBREL SOSY 25 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ML daily); SP; PA	<i>butalbital-acetaminophen-caffeine TABS 50 MG-300 MG</i>	2	
			<i>butalbital-acetaminophen-caffeine TABS 50 MG-325 MG</i>	1	
			<i>butalbital-aspirin-caffeine CAPS</i>	1	
			<i>ESGIC TABS (butalbital-acetaminophen-caffeine)</i>	7	
			<i>FIORICET CAPS (butalbital-acetaminophen-caffeine)</i>	7	
			Salicylates		
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions					
Analgesic Combinations					
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	2				
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1				
(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN-CAFF) TABS 40 MG-50 MG-325 MG	1				
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW ST, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE TBEC 81 MG	5	PV	(Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW	5	PV
			<i>aspirin CHEW</i>	5	PV
			<i>aspirin TBEC 81 MG</i>	5	PV
			<i>diflunisal TABS</i>	1	
			<i>salsalate</i>	1	
			ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
			Opioid Agonists		
			(Methadone Hcl) METHADONE HCL INTENSOL CONC	1	
			(Methadone Hcl) METHADOSE TBSO	1	
			<i>codeine sulfate TABS</i>	1	
			DILAUDID LIQD <i>(hydromorphone hcl)</i>	7	
			DILAUDID TABS <i>(hydromorphone hcl)</i>	7	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate LPOP 1600 MCG</i>	2	QL(4 EA daily); PA	<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>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	PA	<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 EA daily)	<i>morphine sulfate SUPP</i>	2	
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	Limit 15 patches per month; QL(0.5 EA daily)	<i>morphine sulfate TABS</i>	1	
<i>hydrocodone bitartrate CP12</i>	2	PA	<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)
<i>hydrocodone bitartrate T24A</i>	2	PA	<i>MS CONTIN TBCR (morphine sulfate)</i>	7	QL(3 EA daily)
<i>hydromorphone hcl LIQD</i>	1		<i>OXAYDO TABS 5 MG</i>	2	
<i>hydromorphone hcl TABS</i>	1		<i>oxycodone hcl CAPS</i>	1	
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	2	QL(4 EA daily)	<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
<i>hydromorphone hcl TB24 32 MG</i>	2	QL(2 EA daily)	<i>oxycodone hcl SOLN</i>	1	
<i>HYSINGLA ER T24A</i>	3	PA	<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
<i>levorphanol tartrate TABS</i>	4	PA	<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 EA daily)
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	2		<i>oxymorphone hcl TABS 10 MG</i>	2	QL(8 EA daily)
<i>meperidine hcl TABS 50 MG</i>	1		<i>oxymorphone hcl TABS 5 MG</i>	2	
<i>methadone hcl CONC</i>	1		<i>oxymorphone hcl TB12</i>	2	QL(2 EA daily)
<i>methadone hcl SOLN PO</i>	1		<i>ROXICODONE TABS 15 MG (oxycodone hcl)</i>	7	
<i>methadone hcl TABS</i>	1	QL(12 EA daily)	<i>ROXICODONE TABS 30 MG (oxycodone hcl)</i>	7	QL(4 EA daily)
<i>methadone hcl TBSO</i>	1		<i>SUBSYS LIQD</i>	4	PA
<i>METHADOSE SUGAR-FREE CONC (methadone hcl)</i>	7		<i>tramadol hcl TABS 100 MG</i>	1	
<i>METHADOSE CONC (methadone hcl)</i>	7		<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)
<i>morphine sulfate beads</i>	2	QL(1 EA daily)	<i>tramadol hcl TB24 300 MG</i>	2	
			<i>tramadol hcl TB24 200 MG</i>	2	QL(1 EA daily)
			<i>tramadol hcl TB24 100 MG</i>	2	QL(3 EA daily)

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Opioid Combinations					
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	3		<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)
(Oxycodone W/Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 EA daily)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	
(Oxycodone W/Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 EA daily)	<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	2	
(Oxycodone W/Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	1		<i>hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG</i>	1	
<i>acetaminophen w/ codeine SOLN</i>	1		<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1	
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1		<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	1	QL(4 EA daily)
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 EA daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 EA daily)
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1		OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	3	
<i>butalbital-aspirin-caffeine w/cod</i>	3		PERCOSET TABS 325 MG-2.5 MG (<i>oxycodone w/ acetaminophen</i>)	7	
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	7		PERCOSET TABS 325 MG-5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(6 EA daily)
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1		PERCOSET TABS 325 MG-10 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(4 EA daily)
<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 EA daily)	PROLATE TABS	3	
Opioid Partial Agonists					
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>				1	QL(2 EA daily)

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<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)	Hormones		
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 EA daily)	Androgens		
<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 EA daily)	(Methyltestosterone) METHITEST TABS	4	
<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 EA daily)	(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML per fill retail)
<i>buprenorphine PTWK</i>	1	Limited to 4 patches per month; QL(4 EA per 28 day(s) retail)	ANDROGEL PUMP GEL TD (<i>testosterone</i>)	7	Limited to 300 gms per month; QL(10 GM daily)
<i>buprenorphine PTWK 20 MCG/HR</i>	1	Limit 4 patches per month; QL(4 EA per 28 day(s) retail)	<i>danazol CAPS</i>	1	
<i>buprenorphine PTWK 5 MCG/HR</i>	1	QL(4 EA per 28 day(s) retail)	FORTESTA GEL TD (<i>testosterone</i>)	7	QL(4 GM daily)
<i>buprenorphine PTWK 15 MCG/HR</i>	1	Limit 4 patches per 28 days; QL(4 EA per 28 day(s) retail)	<i>methyltestosterone CAPS</i>	4	
<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ML daily)	TESTIM GEL TD (<i>testosterone</i>)	7	Limited to 300 gms per month; QL(10 GM daily); PA
<i>BUTTRANS PTWK 7.5 MCG/HR (buprenorphine)</i>	7	Limited to 4 patches per month; QL(4 EA per 28 day(s) retail)	<i>testosterone cypionate SOLN IM</i>	1	QL(10 ML per fill retail)
<i>pentazocine w/ naloxone hcl</i>	1		<i>testosterone enanthate SOLN IM</i>	1	
<i>SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)</i>	7	QL(3 EA daily)	<i>testosterone GEL TD 1 %</i>	1	Limit 300gms per month; QL(10 GM daily)
<i>SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)</i>	7	QL(2 EA daily)	<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 GM daily)
ANDROGENS-ANABOLIC - Drugs to Regulate					
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching					
Intrarectal Steroids					

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<i>budesonide (intrarectal)</i>	2	PA	<i>ranolazine TB12 1000 MG</i>	1	
CORTENEMA <i>(hydrocortisone (intrarectal))</i>	7	QL(60 ML daily)	<i>ranolazine TB12 500 MG</i>	1	QL(4 EA daily)
CORTIFOAM EX 10 %	2		Nitrates		
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ML daily)	ISORDIL TITRADOSE TABS 5 MG (<i>isosorbide dinitrate</i>)	7	
Rectal Combinations			<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
ANALPRAM-HC LOTN EX	3		<i>isosorbide dinitrate TABS 40 MG</i>	2	
PROCTOFOAM HC FOAM EX	2		<i>isosorbide mononitrate TABS</i>	1	
Rectal Steroids			ISOSORBIDE MONONITRATE TABS	2	
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1		<i>isosorbide mononitrate TB24</i>	1	
ANUSOL-HC EX <i>(hydrocortisone (rectal))</i>	7		NITRO-BID OINT	2	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1		NITRO-DUR PT24	2	QL(1 EA daily)
Vasodilating Agents			NITRO-DUR PT24 (<i>nitroglycerin</i>)	7	QL(1 EA daily)
<i>nitroglycerin (intra-anal)</i>	2		<i>nitroglycerin PT24</i>	1	QL(1 EA daily)
ANTHELMINTICS - Drugs to Treat Worm Infections			<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
Anthelmintics			<i>nitroglycerin SUBL</i>	1	
<i>albendazole</i>	1	QL(4 EA per fill retail)	NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	7	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)	NITROSTAT SUBL (<i>nitroglycerin</i>)	7	
<i>ivermectin</i>	1	QL(5 EA per fill retail); PA	ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
<i>praziquantel</i>	2		Antianxiety Agents - Misc.		
STROMECTOL <i>(ivermectin)</i>	7	QL(5 EA per fill retail); PA	<i>buspirone hcl</i>	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain			<i>hydroxyzine hcl SYRP</i>	1	
Antianginals-Other			<i>hydroxyzine hcl TABS</i>	1	
			<i>hydroxyzine pamoate CAPS</i>	1	
			VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	7	
			Benzodiazepines		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Alprazolam) ALPRAZOLAM XR TB24	1		<i>disopyramide phosphate CAPS</i>	2	
(Diazepam) DIAZEPAM INTENSOL CONC	1		NORPACE CR CP12	3	
(Lorazepam) LORAZEPAM INTENSOL CONC	1		<i>quinidine gluconate TBCR</i>	1	
ALPRAZOLAM INTENSOL CONC	3		Antiarrhythmics Type I-B		
<i>alprazolam TABS</i>	1		<i>mexiletine hcl</i>	1	
<i>alprazolam TB24</i>	1		Antiarrhythmics Type I-C		
<i>alprazolam TBDP</i>	1		<i>flecainide acetate</i>	1	
ATIVAN TABS (lorazepam)	7		<i>propafenone hcl CP12</i>	2	
<i>chlordiazepoxide hcl CAPS</i>	1		<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 EA daily)
<i>clorazepate dipotassium TABS</i>	1		<i>propafenone hcl TABS 150 MG</i>	1	QL(6 EA daily)
<i>diazepam CONC</i>	1		Antiarrhythmics Type III		
<i>diazepam SOLN PO 5 MG/5ML</i>	1		(Amiodarone Hcl) PACERONE TABS	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 EA daily)	<i>amiodarone hcl TABS</i>	1	
<i>diazepam TABS 2 MG, 5 MG</i>	1		<i>dofetilide</i>	2	
<i>lorazepam CONC</i>	1		ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
<i>lorazepam TABS</i>	1		Antiasthmatic - Monoclonal Antibodies		
<i>oxazepam CAPS 10 MG, 15 MG</i>	1		FASENRA PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); SP; PA
<i>oxazepam CAPS 30 MG</i>	1	QL(2 EA daily)	FASENRA SOSY 10 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA
VALIUM TABS 10 MG (diazepam)	7	QL(4 EA daily)	FASENRA SOSY 30 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); SP; PA
VALIUM TABS 2 MG, 5 MG (diazepam)	7				
XANAX XR TB24 (alprazolam)	7				
XANAX TABS (alprazolam)	7				
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms					
Antiarrhythmics Type I-A					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NUCALA SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 ML daily); SP; PA	<i>tiotropium bromide monohydrate CAPS</i>	2	QL(1 EA daily)
NUCALA SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 EA daily); SP; PA	Leukotriene Modulators		
NUCALA SOSY 40 MG/0.4ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0144 ML daily); SP; PA	<i>montelukast sodium CHEW</i>	1	QL(1 EA daily)
NUCALA SOSY 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 ML daily); SP; PA	<i>montelukast sodium PACK</i>	1	QL(1 EA daily)
Anti-Inflammatory Agents			<i>montelukast sodium TABS</i>	1	QL(1 EA daily)
<i>cromolyn sodium NEBU</i>	1		SINGULAIR CHEW (<i>montelukast sodium</i>)	7	QL(1 EA daily)
Bronchodilators - Anticholinergics			SINGULAIR PACK (<i>montelukast sodium</i>)	7	QL(1 EA daily)
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 GM daily)	SINGULAIR TABS (<i>montelukast sodium</i>)	7	QL(1 EA daily)
INCRUSE ELLIPTA	2	QL(1 EA daily)	<i>zileuton TB12</i>	4	ST
<i>ipratropium bromide SOLN 0.02 %</i>	1		ZYFLO TABS	3	ST
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)	Selective Phosphodiesterase 4 (PDE4) Inhibitors		
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)	DALIRESP (<i>roflumilast</i>)	7	QL(1 EA daily)
			<i>roflumilast</i>	1	QL(1 EA daily)
Steroid Inhalants					
ARNUITY ELLIPTA	2	QL(1 EA daily)	ARNUITY ELLIPTA	2	QL(1 EA daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ML daily)	<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ML daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)	<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)	<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 GM daily)			

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<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 GM daily)	ANORO ELLIPTA	2	QL(2 EA daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 EA daily)	<i>arformoterol tartrate</i>	2	QL(4 ML daily)
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 EA daily)	BREZTRI AEROSPHERE	2	QL(0.36 GM daily)
PULMICORT SUSP 0.25 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(8 ML daily)	<i>budesonide-formoterol fumarate dihydrate</i>	1	
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(2 ML daily)	COMBVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 GM daily)
PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(4 ML daily)	<i>fluticasone furoate-vilanterol</i>	1	QL(2 EA daily)
QVAR REDIHALER 80 MCG/ACT	2	QL(0.72 GM daily)	<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 EA daily)
Sympathomimetics			<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 GM daily)
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1		<i>formoterol fumarate NEBU</i>	2	QL(4 ML daily)
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)	<i>ipratropium-albuterol SOLN</i>	1	
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	7	QL(2 EA daily)	<i>levalbuterol hcl</i>	1	
<i>albuterol sulfate AERS</i>	1	QL(0.47 GM daily)	<i>levalbuterol tartrate</i>	1	QL(0.5 GM daily)
<i>albuterol sulfate AERS</i>	1	QL(1.2 GM daily)	PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 EA daily)
<i>albuterol sulfate NEBU</i>	1		SEREVENT DISKUS	2	QL(2 EA daily)
ALBUTEROL SULFATE NEBU	2		STIOLTO RESPIMAT	2	QL(0.14 GM daily)
<i>albuterol sulfate SYRP</i>	1		STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
<i>albuterol sulfate TABS</i>	1		SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	7	
			<i>terbutaline sulfate TABS</i>	1	
			TRELEGY ELLIPTA	2	QL(2 EA daily)

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XOPENEX (<i>levalbuterol hcl</i>)	7		ARIIXTRA 10 MG/0.8ML (<i>fondaparinux sodium</i>)	4	QL(6 ML per 90 day(s) retail)
XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>)	7		ARIIXTRA 2.5 MG/0.5ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	4	QL(4 ML per 90 day(s) retail)
Xanthines					
(Theophylline) ELIXOPHYLLIN ELIX	1		<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(42 ML per 7 day(s) retail)
THEO-24 CP24	2		<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1	
<i>theophylline ELIX</i>	1		<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(14 ML per 7 day(s) retail)
<i>theophylline SOLN</i>	1		<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	1	QL(5.6 ML per 7 day(s) retail)
<i>theophylline TB12 450 MG</i>	1	QL(1 EA daily)	<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	1	QL(8.4 ML per 7 day(s) retail)
<i>theophylline TB12 300 MG</i>	1	QL(2 EA daily)	<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	1	QL(11.2 ML per 7 day(s) retail)
<i>theophylline TB24</i>	1	QL(1 EA daily)	<i>fondaparinux sodium 2.5 MG/0.5ML, 7.5 MG/0.6ML</i>	4	QL(4 ML per 90 day(s) retail)
ANTICOAGULANTS - Blood Thinners					
Coumarin Anticoagulants					
(Warfarin Sodium) JANTOVEN TABS	1		<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3 ML per 90 day(s) retail)
<i>warfarin sodium TABS</i>	1		<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(6 ML per 90 day(s) retail)
Direct Factor Xa Inhibitors					
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(74 EA per 30 day(s) retail)	FRAGMIN SOLN 95000 UNIT/3.8ML	4	PA
ELIQUIS TABS	2	QL(2 EA daily)	FRAGMIN SOSY 7500 UNIT/0.3ML	4	QL(2 ML per 90 day(s) retail)
<i>rivaroxaban TABS 2.5 MG</i>	1	QL(1 EA daily)	FRAGMIN SOSY 10000 UNIT/ML	4	QL(7 ML per 90 day(s) retail)
XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)	FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	QL(1 ML per 90 day(s) retail)
XARELTO SUSR	2	QL(900 ML per 30 day(s) retail)	FRAGMIN SOSY 18000 UNT/0.72ML	4	QL(5 ML per 90 day(s) retail)
XARELTO TABS 2.5 MG (<i>rivaroxaban</i>)	7	QL(1 EA daily)	FRAGMIN SOSY 12500 UNIT/0.5ML, 15000 UNIT/0.6ML	4	QL(4 ML per 90 day(s) retail)
XARELTO TABS 15 MG, 20 MG	2	QL(1 EA daily)	LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	7	QL(42 ML per 7 day(s) retail)
XARELTO TABS 10 MG	2	QL(2 EA daily)			
Heparins And Heparinoid-Like Agents					
ARIIXTRA 5 MG/0.4ML (<i>fondaparinux sodium</i>)	4	QL(3 ML per 90 day(s) retail)			

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LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	7	QL(5.6 ML per 7 day(s) retail)	NAYZILAM	4	QL(10 EA per 30 day(s) retail); PA
LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	7	QL(14 ML per 7 day(s) retail)	Anticonvulsants - Misc.		
LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	7		(Carbamazepine) EPITOL TABS	1	
LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	7	QL(8.4 ML per 7 day(s) retail)	(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	2	
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	7	QL(11.2 ML per 7 day(s) retail)	(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	2	
Thrombin Inhibitors			(Lamotrigine) SUBVENITE TABS	1	
<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 EA daily)	(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 EA daily)
<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	QL(4 EA daily)	APTIOM	3	QL(1 EA daily); ST
ANTICONVULSANTS - Drugs to Treat Seizures					
AMPA Glutamate Receptor Antagonists					
FYCOMPA SUSP	4	QL(24 ML daily)	BRIVIACT SOLN PO 10 MG/ML	4	PA
FYCOMPA TABS 2 MG	4	QL(6 EA daily)	BRIVIACT TABS 100 MG	3	ST; QL(2 EA daily); PA
FYCOMPA TABS 8 MG, 10 MG, 12 MG	4	QL(1 EA daily)	BRIVIACT TABS 10 MG	3	ST; PA
FYCOMPA TABS 6 MG	4	QL(2 EA daily)	BRIVIACT TABS 25 MG, 50 MG, 75 MG	3	PA
FYCOMPA TABS 4 MG	4	QL(3 EA daily)	<i>carbamazepine CHEW 100 MG</i>	1	
Anticonvulsants - Benzodiazepines					
<i>clobazam SUSP</i>	2		<i>carbamazepine CP12</i>	1	
<i>clobazam TABS 20 MG</i>	2	QL(2 EA daily)	<i>carbamazepine SUSP</i>	1	
<i>clobazam TABS 10 MG</i>	2	QL(1 EA daily)	<i>carbamazepine TABS</i>	1	
<i>clonazepam TABS</i>	1		<i>carbamazepine TB12 100 MG</i>	1	
<i>clonazepam TBDP</i>	1		<i>carbamazepine TB12 200 MG</i>	1	QL(8 EA daily)
<i>diazepam (anticonvulsant) GEL</i>	2	Limit 4 per month; QL(0.14 EA daily)	<i>carbamazepine TB12 400 MG</i>	1	QL(4 EA daily)
KLONOPIN TABS (<i>clonazepam</i>)	7				

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CARBATROL CP12 <i>(carbamazepine)</i>	7		<i>lamotrigine TB24 250 MG</i>	2	Use Immediate Release Tabs; PA
DIACOMIT CAPS 250 MG	4	QL(12 EA daily); PA	<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	2	Use Immediate Release Tabs; QL(1 EA daily); PA
DIACOMIT CAPS 500 MG	4	QL(6 EA daily); PA	<i>lamotrigine TB24 300 MG</i>	2	Use Immediate Release Tabs; QL(2 EA daily); PA
DIACOMIT PACK 250 MG	4	QL(12 EA daily); PA	<i>lamotrigine TBDP</i>	3	PA
DIACOMIT PACK 500 MG	4	QL(6 EA daily); PA	<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1	
EPIDIOLEX	4	ST; PA	<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 EA daily)
<i>gabapentin CAPS</i>	1		<i>levetiracetam TABS 1000 MG</i>	1	QL(3 EA daily)
<i>gabapentin SOLN</i>	1		<i>levetiracetam TB24</i>	1	QL(4 EA daily)
<i>gabapentin TABS 600 MG, 800 MG</i>	1		LEVETIRACETAM TB3D	3	PA
KEPPRA XR TB24 <i>(levetiracetam)</i>	7	QL(4 EA daily)	LYRICA CAPS 225 MG, 300 MG <i>(pregabalin)</i>	7	QL(2 EA daily)
KEPPRA SOLN PO 100 MG/ML <i>(levetiracetam)</i>	7		LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG <i>(pregabalin)</i>	7	QL(3 EA daily)
KEPPRA TABS 1000 MG <i>(levetiracetam)</i>	7	QL(3 EA daily)	LYRICA SOLN <i>(pregabalin)</i>	7	QL(30 ML daily)
KEPPRA TABS 250 MG, 500 MG, 750 MG <i>(levetiracetam)</i>	7	QL(6 EA daily)	MYSOLINE <i>(primidone)</i>	7	
<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ML daily)	NEURONTIN CAPS <i>(gabapentin)</i>	7	
<i>lacosamide TABS</i>	1	QL(2 EA daily)	NEURONTIN SOLN <i>(gabapentin)</i>	7	
LAMICTAL ODT KIT <i>(lamotrigine)</i>	3	PA	NEURONTIN TABS <i>(gabapentin)</i>	7	
LAMICTAL ODT TBDP <i>(lamotrigine)</i>	3	PA	<i>oxcarbazepine SUSP</i>	1	QL(40 ML daily)
LAMICTAL XR KIT	3	PA	<i>oxcarbazepine TABS 150 MG</i>	1	
LAMICTAL CHEW <i>(lamotrigine)</i>	7		<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 EA daily)
LAMICTAL TABS <i>(lamotrigine)</i>	7		<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 EA daily)
<i>lamotrigine CHEW</i>	1		<i>oxcarbazepine TB24 150 MG, 300 MG</i>	2	
<i>lamotrigine KIT 25 MG</i>	2				
<i>lamotrigine KIT</i>	3	PA			
<i>lamotrigine TABS</i>	1				

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<i>oxcarbazepine TB24 600 MG</i>	2	QL(4 EA daily)	<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	2	QL(1 EA daily); PA
<i>pregabalin CAPS 225 MG, 300 MG</i>	1	QL(2 EA daily)	<i>topiramate CS24 25 MG, 50 MG</i>	2	QL(2 EA daily); PA
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	QL(3 EA daily)	<i>topiramate TABS 200 MG</i>	1	QL(2 EA daily)
<i>pregabalin SOLN</i>	1	QL(30 ML daily)	<i>topiramate TABS 100 MG</i>	1	QL(4 EA daily)
<i>primidone 50 MG, 250 MG</i>	1		<i>topiramate TABS 50 MG</i>	1	QL(8 EA daily)
<i>rufinamide SUSP</i>	2		<i>topiramate TABS 25 MG</i>	1	
<i>rufinamide TABS 400 MG</i>	2	QL(8 EA daily)	<i>TRILEPTAL SUSP (oxcarbazepine)</i>	7	QL(40 ML daily)
<i>rufinamide TABS 200 MG</i>	2		<i>TRILEPTAL TABS 600 MG (oxcarbazepine)</i>	7	QL(4 EA daily)
<i>SPRITAM TB3D</i>	3	PA	<i>TRILEPTAL TABS 150 MG (oxcarbazepine)</i>	7	
<i>SPRITAM TB3D</i>	3	PA	<i>TRILEPTAL TABS 300 MG (oxcarbazepine)</i>	7	QL(8 EA daily)
<i>TEGRETOL SUSP (carbamazepine)</i>	7		<i>VIMPAT SOLN PO 10 MG/ML (lacosamide)</i>	7	QL(40 ML daily)
<i>TEGRETOL TABS (carbamazepine)</i>	7		<i>VIMPAT TABS (lacosamide)</i>	7	QL(2 EA daily)
<i>TEGRETOL-XR TB12 100 MG (carbamazepine)</i>	7		<i>ZONEGRAN CAPS 100 MG (zonisamide)</i>	7	QL(6 EA daily)
<i>TEGRETOL-XR TB12 400 MG (carbamazepine)</i>	7	QL(4 EA daily)	<i>ZONEGRAN CAPS 25 MG (zonisamide)</i>	7	
<i>TEGRETOL-XR TB12 200 MG (carbamazepine)</i>	7	QL(8 EA daily)	<i>zonisamide CAPS 100 MG</i>	1	QL(6 EA daily)
<i>TOPAMAX SPRINKLE CPSP (topiramate)</i>	7		<i>zonisamide CAPS 25 MG, 50 MG</i>	1	
<i>TOPAMAX TABS 25 MG (topiramate)</i>	7		Carbamates		
<i>TOPAMAX TABS 50 MG (topiramate)</i>	7	QL(8 EA daily)	<i>felbamate SUSP</i>	1	
<i>TOPAMAX TABS 200 MG (topiramate)</i>	7	QL(2 EA daily)	<i>felbamate TABS</i>	1	
<i>TOPAMAX TABS 100 MG (topiramate)</i>	7	QL(4 EA daily)	<i>FELBATOL SUSP (felbamate)</i>	7	
<i>topiramate CP24 200 MG</i>	2	QL(2 EA daily); PA	<i>FELBATOL TABS (felbamate)</i>	7	
<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	2	PA	GABA Modulators		
<i>topiramate CPSP 15 MG, 25 MG</i>	1		(Vigabatrin) VIGADRONE, VIGPODER PACK	4	QL(6 EA daily)
			(Vigabatrin) VIGADRONE TABS	4	

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SABRIL PACK <i>(vigabatrin)</i>	4	QL(6 EA daily)	DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	7	
SABRIL TABS <i>(vigabatrin)</i>	4		DEPAKOTE TBEC <i>(divalproex sodium)</i>	7	
<i>tiagabine hcl</i>	2		<i>divalproex sodium CSDR</i>	1	
<i>vigabatrin PACK</i>	4	QL(6 EA daily)	<i>divalproex sodium TB24</i>	1	
<i>vigabatrin TABS</i>	4		<i>divalproex sodium TBEC</i>	1	
Hydantoins			<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1		<i>valproic acid CAPS</i>	1	
(Phenytoin) PHENYTOIN INFATABS CHEW	1		ANTIDEPRESSANTS - Drugs to Treat Depression		
DILANTIN (<i>phenytoin sodium extended</i>)	7		Alpha-2 Receptor Antagonists (Tetracyclics)		
DILANTIN 30 MG	2		<i>mirtazapine TABS</i>	1	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	7		<i>mirtazapine TBDP</i>	1	
DILANTIN-125 SUSP (<i>phenytoin</i>)	7		REMERON SOLTAB TBDP (<i>mirtazapine</i>)	7	
DILANTIN SUSP (<i>phenytoin</i>)	7		REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	7	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1		Antidepressants - Misc.		
<i>phenytoin CHEW</i>	1		<i>bupropion hcl TABS</i>	1	
<i>phenytoin SUSP</i>	1		<i>bupropion hcl TB12</i>	1	
Succinimides			<i>bupropion hcl TB24 450 MG</i>	2	
CELONTIN (<i>methsuximide</i>)	7		<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 EA daily)
<i>ethosuximide CAPS</i>	1		WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	7	
<i>ethosuximide SOLN</i>	1		WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	7	QL(1 EA daily)
<i>methsuximide</i>	1		Monoamine Oxidase Inhibitors (MAOIs)		
ZARONTIN CAPS (<i>ethosuximide</i>)	7		EMSAM	3	QL(1 EA daily)
ZARONTIN SOLN (<i>ethosuximide</i>)	7		MARPLAN	3	
Valproic Acid			NARDIL (<i>phenelzine sulfate</i>)	7	
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	7		<i>phenelzine sulfate</i>	1	
			<i>tranylcypromine sulfate</i>	2	

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N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			LEXAPRO TABS 10 MG, 20 MG (<i>escitalopram oxalate</i>)	7	QL(1 EA daily)
SPRAVATO (56 MG DOSE)	4	PA	LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	7	QL(2 EA daily)
SPRAVATO (84 MG DOSE)	4	PA	<i>paroxetine hcl SUSP</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>paroxetine hcl TABS</i>	1	
CELEXA TABS (<i>citalopram hydrobromide</i>)	7	QL(1 EA daily)	<i>paroxetine hcl TB24</i>	1	
<i>citalopram hydrobromide SOLN</i>	1	QL(20 ML daily)	PAXIL CR TB24 (<i>paroxetine hcl</i>)	7	
<i>citalopram hydrobromide TABS</i>	1	QL(1 EA daily)	PAXIL SUSP (<i>paroxetine hcl</i>)	7	
<i>escitalopram oxalate SOLN</i>	1		PAXIL TABS (<i>paroxetine hcl</i>)	7	
<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 EA daily)	PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	7	QL(1 EA daily)
<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 EA daily)	PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	7	
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 EA daily)	SERTRALINE HCL CAPS	2	
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1		<i>sertraline hcl CONC</i>	1	
<i>fluoxetine hcl CPDR</i>	1		<i>sertraline hcl TABS</i>	1	QL(2 EA daily)
<i>fluoxetine hcl SOLN</i>	1	QL(15 ML daily)	ZOLOFT CONC (<i>sertraline hcl</i>)	7	
<i>fluoxetine hcl TABS 10 MG</i>	1		ZOLOFT TABS (<i>sertraline hcl</i>)	7	QL(2 EA daily)
<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	1	QL(1 EA daily)	Serotonin Modulators		
FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>)	7	QL(1 EA daily)	<i>nefazodone hcl</i>	1	
<i>fluvoxamine maleate CP24 100 MG</i>	1	QL(3 EA daily)	<i>trazodone hcl TABS</i>	1	
<i>fluvoxamine maleate CP24 150 MG</i>	1		TRINTELLIX	3	ST
<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 EA daily)	VIIIBRYD STARTER PACK KIT	3	
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1		VIIIBRYD TABS 20 MG (<i>vilazodone hcl</i>)	7	QL(2 EA daily)
Serotonin-Norepinephrine Reuptake Inhibitors			VIIIBRYD TABS 10 MG, 40 MG (<i>vilazodone hcl</i>)	7	
			<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
			<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 EA daily)

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(SNRIs)								
CYMBALTA CPEP <i>(duloxetine hcl)</i>	7	QL(2 EA daily)	<i>imipramine hcl TABS 10 MG, 25 MG</i>	1				
<i>desvenlafaxine succinate</i>	1	QL(1 EA daily)	<i>imipramine pamoate</i>	2				
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 EA daily)	NORPRAMIN TABS 10 MG, 25 MG <i>(desipramine hcl)</i>	7				
EFFEXOR XR CP24 150 MG <i>(venlafaxine hcl)</i>	7	QL(2 EA daily)	<i>nortriptyline hcl CAPS</i>	1				
EFFEXOR XR CP24 37.5 MG, 75 MG <i>(venlafaxine hcl)</i>	7	QL(1 EA daily)	<i>nortriptyline hcl SOLN</i>	1				
FETZIMA TITRATION C4PK	3	ST	PAMELOR CAPS <i>(nortriptyline hcl)</i>	7				
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 EA daily); ST	<i>protriptyline hcl</i>	1				
FETZIMA CP24 20 MG	3	QL(2 EA daily); ST	<i>trimipramine maleate CAPS</i>	1				
PRISTIQ <i>(desvenlafaxine succinate)</i>	7	QL(1 EA daily)	ANTIDIABETICS - Drugs to Regulate Blood Sugar					
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 EA daily)	Alpha-Glucosidase Inhibitors					
<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 EA daily)	<i>acarbose</i>	1				
<i>venlafaxine hcl TABS</i>	1		<i>miglitol</i>	3				
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 EA daily)	Antidiabetic Combinations					
<i>venlafaxine hcl TB24 225 MG</i>	1		ACTOPLUS MET TABS 850 MG-15 MG <i>(pioglitazone hcl-metformin hcl)</i>	7				
Tricyclic Agents			<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	1	QL(2 EA daily)			
<i>amitriptyline hcl TABS</i>	1		<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	1	QL(1 EA daily)			
<i>amoxapine</i>	1		<i>DUETACT (pioglitazone hcl-glimepiride)</i>	7				
ANAFRANIL <i>(clomipramine hcl)</i>	7		<i>glipizide-metformin hcl</i>	1				
<i>clomipramine hcl</i>	1		<i>glyburide-metformin</i>	1				
<i>desipramine hcl TABS</i>	1		GLYXAMBI	2				
<i>doxepin hcl CAPS</i>	1		JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)			
<i>doxepin hcl CONC</i>	1		JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)			
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 EA daily)	JANUMET TABS	2	QL(2 EA daily)			

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<i>pioglitazone hcl-glimepiride</i>	1		OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Not available through Mail Order.; PA
<i>pioglitazone hcl-metformin hcl TABS</i>	1		OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	Not available through Mail Order.; PA
<i>saxagliptin-metformin hcl</i>	2	QL(1 EA daily)	OZEMPIC (2 MG/DOSE) SOPN	2	Not available through Mail Order.; PA
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)	RYBELSUS (FORMULATION R2) TABS 1.5 MG, 4 MG, 9 MG	2	Not available through mail order; PA
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)	RYBELSUS TABS	2	Not available through mail order; PA
SYNJARDY TABS	2	QL(2 EA daily)	TRULICITY	2	Not available through mail order; PA
TRIJARDY XR	2		Insulin		
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)	HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 EA daily)	HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ML daily)
Biguanides			HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)
<i>metformin hcl SOLN</i>	2		HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1		HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ML daily)
<i>metformin hcl TB24 500 MG, 750 MG</i>	1		HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
Diabetic Other			HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)
<i>diazoxide</i>	2		HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)
GLUCAGON EMERGENCY	2	QL(1 EA per fill retail; 2 EA per 30 day(s) retail)	HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors					
<i>alogliptin benzoate 6.25 MG, 12.5 MG</i>	2				
<i>alogliptin benzoate 25 MG</i>	2	QL(1 EA daily)			
JANUVIA	2	QL(1 EA daily)			
<i>saxagliptin hcl</i>	1	QL(1 EA daily)			
Incretin Mimetic Agents					
<i>liraglutide</i>	2	Not available through mail order; SP; PA			

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HUMULIN 70/30 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 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)	<i>pioglitazone hcl 15 MG</i>	1	
HUMULIN N SUSP	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 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ML daily)	Meglitinide Analogues		
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ML daily)	<i>nateglinide</i>	1	
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)	<i>repaglinide</i>	1	
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
INSULIN LISPRO PROT & LISPRO SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	<i>dapagliflozin propanediol</i>	1	QL(1 EA daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ML daily)	FARXIGA	2	QL(1 EA daily)
LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ML daily)	JARDIANCE	2	QL(1 EA daily)
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ML daily)	Sulfonylureas		
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)	(Glipizide) GLIPIZIDE XL TB24	1	
TRESIBA FLEXTOUCH SOPN	2	Limit 45mls per month; QL(1.5 ML daily)	AMARYL (<i>glimepiride</i>)	7	
TRESIBA SOLN	2	QL(1.5 ML daily)	<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	
Insulin Sensitizing Agents			<i>glipizide TABS</i>	1	
			<i>glipizide TB24</i>	1	
			GLUCOTROL XL TB24 (<i>glipizide</i>)	7	
			<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
			<i>glyburide TABS</i>	1	
			GLYNASE (<i>glyburide micronized</i>)	7	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea					
Antidiarrheal - Chloride Channel Antagonists					
			MYTESI	3	QL(2 EA daily); PA
Antiperistaltic Agents					

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(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI-DIARRHEAL CAPS	1	RX/OTC	<i>naloxone hcl SOSY 2 MG/2ML</i>	1		
<i>diphenoxylate w/ atropine LIQD</i>	1		<i>naltrexone hcl</i>	1		
<i>diphenoxylate w/ atropine TABS</i>	1		NARCAN LIQD (<i>naloxone hcl</i>)	7	QL(4 EA per 30 day(s) retail); RX/OTC	
IMODIUM A-D CAPS (<i>loperamide hcl</i>)	7	RX/OTC	ANTIEMETICS - Drugs to Treat Nausea and Vomiting			
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	7		5-HT3 Receptor Antagonists			
<i>loperamide hcl CAPS</i>	1	RX/OTC	ANZEMET TABS 50 MG	3	ST; QL(2 EA per fill retail); PA	
ANTIDOTES AND SPECIFIC ANTAGONISTS						
Antidotes - Chelating Agents						
CHEMET	3		<i>granisetron hcl TABS</i>	1	Limit 2 per month; QL(2 EA daily); PA	
<i>deferasirox PACK</i>	4	PA	<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ML daily)	
<i>deferasirox TABS</i>	4	PA	<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(20 EA per fill retail)	
<i>deferiprone TABS 500 MG</i>	4		<i>ondansetron TBDP 4 MG, 8 MG</i>	1	QL(20 EA per fill retail)	
FERRIPROX SOLN	4	Not available through mail order	SANCUSO PTCH	4	QL(1 EA per 21 day(s) retail); PA	
FERRIPROX TABS 500 MG (<i>deferiprone</i>)	4		Antiemetics - Anticholinergic			
JADENU SPRINKLE PACK (<i>deferasirox</i>)	4	PA	(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW	1	RX/OTC	
JADENU TABS (<i>deferasirox</i>)	4	PA	ANTIVERT CHEW (<i>meclizine hcl</i>)	7	RX/OTC	
Antidotes and Specific Antagonists			ANTIVERT TABS 50 MG (<i>meclizine hcl</i>)	7		
ANDEXXA 200 MG	4	PA	<i>meclizine hcl CHEW</i>	1	RX/OTC	
VISTOGARD	4		<i>meclizine hcl TABS 50 MG</i>	1		
Opioid Antagonists			<i>scopolamine</i>	1		
KLOXXADO LIQD	2					
<i>naloxone hcl LIQD</i>	1	QL(4 EA per 30 day(s) retail); RX/OTC				

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TRANSDERM-SCOP <i>(scopolamine)</i>	7		<i>griseofulvin microsize SUSP</i>	1	
<i>trimethobenzamide hcl CAPS</i>	1		<i>griseofulvin microsize TABS</i>	1	
Antiemetics - Miscellaneous					
AKYNZEO	3	QL(2 EA per 28 day(s) retail)	<i>griseofulvin ultramicrosize</i>	1	
DICLEGIS TBEC <i>(doxylamine-pyridoxine)</i>	7	QL(4 EA daily)	<i>nystatin TABS</i>	1	
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 EA daily)	<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 365 day(s) retail)
<i>dronabinol CAPS 2.5 MG, 5 MG</i>	1	PA	Imidazole-Related Antifungals		
<i>dronabinol CAPS 10 MG</i>	2	PA	CRESEMBA CAPS 186 MG	3	Not available through mail order
MARINOL CAPS 2.5 MG, 5 MG (<i>dronabinol</i>)	7	PA	DIFLUCAN SUSR <i>(fluconazole)</i>	7	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists			DIFLUCAN TABS 100 MG, 150 MG, 200 MG <i>(fluconazole)</i>	7	
<i>aprepitant CAPS</i>	2	Limit 3 per month; QL(0.1 EA daily)	<i>fluconazole SUSR</i>	1	
<i>aprepitant CAPS 40 MG</i>	1	Limit 2 per month; QL(0.07 EA daily)	<i>fluconazole TABS</i>	1	
<i>aprepitant CAPS 80 MG, 125 MG</i>	1	QL(1 EA per fill retail; 1 EA per 30 day(s) retail)	<i>itraconazole CAPS</i>	1	ST; PA
<i>aprepitant MISC</i>	2	Limit 3 per month; QL(0.1 EA daily)	<i>itraconazole SOLN</i>	2	PA
EMEND BIPACK CAPS 80 MG (<i>aprepitant</i>)	7	QL(1 EA per fill retail; 1 EA per 30 day(s) retail)	<i>ketoconazole</i>	1	
EMEND SUSR	3	QL(1 EA per 30 day(s) retail)	<i>posaconazole SUSP</i>	2	
VARUBI (180 MG DOSE) TBPK	3	QL(4 EA per fill retail)	<i>posaconazole TBEC</i>	2	
ANTIFUNGALS - Drugs to Treat Fungal Infections			SPORANOX CAPS <i>(itraconazole)</i>	7	ST; PA
Antifungals			VFEND TABS <i>(voriconazole)</i>	7	QL(2 EA daily)
ANCOBON (<i>flucytosine</i>)	4	SP	<i>voriconazole SUSR</i>	2	
<i>flucytosine</i>	4	SP	<i>voriconazole TABS</i>	1	QL(2 EA daily)
ANTIHISTAMINES - Drugs to Treat Allergies					
Antihistamines - Ethanolamines					
<i>carbinoxamine maleate SOLN</i>	1		<i>carbinoxamine maleate SUER</i>	2	
<i>carbinoxamine maleate TABS 4 MG</i>	1				

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CARBINOXAMINE MALEATE TABS	3		<i>ezetimibe-simvastatin</i>	1	QL(1 EA daily)	
<i>clemastine fumarate SYRP</i>	1		VYTORIN (<i>ezetimibe-simvastatin</i>)	7	QL(1 EA daily)	
<i>clemastine fumarate TABS 2.68 MG</i>	1		Antihyperlipidemics - Misc.			
RYVENT TABS	3		<i>icosapent ethyl</i>	2	PA	
Antihistamines - Non-Sedating			LOVAZA (<i>omega-3-acid ethyl esters</i>)	7	QL(4 EA daily)	
CLARINEX TABS (<i>desloratadine</i>)	3	ST; QL(1 EA daily); PA	<i>omega-3-acid ethyl esters</i>	1	QL(4 EA daily)	
<i>desloratadine TABS</i>	3	ST; QL(1 EA daily); PA	VASCEPA (<i>icosapent ethyl</i>)	2	PA	
<i>desloratadine TBDP 2.5 MG</i>	3	ST; PA	Bile Acid Sequestrants			
<i>desloratadine TBDP 5 MG</i>	3	PA	(Cholestyramine Light) PREVALITE PACK	1		
Antihistamines - Phenothiazines			(Cholestyramine Light) PREVALITE POWD	1		
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1		<i>cholestyramine light PACK</i>	1		
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 EA daily)	<i>cholestyramine light POWD</i>	1		
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1		<i>cholestyramine PACK</i>	1		
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1		<i>cholestyramine POWD</i>	1		
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 EA daily)	<i>colesevelam hcl PACK</i>	2	QL(1 EA daily)	
<i>promethazine hcl TABS 12.5 MG</i>	1		<i>colesevelam hcl TABS</i>	2	QL(7 EA daily)	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 EA daily)	COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	7		
Antihistamines - Piperidines			COLESTID FLAVORED PACK (<i>colestipol hcl</i>)	7		
<i>cyproheptadine hcl SYRP</i>	1		COLESTID GRAN (<i>colestipol hcl</i>)	7		
<i>cyproheptadine hcl TABS</i>	1		COLESTID PACK (<i>colestipol hcl</i>)	7		
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			COLESTID TABS (<i>colestipol hcl</i>)	7		
Antihyperlipidemics - Combinations			<i>colestipol hcl GRAN</i>	1		
			<i>colestipol hcl PACK</i>	1		
			<i>colestipol hcl TABS</i>	1		
			QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	7		

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QUESTRAN PACK <i>(cholestyramine)</i>	7		LESCOL XL TB24 <i>(fluvastatin sodium)</i>	7	QL(1 EA daily)			
QUESTRAN POWD <i>(cholestyramine)</i>	7		LIPITOR TABS <i>(atorvastatin calcium)</i>	7	QL(1 EA daily)			
Fibric Acid Derivatives								
<i>choline fenofibrate 135 MG</i>	1	QL(1 EA daily)	<i>lovastatin TABS 40 MG</i>	1	\$0 copay for Generic only, age 40 to 75; QL(2 EA daily); AL(At least 40 yrs old - Up to 75 yrs old); SL; PV			
<i>choline fenofibrate 45 MG</i>	1		<i>lovastatin TABS 10 MG, 20 MG</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 EA daily); AL(At least 40 yrs old - Up to 75 yrs old); PV			
<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1		<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	1	QL(1 EA daily)			
<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 EA daily)	<i>pravastatin sodium 40 MG</i>	1	QL(2 EA daily)			
<i>fenofibrate CAPS</i>	1		<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily)			
<i>fenofibrate TABS 48 MG</i>	1		<i>simvastatin TABS</i>	1	QL(1 EA daily)			
<i>fenofibrate TABS 54 MG</i>	1	QL(2 EA daily)	ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	7	QL(1 EA daily)			
<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 EA daily)	Intestinal Cholesterol Absorption Inhibitors					
<i>fenofibric acid 105 MG</i>	1		<i>ezetimibe</i>	1				
FIBRICOR 105 MG <i>(fenofibric acid)</i>	7		ZETIA (<i>ezetimibe</i>)	7				
<i>gemfibrozil TABS</i>	1		Microsomal Triglyceride Transfer Protein (MTP) Inhibitors					
LIPOFEN CAPS <i>(fenofibrate)</i>	7		JUXTAPID 10 MG, 20 MG, 30 MG	4	PA			
LOPID TABS (<i>gemfibrozil</i>)	7		JUXTAPID 5 MG	4	ST; PA			
TRICOR TABS 145 MG <i>(fenofibrate)</i>	7	QL(1 EA daily)	Nicotinic Acid Derivatives					
TRICOR TABS 48 MG <i>(fenofibrate)</i>	7		(Niacin (Antihyperlipidemic)) NIACOR TABS	1				
TRILIPIX 135 MG (<i>choline fenofibrate</i>)	7	QL(1 EA daily)	<i>niacin (antihyperlipidemic) TABS</i>	1				
TRILIPIX 45 MG (<i>choline fenofibrate</i>)	7							
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)						

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<i>niacin (antihyperlipidemic) TBCR</i>	1		DIBENZYLINE (phenoxybenzamine hcl)	7	Not available through mail
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			<i>metyrosine</i>	4	
PRALUENT SOAJ	4	PA	<i>phenoxybenzamine hcl</i>	1	Not available through mail
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			Angiotensin II Receptor Antagonists		
ACE Inhibitors			ATACAND 4 MG, 8 MG, 16 MG (<i>candesartan cilexetil</i>)	7	
ACCUPRIL (quinapril hcl)	7		ATACAND 32 MG (<i>candesartan cilexetil</i>)	7	QL(1 EA daily)
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	7	QL(2 EA daily)	AVAPRO 150 MG, 300 MG (<i>irbesartan</i>)	7	
<i>benazepril hcl</i>	1		BENICAR 5 MG, 20 MG (<i>olmesartan medoxomil</i>)	7	
<i>captopril</i>	1		BENICAR 40 MG (<i>olmesartan medoxomil</i>)	7	QL(1 EA daily)
<i>enalapril maleate TABS</i>	1	QL(2 EA daily)	<i>candesartan cilexetil 32 MG</i>	1	QL(1 EA daily)
<i>flosinopril sodium</i>	1		<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1		COZAAR (<i>losartan potassium</i>)	7	
<i>lisinopril TABS 40 MG</i>	1	QL(2 EA daily)	DIOVAN TABS 160 MG (<i>valsartan</i>)	7	QL(2 EA daily)
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	7		DIOVAN TABS 40 MG, 80 MG, 320 MG (<i>valsartan</i>)	7	
<i>moexipril hcl</i>	1		EDARBI 80 MG	3	QL(1 EA daily)
<i>perindopril erbumine</i>	1		EDARBI 40 MG	3	
QBRELIS SOLN	3	QL(5 ML daily)	<i>irbesartan</i>	1	
<i>quinapril hcl</i>	1		<i>losartan potassium</i>	1	
<i>ramipril CAPS</i>	1	QL(2 EA daily)	MICARDIS 20 MG, 40 MG (<i>telmisartan</i>)	7	
<i>trandolapril</i>	1		MICARDIS 80 MG (<i>telmisartan</i>)	7	QL(1 EA daily)
VASOTEC TABS (<i>enalapril maleate</i>)	7	QL(2 EA daily)	<i>olmesartan medoxomil 40 MG</i>	1	QL(1 EA daily)
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (<i>lisinopril</i>)	7		<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
ZESTRIL TABS 40 MG (<i>lisinopril</i>)	7	QL(2 EA daily)	<i>telmisartan 80 MG</i>	1	QL(1 EA daily)
Agents for Pheochromocytoma					
DEMSEER (<i>metyrosine</i>)	4				

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<i>telmisartan 20 MG, 40 MG</i>	1		<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1	
<i>valsartan TABS 160 MG</i>	1	QL(2 EA daily)	<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1		<i>ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)</i>	7	
Antiadrenergic Antihypertensives					
<i>CARDURA (doxazosin mesylate)</i>	7		<i>atenolol & chlorthalidone</i>	1	
<i>clonidine hcl TABS</i>	1		<i>AVALIDE (irbesartan-hydrochlorothiazide)</i>	7	
<i>clonidine TB24</i>	3		<i>benazepril & hydrochlorothiazide</i>	1	
<i>doxazosin mesylate</i>	1		<i>BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil-hydrochlorothiazide)</i>	7	QL(1 EA daily)
<i>guanfacine hcl</i>	1		<i>BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil-hydrochlorothiazide)</i>	7	
<i>methyldopa TABS</i>	1		<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>MINIPRESS CAPS (prazosin hcl)</i>	7		<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>NEXICLON XR TB24 (clonidine)</i>	3		<i>captopril & hydrochlorothiazide</i>	1	
<i>prazosin hcl CAPS</i>	1		<i>DIOVAN HCT 25 MG-160 MG (valsartan-hydrochlorothiazide)</i>	7	QL(1 EA daily)
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1		<i>DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (valsartan-hydrochlorothiazide)</i>	7	
<i>terazosin hcl 10 MG</i>	1	QL(2 EA daily)	<i>EDARBYCLO</i>	3	QL(1 EA daily)
Antihypertensive Combinations			<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril-hydrochlorothiazide)</i>	7		<i>EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (amlodipine besylate-valsartan)</i>	7	
<i>ACCURETIC 25 MG-20 MG (quinapril-hydrochlorothiazide)</i>	7	QL(1 EA daily)			
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 EA daily)			
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1				
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 EA daily)			

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EXFORGE 10 MG-160 MG (<i>amlodipine besylate-valsartan</i>)	7	QL(1 EA daily)	<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 EA daily)
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	7		<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1		<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 EA daily)
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	7		<i>telmisartan-amlodipine</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1		<i>telmisartan-hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)	TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	7	
<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	7	
<i>losartan potassium & hydrochlorothiazide</i>	1		<i>trandolapril-verapamil hcl</i>	1	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	7		TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	7	ST
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)	<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 EA daily)
<i>metoprolol & hydrochlorothiazide TABS</i>	1		<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	7		VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	7	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1		ZESTORETIC 25 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	QL(2 EA daily)
Antihypertensives - Misc.					
VECAMYL		4	PA		

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Direct Renin Inhibitors					
<i>aliskiren fumarate</i>	1		<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
TEKTURNA (<i>aliskiren fumarate</i>)	7		<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Selective Aldosterone Receptor Antagonists (SARAs)					
<i>eplerenone</i>	1		Antiprotozoal Agents		
INSPRA (<i>eplerenone</i>)	7		ALINIA SUSR	3	
Vasodilators			<i>atovaquone</i>	2	
<i>hydralazine hcl TABS</i>	1		<i>nitazoxanide TABS</i>	2	
<i>minoxidil 2.5 MG, 10 MG</i>	1		Glycopeptides		
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections			VANCOCIN CAPS (<i>vancomycin hcl</i>)	7	QL(2 EA daily)
Anti-infective Agents - Misc.			<i>vancomycin hcl CAPS</i>	1	QL(2 EA daily)
IMPAVIDO	4		Leprostatics		
<i>metronidazole CAPS</i>	2		<i>dapsone 100 MG</i>	1	QL(4 EA daily)
<i>metronidazole TABS 250 MG, 500 MG</i>	1		<i>dapsone 25 MG</i>	1	
<i>pentamidine isethionate IN</i>	2		Lincosamides		
<i>tinidazole</i>	1		CLEOCIN (<i>clindamycin hcl</i>)	7	
<i>trimethoprim TABS</i>	1		CLEOCIN (<i>clindamycin palmitate hydrochloride</i>)	7	
XIFAXAN 550 MG	3	QL(2 EA daily); PA	<i>clindamycin hcl</i>	1	
XIFAXAN 200 MG	3	Limit 9 per month; QL(9 EA per fill retail); PA	<i>clindamycin palmitate hydrochloride</i>	1	
Anti-infective Misc. - Combinations			Oxazolidinones		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1		<i>linezolid SUSR</i>	1	QL(210 ML per 90 day(s) retail)
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	7		<i>linezolid TABS</i>	1	QL(20 EA per 90 day(s) retail)
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	7		SIVEXTRO TABS	2	QL(6 EA per 90 day(s) retail)
			ZYVOX SUSR (<i>linezolid</i>)	7	QL(210 ML per 90 day(s) retail)
			ZYVOX TABS (<i>linezolid</i>)	7	QL(20 EA per 90 day(s) retail)
Urinary Anti-infectives					
			<i>fosfomycin tromethamine</i>	3	
			MACROBID (<i>nitrofurantoin monohyd macro</i>)	7	

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MACRODANTIN <i>(nitrofurantoin macrocrystal)</i>	7		Antimyasthenic/Cholinergic Agents			
<i>methenamine hippurate</i>	2		FIRDAPSE	4	ST; PA	
<i>methenamine mandelate</i>	1		MESTINON TABS <i>(pyridostigmine bromide)</i>	7		
MONUROL <i>(fosfomycin tromethamine)</i>	3		<i>pyridostigmine bromide SOLN PO</i>	2	PA	
<i>nitrofurantoin</i>	1		<i>pyridostigmine bromide TABS 60 MG</i>	1		
<i>nitrofurantoin macrocrystal</i>	1		<i>pyridostigmine bromide TBCR</i>	2		
<i>nitrofurantoin monohyd macro</i>	1		ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)			
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)						
Antimalarial Combinations						
<i>atovaquone-proguanil hcl</i>	1		<i>cycloserine</i>	4	SP	
COARTEM	2	Limit 24 per month; QL(0.8 EA daily)	<i>ethambutol hcl TABS</i>	1		
MALARONE <i>(atovaquone-proguanil hcl)</i>	7		<i>isoniazid SYRP</i>	1		
Antimalarials			<i>isoniazid TABS</i>	1		
<i>chloroquine phosphate TABS</i>	1		MYAMBUTOL TABS 400 MG <i>(ethambutol hcl)</i>	7		
<i>hydroxychloroquine sulfate 200 MG</i>	1		<i>PRIFTIN</i>	3		
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)	<i>pyrazinamide</i>	1		
<i>mefloquine hcl</i>	1	QL(6 EA per fill retail)	<i>rifabutin</i>	2		
<i>primaquine phosphate TABS</i>	1		<i>rifampin CAPS</i>	1		
PRIMAQUINE PHOSPHATE TABS <i>(primaquine phosphate)</i>	7		TRECATOR	2		
QUALAQUIN CAPS <i>(quinine sulfate)</i>	7	QL(2 EA daily); PA	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 EA daily); PA	Alkylating Agents			
ANTIMYASTHENIC/CHOLINERGIC AGENTS						
ALKERAN <i>(melphalan)</i>	7	AC	<i>ALKERAN (melphalan)</i>	7	AC	
<i>cyclophosphamide CAPS</i>	1	AC	<i>cyclophosphamide CAPS</i>	1	AC	
CYCLOPHOSPHAMIDE TABS	2		<i>CYCLOPHOSPHAMIDE TABS</i>	2		
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC	<i>GLEOSTINE 10 MG, 40 MG, 100 MG</i>	2	AC	
LEUKERAN	2	AC	<i>LEUKERAN</i>	2	AC	
<i>melphalan</i>	1	AC	<i>melphalan</i>	1	AC	
MYLERAN TABS	2	AC	<i>MYLERAN TABS</i>	2	AC	
<i>temozolomide CAPS</i>	2	SP; AC	<i>temozolomide CAPS</i>	2	SP; AC	

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Antimetabolites								
<i>capecitabine</i>	2	SP; AC	LENVIMA (18 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA			
<i>mercaptopurine SUSP 2000 MG/100ML</i>	1	AC	LENVIMA (20 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA			
<i>mercaptopurine TABS</i>	1	AC	LENVIMA (24 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA			
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1		LENVIMA (4 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA			
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC	LENVIMA (8 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA			
ONUREG TABS	4	AC; PA	Antineoplastic - Anti-HER2 Agents					
PURIXAN SUSP 2000 MG/100ML (<i>mercaptopurine</i>)	7	AC	TUKYSA	4	PA; AC; AC; PA			
TABLOID	2	AC	Antineoplastic - BCL-2 Inhibitors					
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC	VENCLEXTA STARTING PACK TBPK	4	PA; AC; AC; PA			
XATMEP SOLN PO	4	AC; PA	VENCLEXTA TABS 100 MG	4	PA; AC; QL(4 EA daily); AC; PA			
Antineoplastic - Angiogenesis Inhibitors			VENCLEXTA TABS 50 MG	4	PA; AC; AC; PA			
INLYTA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	VENCLEXTA TABS 10 MG	4	PA; AC; QL(2 EA daily); AC; PA			
LENVIMA (10 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	Antineoplastic - EGFR Inhibitors					
LENVIMA (12 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	<i>erlotinib hcl</i>	4	SP; AC; PA			
LENVIMA (14 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA						

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gefitinib	4	AC; AC	ERLEADA 60 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
GILOTrif	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	EULEXIN	2	AC
IRESSA (gefitinib)	4	AC; AC	exemestane	5	PV; AC
TAGRISSO	4	SP; AC; PA	FEMARA (<i>letrozole</i>)	7	AC
TARCEVA (<i>erlotinib hcl</i>)	4	SP; AC; PA	<i>letrozole</i>	1	AC
VIZIMPRO	4	PA; AC; AC; PA	LUPRON DEPOT (1-MONTH) KIT IM	4	covered w-gender transformation diagnosis; PA required for other diagnosis
Antineoplastic - Hedgehog Pathway Inhibitors			LYSODREN	2	AC
DAURISMO	4	PA	<i>megestrol acetate SUSP</i>	1	AC
ERIVEDGE	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>megestrol acetate TABS</i>	1	AC
ODOMZO	4	AC	NILANDRON (<i>nilutamide</i>)	4	SP; AC
Antineoplastic - Hormonal and Related Agents			<i>nilutamide</i>	4	SP; AC
(Abiraterone Acetate) ABIRTEGA 250 MG	4	SP; AC; PA	NUBEQA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>abiraterone acetate</i>	4	SP; AC; PA	SOLTAMOX SOLN	5	PV; AC
<i>anastrozole</i>	5	QL(1 EA daily); PV; AC	<i>tamoxifen citrate TABS</i>	5	PV; AC
ARIMIDEX (<i>anastrozole</i>)	5	QL(1 EA daily); PV; AC	<i>toremifene citrate</i>	2	AC
AROMASIN (<i>exemestane</i>)	5	PV; AC	XTANDI CAPS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>bicalutamide</i>	1	QL(1 EA daily); AC	XTANDI TABS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
CASODEX (<i>bicalutamide</i>)	7	QL(1 EA daily); AC	YONSA	4	PA; AC; AC; PA
ELIGARD SC	3	PA	ZYTIGA (<i>abiraterone acetate</i>)	4	SP; AC; PA
EMCYT	2	AC	Antineoplastic - Immunomodulators		
ERLEADA 240 MG	4	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA			

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POMALYST	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	Antineoplastic Enzyme Inhibitors		
Antineoplastic - PDGFR-alpha Inhibitors					
AYVAKIT 25 MG, 50 MG	4	QL(1 EA daily); SP; AC; PA	(Everolimus) TORPENZ TABS	4	QL(1 EA daily); SP; AC; PA
AYVAKIT 100 MG, 200 MG, 300 MG	4	PA; AC; QL(1 EA daily); SP; PA	AFINITOR DISPERZ TBSO (<i>everolimus</i>)	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
Antineoplastic - XPO1 Inhibitors					
XPOVIO (100 MG ONCE WEEKLY) 50 MG	4	AC; PA	AFINITOR TABS (<i>everolimus</i>)	4	QL(1 EA daily); SP; AC; PA
XPOVIO (40 MG ONCE WEEKLY) 40 MG	4	AC; PA	ALECensa	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG	4	AC; PA	ALUNBRIG TABS	4	PA; AC; AC; PA
XPOVIO (60 MG ONCE WEEKLY) 60 MG	4	AC; PA	ALUNBRIG TBPK	4	PA; AC; AC; PA
XPOVIO (60 MG TWICE WEEKLY)	4	SP; AC; PA	BALVERSA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG	4	AC; PA	BOSULIF CAPS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XPOVIO (80 MG TWICE WEEKLY)	4	SP; AC; PA	BOSULIF TABS 500 MG	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
Antineoplastic Combinations					
INQOVI	4	PA	BOSULIF TABS 100 MG, 400 MG	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
KISQALI FEMARA (200 MG DOSE)	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA	BRAFTOVI 75 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
KISQALI FEMARA (400 MG DOSE)	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA	BRUKINSA	4	PA; AC; AC; PA
KISQALI FEMARA (600 MG DOSE)	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA			
LONSURF	4	SP; AC; PA			

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CABOMETYX TABS 20 MG, 60 MG	4	QL(1 EA daily); AC; PA	IBRANCE TABS	3	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
CABOMETYX TABS 40 MG	4	QL(2 EA daily); AC; PA	ICLUSIG	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
CALQUENCE	4	QL(2 EA daily); SP; AC; PA	IDHIFA	4	PA; AC; AC; PA
CAPRELSA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	<i>imatinib mesylate TABS 400 MG</i>	2	QL(2 EA daily); AC; PA
COMETRIQ (100 MG DAILY DOSE) KIT	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>imatinib mesylate TABS 100 MG</i>	2	QL(3 EA daily); AC; PA
COMETRIQ (140 MG DAILY DOSE) KIT	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	IMBRUVICA CAPS 140 MG	4	QL(3 EA daily); SP; AC; PA
COMETRIQ (60 MG DAILY DOSE) KIT	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	IMBRUVICA CAPS 70 MG	4	QL(1 EA daily); SP; AC; PA
COPIKTRA	4	PA; AC; AC; PA	IMBRUVICA SUSP	4	QL(8 ML daily); SP; AC; PA
COTELLIC	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA	IMBRUVICA TABS	4	QL(1 EA daily); SP; AC; PA
<i>dasatinib</i>	4	SP; AC; PA	INREBIC	4	PA; AC; AC; PA
<i>everolimus TABS</i>	4	QL(1 EA daily); SP; AC; PA	JAKAFI	4	PA; AC; QL(2 EA daily); AC; PA
<i>everolimus TBSO</i>	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA	KISQALI (200 MG DOSE)	3	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
IBRANCE CAPS	3	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	KISQALI (400 MG DOSE)	3	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
			KISQALI (600 MG DOSE)	3	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA

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KOSELUGO	4	PA; AC; PA	PIQRAY (200 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>lapatinib ditosylate</i>	4	SP; AC; PA	PIQRAY (250 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
LORBRENA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	PIQRAY (300 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
LUMAKRAS 320 MG	4	QL(3 EA daily); PA	QINLOCK	3	PA; AC; AC; PA
LUMAKRAS 120 MG, 240 MG	4	QL(2 EA daily); PA	RETEVMO CAPS	4	AC; PA
LYNPARZA TABS	4	QL(4 EA daily); SP; AC; PA	ROZLYTREK CAPS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
MEKINIST SOLR	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ROZLYTREK PACK	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
MEKINIST TABS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	RUBRACA	4	PA; AC; AC; PA
MEKTOVI	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	RYDAPT	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
NERLYNX	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA	<i>sorafenib tosylate</i>	4	SP; AC; PA
NEXAVAR (<i>sorafenib tosylate</i>)	4	SP; AC; PA	SPRYCEL (<i>dasatinib</i>)	4	SP; AC; PA
NINLARO	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(0.1 EA daily); SP; AC; PA	STIVARGA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>pazopanib hcl</i>	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	2	QL(1 EA daily); SP; AC; PA
			<i>sunitinib malate 25 MG</i>	2	SP; AC; PA

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TABRECTA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	XALKORI CAPS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TAFINLAR CAPS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	XALKORI CPSP	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TAFINLAR TBSO	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	XOSPATA	4	PA; AC; AC; PA
TALZENNA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ZEJULA TABS	4	SP; AC; PA
TASIGNA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ZELBORAF	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TAZVERIK	4	SP; AC; PA	ZOLINZA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TIBSOVO	4	SP; AC; PA	ZYDELIG	3	PA; AC; AC; PA
TURALIO 125 MG	4	SP; AC; PA	ZYKADIA TABS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TYKERB (<i>lapatinib ditosylate</i>)	4	SP; AC; PA	Antineoplastics Misc.		
VERZENIO	4	QL(2 EA daily); AC; PA	ACTIMMUNE 100 MCG/0.5ML	4	PA
VITRAKVI CAPS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ALFERON N	4	PA
VITRAKVI SOLN	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>bexarotene</i>	4	SP; AC; PA
VOTRIENT (<i>pazopanib hcl</i>)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	HYDREA (<i>hydroxyurea</i>)	7	AC
			<i>hydroxyurea</i>	1	AC
			MATULANE	4	AC
			TARGRETIN (<i>bexarotene</i>)	4	SP; AC; PA
			<i>tretinoin (chemotherapy)</i>	2	AC
Chemotherapy Rescue/Antidote/Protective Agents					
			<i>leucovorin calcium TABS</i>	1	AC
			<i>mesna TABS</i>	3	AC

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MESNEX TABS	3	AC	<i>carbidopa-levodopa TBDP</i>	2	
Mitotic Inhibitors			DHIVY TABS	2	
<i>etoposide CAPS</i>	2	SP; AC; PA	DUOPA SUSP	3	PA
Topoisomerase I Inhibitors			INBRIJA CAPS	3	PA
HYCAMTIN CAPS	4	AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC	NEUPRO	3	
ANTIPARKINSON AND RELATED THERAPY			PARLODEL CAPS (<i>bromocriptine mesylate</i>)	7	
AGENTS - Drugs to Treat Parkinson's Disease			PARLODEL TABS (<i>bromocriptine mesylate</i>)	7	
Antiparkinson Adjunctive Therapy			<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>carbidopa</i>	2		<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 EA daily)
Antiparkinson Anticholinergics			<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 EA daily)
<i>benztropine mesylate TABS</i>	1		<i>pramipexole dihydrochloride TB24 3 MG</i>	2	QL(1 EA daily)
<i>trihexyphenidyl hcl SOLN</i>	1		<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</i>	2	
<i>trihexyphenidyl hcl TABS</i>	1		<i>ropinirole hydrochloride TABS</i>	1	
Antiparkinson COMT Inhibitors			<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 EA daily)
<i>entacapone</i>	2		<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	
TASMAR (<i>tolcapone</i>)	4		RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	3	QL(10 EA daily); PA
<i>tolcapone</i>	4		RYTARY CPCR 95 MG-23.75 MG	3	ST; QL(10 EA daily); PA
Antiparkinson Dopaminergics			SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	7	
<i>amantadine hcl CAPS</i>	1				
<i>amantadine hcl TABS</i>	1				
<i>bromocriptine mesylate CAPS</i>	1				
<i>bromocriptine mesylate TABS 2.5 MG</i>	1				
<i>carbidopa-levodopa-entacapone</i>	2				
<i>carbidopa-levodopa TABS</i>	1				
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1				
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 EA daily)			

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Antiparkinson Monoamine Oxidase Inhibitors					
AZILECT (<i>rasagiline mesylate</i>)	7		<i>paliperidone</i>	3	
<i>rasagiline mesylate</i>	1		RISPERDAL SOLN (<i>risperidone</i>)	7	
<i>selegiline hcl CAPS</i>	1	QL(2 EA daily)	RISPERDAL TABS 3 MG (<i>risperidone</i>)	7	QL(2 EA daily)
<i>selegiline hcl TABS</i>	1	QL(2 EA daily)	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (<i>risperidone</i>)	7	
ZELAPAR TBDP	3		<i>risperidone SOLN</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders					
Antimanic Agents					
<i>lithium</i>	1		<i>risperidone TABS 3 MG</i>	1	QL(2 EA daily)
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 EA daily)	<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1		<i>risperidone TBDP 0.25 MG</i>	3	
<i>lithium carbonate TABS</i>	1		<i>risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	1	
<i>lithium carbonate TBCR</i>	1		Butyrophenones		
LITHOBID TBCR (<i>lithium carbonate</i>)	7		<i>haloperidol lactate CONC</i>	1	
Antipsychotics - Misc.			<i>haloperidol TABS</i>	1	
EQUETRO	3		Dibenzapines		
GEODON 60 MG, 80 MG (<i>ziprasidone hcl</i>)	7	QL(2 EA daily)	<i>asenapine maleate</i>	2	
GEODON 20 MG, 40 MG (<i>ziprasidone hcl</i>)	7		<i>clozapine TABS</i>	1	
<i>lurasidone hcl</i>	2		<i>clozapine TBDP</i>	2	
NUPLAZID CAPS	4	QL(1 EA daily); PA	CLOZARIL TABS (<i>clozapine</i>)	7	
NUPLAZID TABS 10 MG	4	QL(1 EA daily); PA	<i>loxapine succinate</i>	1	
VRAYLAR CAPS	3		<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
VRAYLAR CPPK	3		<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 EA daily)
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 EA daily)	<i>olanzapine TBDP</i>	1	
<i>ziprasidone hcl 20 MG, 40 MG</i>	1		<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 EA daily)
Benzisoxazoles			<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 EA daily)
INVEGA (<i>paliperidone</i>)	3		<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1	

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quetiapine fumarate TB24	1		ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (<i>ariPIPRAZOLE</i>)	7	
SEROQUEL XR TB24 <i>(quetiapine fumarate)</i>	7		ariPIPRAZOLE SOLN PO	1	
SEROQUEL TABS 200 MG (<i>quetiapine fumarate</i>)	7	QL(4 EA daily)	ariPIPRAZOLE TABS 20 MG	1	QL(1 EA daily)
SEROQUEL TABS 25 MG, 50 MG, 100 MG (<i>quetiapine fumarate</i>)	7		ariPIPRAZOLE TABS 2 MG, 5 MG, 10 MG, 30 MG	1	
SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	7	QL(2 EA daily)	ariPIPRAZOLE TABS 15 MG	1	QL(2 EA daily)
VERSACLOZ SUSP	4	QL(18 ML daily)	REXULTI	3	
ZYPREXA ZYDIS TBDP <i>(olanzapine)</i>	7		Thioxanthenes		
ZYPREXA TABS 15 MG, 20 MG (<i>olanzapine</i>)	7	QL(1 EA daily)	thiothixene	1	
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (<i>olanzapine</i>)	7		ANTIVIRALS - Drugs to Treat Viral Infections		
Phenothiazines			Antiretrovirals		
(Prochlorperazine) COMPRO	1	QL(2 EA daily)	abacavir sulfate-lamivudine	1	
chlorpromazine hcl TABS	1		abacavir sulfate SOLN	1	
fluphenazine hcl CONC	3		abacavir sulfate TABS	1	
fluphenazine hcl ELIX	2		APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
fluphenazine hcl TABS	1		APTIVUS CAPS	2	
perphenazine TABS	1		atazanavir sulfate CAPS	1	
prochlorperazine	1	QL(2 EA daily)	BIKTARVY	2	
prochlorperazine maleate TABS	1		CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit
thioridazine hcl 50 MG	1	QL(4 EA daily)	CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
thioridazine hcl 10 MG, 25 MG, 100 MG	1		CIMDUO	2	
trifluoperazine hcl TABS	1		COMBIVIR (lamivudine-zidovudine)	7	
Quinolinone Derivatives			COMPLERA	2	
ABILIFY TABS 15 MG (<i>ariPIPRAZOLE</i>)	7	QL(2 EA daily)	darunavir TABS	1	
ABILIFY TABS 20 MG (<i>ariPIPRAZOLE</i>)	7	QL(1 EA daily)	DELSTRIGO	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DESCOVY 200 MG-25 MG	5	PV	KALETRA SOLN <i>(lopinavir-ritonavir)</i>	7	
DOVATO	2		KALETRA TABS <i>(lopinavir-ritonavir)</i>	7	
EDURANT	2		<i>lamivudine SOLN</i>	1	
<i>efavirenz CAPS</i>	1		<i>lamivudine TABS</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 EA daily)	<i>lamivudine-zidovudine</i>	1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1		LEXIVA TABS <i>(fosamprenavir calcium)</i>	7	
<i>efavirenz TABS</i>	1		<i>lopinavir-ritonavir SOLN</i>	1	
<i>emtricitabine CAPS</i>	1		<i>lopinavir-ritonavir TABS</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 EA daily)	<i>maraviroc TABS</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	QL(1 EA daily); PV	<i>nevirapine SUSP</i>	1	
EMTRIVA CAPS <i>(emtricitabine)</i>	7		<i>nevirapine TABS</i>	1	
EMTRIVA SOLN	2		<i>nevirapine TB24</i>	1	
EPIVIR SOLN <i>(lamivudine)</i>	7		NORVIR PACK	2	
EPIVIR TABS <i>(lamivudine)</i>	7		NORVIR TABS <i>(ritonavir)</i>	7	
EPZICOM <i>(abacavir sulfate-lamivudine)</i>	7		ODEFSEY	2	
<i>etravirine</i>	1		PIFELTRO	2	
EVOTAZ	2		PREZCOBIX	2	
<i>fosamprenavir calcium TABS</i>	1		PREZISTA SUSP	2	
FUZEON SOLR	4	ST; PA	PREZISTA TABS 75 MG, 150 MG	2	
GENVOYA	2		PREZISTA TABS <i>(darunavir)</i>	7	
INTELENCE 25 MG	2		RETROVIR CAPS <i>(zidovudine)</i>	7	
INTELENCE <i>(etravirine)</i>	7		RETROVIR SYRP <i>(zidovudine)</i>	7	
ISENTRESS HD TABS	2		REYATAZ CAPS 200 MG, 300 MG <i>(atazanavir sulfate)</i>	7	
ISENTRESS CHEW	2		REYATAZ PACK	2	
ISENTRESS TABS	2		<i>ritonavir TABS</i>	1	
JULUCA	2		RUKOBIA	4	
			SELZENTRY SOLN	2	
			SELZENTRY TABS <i>(maraviroc)</i>	7	
			STRIBILD	2	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SUSTIVA CAPS <i>(efavirenz)</i>	7		MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
SYMFI <i>(efavirenz-lamivudine-tenofovir disoproxil fumarate)</i>	7		PAXLOVID (150/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
SYMFI LO <i>(efavirenz-lamivudine-tenofovir disoproxil fumarate)</i>	7		PAXLOVID (300/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
SYMTUZA	2		CMV Agents		
<i>tenofovir disoproxil fumarate TABS</i>	1		VALCYTE SOLR <i>(valganciclovir hcl)</i>	7	QL(21 ML daily)
TIVICAY TABS 50 MG	2		VALCYTE TABS <i>(valganciclovir hcl)</i>	7	
TRIUMEQ PD TBSO	2		<i>valganciclovir hcl SOLR</i>	1	QL(21 ML daily)
TRIUMEQ TABS	2		<i>valganciclovir hcl TABS</i>	1	
TRUVADA 200 MG-300 MG <i>(emtricitabine-tenofovir disoproxil fumarate)</i>	5	QL(1 EA daily); PV	Hepatitis Agents		
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG <i>(emtricitabine-tenofovir disoproxil fumarate)</i>	7	QL(1 EA daily)	<i>adefovir dipivoxil</i>	1	
TYBOST	2		BARACLUDE TABS <i>(entecavir)</i>	7	
VIRACEPT TABS	2		<i>entecavir TABS</i>	1	
VIREAD POWD	2		EPCLUSA PACK	2	SP; PA
VIREAD TABS <i>(tenofovir disoproxil fumarate)</i>	7		EPCLUSA TABS 50 MG-200 MG	2	SP; PA
VIREAD TABS 150 MG, 200 MG, 250 MG	2		EPCLUSA TABS 100 MG-400 MG	2	Use Brand Epclusa; SP; PA
ZIAGEN SOLN <i>(abacavir sulfate)</i>	7		<i>lamivudine (hbv) TABS</i>	2	
ZIAGEN TABS <i>(abacavir sulfate)</i>	7		MAVYRET TABS	4	PA: Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
<i>zidovudine CAPS</i>	1		PEGASYS SOLN	4	PA
<i>zidovudine SYRP</i>	1		VEMLIDY	4	SP; ST
<i>zidovudine TABS</i>	1				
Antiviral Combinations					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; PA	TPOXX (TECOVIRIMAT CAP 200 MG)	5				
Herpes Agents								
<i>acyclovir CAPS</i>	1		TPOXX CAPS	5	PV			
<i>acyclovir SUSP</i>	1		BETA BLOCKERS - Drugs to Treat High Blood Pressure					
<i>acyclovir TABS PO 800 MG</i>	1	QL(5 EA daily)	Alpha-Beta Blockers					
<i>acyclovir TABS PO 400 MG</i>	1		<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1				
<i>famciclovir</i>	1		<i>carvedilol 3.125 MG</i>	1	QL(2 EA daily)			
SITAVIG TABS BU	3	PA	<i>carvedilol phosphate</i>	1				
<i>valacyclovir hcl 1 GM</i>	1	QL(4 EA daily)	COREG 6.25 MG, 12.5 MG, 25 MG (<i>carvedilol</i>)	7				
<i>valacyclovir hcl 500 MG</i>	1	QL(8 EA daily)	COREG 3.125 MG (<i>carvedilol</i>)	7	QL(2 EA daily)			
VALTREX 500 MG (<i>valacyclovir hcl</i>)	7	QL(8 EA daily)	COREG CR (<i>carvedilol phosphate</i>)	7				
VALTREX 1 GM (<i>valacyclovir hcl</i>)	7	QL(4 EA daily)	<i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>	1				
Influenza Agents								
<i>oseltamivir phosphate CAPS</i>	1	QL(10 EA per fill retail)	<i>acebutolol hcl CAPS</i>	1				
<i>oseltamivir phosphate SUSR</i>	1	QL(75 ML daily; 5 Day(s) limit)	<i>atenolol TABS</i>	1				
RELENZA DISKHALER	3	QL(20 EA per fill retail)	<i>betaxolol hcl</i>	1				
<i>rimantadine hydrochloride TABS</i>	1		<i>bisoprolol fumarate</i>	1	QL(1 EA daily)			
TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	7	QL(10 EA per fill retail)	BYSTOLIC (<i>nebivolol hcl</i>)	7				
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	7	QL(75 ML daily; 5 Day(s) limit)	LOPRESSOR TABS (<i>metoprolol tartrate</i>)	7				
Misc. Antivirals			<i>metoprolol succinate TB24</i>	1				
LAGEVRIO	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV	<i>metoprolol tartrate TABS</i>	1				
Beta Blockers Non-Selective			<i>nebivolol hcl</i>	1				
(Sotalol Hcl) SORINE TABS			TENORMIN TABS (<i>atenolol</i>)	7				
TOPROL XL TB24 (<i>metoprolol succinate</i>)			TOPROL XL TB24 (<i>metoprolol succinate</i>)	7				
Beta Blockers Non-Selective								
(Sotalol Hcl) SORINE TABS								

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BETAPACE AF (<i>sotalol hcl (afib/afl)</i>)	7		(Diltiazem Hcl) DILT-XR CP24	1	
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	7		(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
CORGARD TABS 20 MG, 40 MG (<i>nadolol</i>)	7		<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 EA daily)
HEMANGEOL SOLN PO	3	PA	<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
INDERAL LA CP24 (<i>propranolol hcl</i>)	7		CALAN SR TBCR 120 MG (<i>verapamil hcl</i>)	7	
INDERAL XL	3		CALAN SR TBCR 180 MG, 240 MG (<i>verapamil hcl</i>)	7	QL(2 EA daily)
INNOPRAN XL	3		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	
<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 EA daily)	<i>diltiazem hcl TB24</i>	1	
<i>timolol maleate TABS 10 MG</i>	1	QL(6 EA daily)	<i>felodipine 10 MG</i>	1	QL(1 EA daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>felodipine 2.5 MG, 5 MG</i>	1	
Calcium Channel Blockers			<i>isradipine CAPS</i>	1	
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)	<i>nicardipine hcl CAPS</i>	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1		<i>nifedipine CAPS</i>	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1		<i>nifedipine TB24</i>	1	QL(1 EA daily)
			<i>nifedipine TB24 30 MG, 60 MG</i>	1	
			<i>nimodipine CAPS</i>	2	
			<i>nimodipine SOLN</i>	3	

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<i>nisoldipine</i>	2		<i>amlodipine besylate-atorvastatin calcium</i>	2	PA
NORVASC TABS 2.5 MG <i>(amlodipine besylate)</i>	7	QL(2 EA daily)	BIDIL <i>(isosorbide dinitrate-hydralazine hcl)</i>	7	
NORVASC TABS 5 MG, 10 MG <i>(amlodipine besylate)</i>	7	QL(1 EA daily)	ENTRESTO CPSP	3	QL(2 EA daily); PA
PROCARDIA XL TB24 <i>(nifedipine)</i>	7	QL(1 EA daily)	ENTRESTO TABS	3	QL(2 EA daily); PA
TIAZAC <i>(diltiazem hcl extended release beads)</i>	7		<i>isosorbide dinitrate-hydralazine hcl</i>	1	
verapamil hcl CP24 100 MG, 200 MG, 300 MG	2		Impotence Agents		
verapamil hcl CP24 180 MG	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
verapamil hcl CP24 360 MG	2	QL(1 EA daily)	CIALIS 2.5 MG <i>(tadalafil)</i>	7	QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA
verapamil hcl CP24 120 MG, 240 MG	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
verapamil hcl TABS	1		<i>tadalafil 2.5 MG</i>	1	QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA
verapamil hcl TBCR 180 MG, 240 MG	1	QL(2 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
verapamil hcl TBCR 120 MG	1		<i>VIAGRA (sildenafil citrate)</i>	7	Check Plan Documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
VERELAN CP24 120 MG, 240 MG <i>(verapamil hcl)</i>	7		Prostaglandin Vasodilators		
VERELAN CP24 180 MG <i>(verapamil hcl)</i>	7	QL(2 EA daily)			
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm					
Cardiac Glycosides					
<i>digoxin SOLN PO 0.05 MG/ML</i>	1				
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1				
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG <i>(digoxin)</i>	7				
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions					
Cardiovascular Agents Misc. - Combinations					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
ORENITRAM MONTH 1 TEPK	4	SP; PA	LETAIRIS (<i>ambrisentan</i>)	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA	
ORENITRAM MONTH 2 TEPK	4	SP; PA	OPSUMIT	4	ST; PA	
ORENITRAM MONTH 3 TEPK	4	SP; PA	TRACLEER TABS 125 MG (<i>bosentan</i>)	4	ST; PA	
ORENITRAM TBCR	4	PA	TRACLEER TABS 62.5 MG (<i>bosentan</i>)	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	
TYVASO DPI INSTITUTIONAL KIT POWD	4	QL(4 EA daily); PA	TRACLEER TBSO	4	ST; PA	
TYVASO DPI MAINTENANCE KIT POWD	4	QL(8 EA daily); PA	Pulmonary Hypertension - Phosphodiesterase Inhibitors			
TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 EA daily); PA	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	4	New commercial members to be referred to AcariaHealth; QL(2 EA daily); PA	
TYVASO DPI TITRATION KIT POWD	4	QL(7 EA daily); PA	ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	4	New commercial members to be referred to AcariaHealth; QL(2 EA daily); PA	
TYVASO DPI TITRATION KIT POWD	4	QL(9 EA daily); PA	<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	2	PA	
TYVASO REFILL KIT SOLN IN	4	PA	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	2	QL(3 EA daily); PA	
TYVASO STARTER KIT SOLN IN	4	PA	<i>tadalafil (pulmonary hypertension) TABS</i>	4	New commercial members to be referred to AcariaHealth; QL(2 EA daily); PA	
TYVASO SOLN IN	4	PA	Pulmonary Hypertension - Prostacyclin Receptor Agonist			
VENTAVIS IN	4	PA				
Pulmonary Hypertension - Endothelin Receptor Antagonists						
<i>ambrisentan</i>	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA				
<i>bosentan TABS 125 MG</i>	4	ST; PA				
<i>bosentan TABS 62.5 MG</i>	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TITRATION TBPK	4	ST; PA	<i>cefdinir CAPS</i>	1	
UPTRAVI TABS 200 MCG	4	ST; PA	<i>cefdinir SUSR</i>	1	
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 EA daily); PA	<i>cefixime CAPS</i>	1	
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator			<i>cefixime SUSR</i>	1	
ADEMPAS	4	PA	<i>cefpodoxime proxetil SUSR</i>	1	
Sinus Node Inhibitors			<i>cefpodoxime proxetil TABS</i>	1	
CORLANOR SOLN	3	QL(15 ML daily); ST	SUPRAX CAPS (<i>cefixime</i>)	7	
<i>ivabradine hcl TABS</i>	2	QL(2 EA daily); ST	SUPRAX CHEW	3	
Transthyretin Stabilizers			SUPRAX SUSR 500 MG/5ML	3	
VYNDAMAX	4	QL(1 EA daily); PA	SUPRAX SUSR 200 MG/5ML (<i>cefixime</i>)	7	
VYNDAQEL	4	QL(4 EA daily); PA	CONTRACEPTIVES - Drugs to Prevent Pregnancy		
CEPHALOSPORINS - Drugs to Treat Bacterial Infections			Combination Contraceptives - Oral		
Cephalosporins - 1st Generation			(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV
<i>cefadroxil CAPS</i>	1		(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV
<i>cefadroxil SUSR</i>	1		(Desogestrel-Ethiny Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV
<i>cefadroxil TABS</i>	1		(Desogestrel-Ethiny Estradiol (Triphasic)) VELIVET	5	PV
<i>cephalexin CAPS</i>	1				
<i>cephalexin SUSR</i>	1				
Cephalosporins - 2nd Generation					
CEFACLOR ER TB12	3				
<i>cefaclor CAPS</i>	1				
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1				
<i>cefprozil SUSR</i>	1				
<i>cefprozil TABS</i>	1				
<i>cefuroxime axetil TABS</i>	1				
Cephalosporins - 3rd Generation					

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(Drospirenone-Ethynodiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV	(Levonorgestrel & Ethynodiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV
(Drospirenone-Ethynodiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV	(Levonorgestrel & Ethynodiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV
(Drospirenone-Ethynodiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV	(Levonorgestrel & Ethynodiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	PV
(Ethynodiol Diacet & Ethynodiol Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG	5	PV	(Levonorgestrel-Ethynodiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	5	PV
(Ethynodiol Diacet & Ethynodiol Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28)	5	PV	(Levonorgestrel-Ethynodiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMESS, RIVELSA, SETLAKIN, SIMPESSE	5	PV
(Ethynodiol Diacet & Ethynodiol Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG	5	PV	(Levonorgestrel-Ethynodiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG	5	PV
(Levonorgestrel & Ethynodiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV			

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

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

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

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ANNOVERA	5	PV	CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
<i>etongestrel-ethinyl estradiol</i>	5	PV	Glucocorticosteroids		
NUVARING <i>(etonogestrel-ethinyl estradiol)</i>	5	PV	AGAMREE	4	SP; PA
Emergency Contraceptives					<i>budesonide TB24</i>
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE- STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	PV	CORTEF TABS <i>(hydrocortisone)</i>	7	
ELLA	5	PV	<i>deflazacort SUSP</i>	4	PA
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV	<i>deflazacort TABS</i>	4	PA
PLAN B ONE-STEP <i>(levonorgestrel (emergency oc))</i>	5	PV	DEXAMETHASONE INTENSOL CONC	2	
Progestin Contraceptives - Injectable					<i>dexamethasone ELIX</i>
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTER ONE 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, H, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL	5	PV	EMFLAZA SUSP <i>(deflazacort)</i>	4	PA
<i>norethindrone (contraceptive)</i>	5	PV	EMFLAZA TABS <i>(deflazacort)</i>	4	PA
OPILL	5	PV	<i>hydrocortisone TABS</i>	1	
SLYND	5	PV	MEDROL TABS 4 MG, 8 MG, 16 MG <i>(methylprednisolone)</i>	7	
			MEDROL TABS	2	
			<i>methylprednisolone TABS</i>	7	
			<i>methylprednisolone TBPK</i>	1	
			<i>methylprednisolone TBPK</i>	1	
			PEDIAPRED SOLN <i>(prednisolone sodium phosphate)</i>	7	
			<i>prednisolone sodium phosphate SOLN 25 MG/5ML</i>	2	
			<i>prednisolone sodium phosphate SOLN</i>	1	
			<i>prednisolone sodium phosphate TBDP</i>	2	
			PREDNISONE INTENSOL CONC	2	
			<i>prednisone SOLN</i>	1	

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<i>prednisone TABS</i>	1		(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAX ST ER, EQ MUCUS RELIEF D, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX STRENGTH, SM GUAIFENESIN/PSEUDOEPHEDRINE TB12 600 MG-60 MG	1	
<i>prednisone TABS</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					
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1				
<i>benzonatate</i>	1				
HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	7				
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1				
Cough/Cold/Allergy Combinations					
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1				
(Guaifenesin-Codeine) GUAIATUSSEN AC, GUAIFENESIN AC SYRP	1				
(Phenylephrine-Chlorphen-DM) ED-A-HIST DM, NOHIST-DM LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	1				
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1				
			(Pseudoephedrine-Guaifenesin) MUCUS RELIEF D, QC MUCUS RELIEF SINUS D TABS 400 MG-40 MG	1	
			ACTINEL PEDIATRIC LIQD	3	
			CODITUSSIN AC LIQD	2	
			ED BRON GP LIQD	2	
			GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC
			GILTUSS COUGH & COLD TABS	3	
			GILTUSS SINUS & CONGESTION TABS	3	RX/OTC
			GLENMAX PEB LIQD	3	
			<i>guaifenesin-codeine SOLN</i>	1	
			<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1	
			LOHIST-DM SYRP	2	
			MAR-COF BP	3	
			MAR-COF CG EXPECTORANT LIQD	3	
			MAXI-TUSS PE MAX LIQD	2	

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M-END PE LIQD	3		(Guaifenesin) CHEST CONGESTION RELIEF, CVS CHEST CONGESTION RELIEF, FT CHEST CONGESTION RELIEF, GNP MUCUS RELIEF, GNP TAB TUSSIN, GOODSENSE MUCUS RELIEF, HM CHEST CONGESTION RELIEF, KLS MUCUS RELIEF CHEST, MUCOSA, MUCUS RELIEF, MUCUS RELIEF CHEST CONGESTION, PHARBINEX, QC MEDIFIN 400, REFESEN 400, SB MUCUS RELIEF, SM CHEST CONGESTION RELIEF, XPECT TABS 400 MG	1	
MUCINEX D TB12 <i>(pseudoephedrine-guaifenesin)</i>	7				
NEOTUSS PLUS LIQD	3				
NINJACOF-XG LIQD	2				
<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ML daily)			
<i>promethazine w/codeine SOLN</i>	1	QL(30 ML daily)			
<i>promethazine w/codeine SYRP</i>	1	QL(30 ML daily)			
<i>promethazine-dm SYRP</i>	1	QL(30 ML daily)			
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3				
PSE-DEXCHLORPHEN-CHLOPHEDIANOL	2				
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1				
<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	1				
RYDEX	2				
TUSNEL C SYRP	3				
TUSNEL PEDIATRIC LIQD 50 MG/5ML-5 MG/5ML-15 MG/5ML	3				
TUSNEL TABS	3				
VANACOF	2				
Expectorants			Misc. Respiratory Inhalants		
			(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
			(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1	
			HYPERSAL NEBU	2	
			HYPERSAL NEBU (sodium chloride (inhalant))	7	
			NEBUSAL NEBU	3	
			sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %	1	
Mucolytics					
			<i>acetylcysteine SOLN</i>	1	

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DERMATOLOGICALS - Drugs to Treat Skin Conditions					
Acne Products					
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	QL(45 GM per fill retail); RX/OTC	(Tretinoin) AVITA CREA 0.025 %	1	
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	1		(Tretinoin) AVITA GEL 0.025 %	1	
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1		ABSORICA 30 MG (<i>isotretinoin</i>)	7	QL(3 EA daily; 150 Day(s) limit)
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1		ABSORICA 35 MG, 40 MG (<i>isotretinoin</i>)	7	QL(2 EA daily; 150 Day(s) limit)
(Erythromycin (Acne Aid)) ERY PADS	1		ABSORICA 10 MG, 25 MG (<i>isotretinoin</i>)	7	QL(4 EA daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 EA daily; 150 Day(s) limit)	ABSORICA 20 MG (<i>isotretinoin</i>)	7	QL(5 EA daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	QL(2 EA daily; 150 Day(s) limit)	ACZONE 5 % (<i>dapsone (topical)</i>)	7	PA
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	QL(4 EA daily; 150 Day(s) limit)	ACZONE 7.5 % (<i>dapsone (topical)</i>)	7	QL(2 GM daily); PA
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 EA daily; 150 Day(s) limit)	<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)
(Sulfacetamide Sodium W/Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	1		<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	1	QL(1.5 GM daily); PA
(Sulfacetamide Sodium W/Sulfur) SSS 10-5 FOAM	1		<i>adapalene CREA</i>	1	QL(45 GM per fill retail)
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1		<i>adapalene GEL 0.3 %</i>	1	QL(45 GM per fill retail; 135 per fill mail)
			<i>adapalene GEL 0.1 %</i>	1	QL(45 GM per fill retail); RX/OTC
			<i>ATRALIN GEL (tretinoin)</i>	7	Limit 45gms per month; QL(1.5 GM daily)
			<i>BENZAMYCIN GEL (benzoyl peroxide-erythromycin)</i>	7	QL(2 GM daily)
			<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 GM daily)
			<i>CLEOCIN-T LOTN (clindamycin phosphate (topical))</i>	7	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLINDAGEL GEL <i>(clindamycin phosphate (topical))</i>	7		<i>erythromycin (acne aid) SOLN</i>	1	
<i>clindamycin phosphate (topical) FOAM</i>	1		FABIOR FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
<i>clindamycin phosphate (topical) GEL</i>	1		<i>isotretinoin 20 MG</i>	1	QL(5 EA daily; 150 Day(s) limit)
<i>clindamycin phosphate (topical) LOTN</i>	1		<i>isotretinoin 10 MG, 25 MG</i>	1	QL(4 EA daily; 150 Day(s) limit)
<i>clindamycin phosphate (topical) SOLN</i>	1		<i>isotretinoin 30 MG</i>	1	QL(3 EA daily; 150 Day(s) limit)
<i>clindamycin phosphate (topical) SWAB</i>	1		<i>isotretinoin 35 MG, 40 MG</i>	1	QL(2 EA daily; 150 Day(s) limit)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		KLARON (<i>sulfacetamide sodium (acne)</i>)	7	
<i>clindamycin phosphate-benzoyl peroxide GEL 5 % -1 %</i>	1		PLEXION CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	7	
<i>clindamycin phosphate-tretinoin</i>	2	QL(1 GM daily)	PLEXION CREA (<i>sulfacetamide sodium w/ sulfur</i>)	7	
<i>dapsone (topical) 5 %</i>	1	PA	PLEXION LOTN (<i>sulfacetamide sodium w/ sulfur</i>)	7	
<i>dapsone (topical) 7.5 %</i>	1	QL(2 GM daily); PA	RETIN-A MICRO (<i>tretinoin microsphere</i>)	7	Limit 20gms per month; QL(0.67 GM daily)
DIFFERIN CREA <i>(adapalene)</i>	7	QL(45 GM per fill retail)	RETIN-A MICRO PUMP 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	7	Limit 20gms per month; QL(0.67 GM daily)
DIFFERIN GEL 0.3 % <i>(adapalene)</i>	7	QL(45 GM per fill retail; 135 per fill mail)	RETIN-A CREA (<i>tretinoin</i>)	7	
DIFFERIN GEL 0.1 % <i>(adapalene)</i>	7	QL(45 GM per fill retail); RX/OTC	RETIN-A GEL (<i>tretinoin</i>)	7	
DIFFERIN LOTN	1	QL(1.97 ML daily)	<i>sulfacetamide sodium (acne)</i>	1	
EPIDUO FORTE GEL <i>(adapalene-benzoyl peroxide)</i>	7	QL(1.5 GM daily); PA	<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1	
EPIDUO GEL <i>(adapalene-benzoyl peroxide)</i>	7	Limit 45gms per month; QL(1.5 GM daily)	<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	1	
ERYGEL GEL <i>(erythromycin (acne aid))</i>	7				
<i>erythromycin (acne aid) GEL</i>	1				

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<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(30 GM per fill retail)	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1		<i>ciclopirox olamine CREA</i>	1	
SULFACETAMIDE-SULFUR IN UREA EMUL	2		<i>ciclopirox olamine SUSP</i>	1	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)	<i>ciclopirox GEL</i>	1	
<i>tretinoin microsphere 0.04 %, 0.1 %</i>	1	Limit 20gms per month; QL(0.67 GM daily)	<i>ciclopirox SHAM</i>	1	
<i>tretinoin microsphere 0.08 %</i>	2	PA	<i>ciclopirox SOLN</i>	1	
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1		<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 45gms per month; QL(1.5 GM daily)
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1		<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ML daily)
<i>tretinoin GEL 0.05 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)	<i>econazole nitrate CREA</i>	1	
Agents for External Genital and Perianal Warts					
VEREGEN	3	QL(30 GM per fill retail)	ECOZA FOAM	3	Limit 70gms per month; QL(2.34 GM daily)
Antibiotics - Topical					
<i>gentamicin sulfate (topical) CREA</i>	1		ERTACZO	4	PA
<i>gentamicin sulfate (topical) OINT</i>	1		EXELDERM CREA (<i>sulconazole nitrate</i>)	2	
<i>mupirocin OINT</i>	1		EXELDERM SOLN	2	
Antifungals - Topical					
(Ciclopirox) CICLODAN SOLN	1		EXODERM	2	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1		<i>iodoquinol-hydrocortisone in aloe vehicle</i>	1	
(Ketoconazole (Topical)) KETODAN FOAM	2		<i>ketoconazole (topical) CREA</i>	1	QL(2 GM daily)
			<i>ketoconazole (topical) FOAM</i>	2	
			<i>ketoconazole (topical) SHAM 2 %</i>	1	
			<i>LOPROX SHAM (ciclopirox)</i>	7	
			<i>LOPROX SUSP (ciclopirox olamine)</i>	7	
			<i>naftifine hcl CREA 2 %</i>	1	
			<i>naftifine hcl CREA 1 %</i>	2	
			<i>naftifine hcl GEL 2 %</i>	2	
			<i>nystatin (topical) CREA</i>	1	
			<i>nystatin (topical) OINT</i>	1	

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<i>nystatin (topical) POWD EX</i>	1		VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	7	RX/OTC
<i>nystatin-triamcinolone CREA</i>	1		Antineoplastic or Premalignant Lesion Agents - Topical		
<i>nystatin-triamcinolone OINT</i>	1		<i>bexarotene (topical)</i>	2	
<i>oxiconazole nitrate CREA</i>	2		CARAC CREA	4	QL(1 GM daily)
OXISTAT LOTN	3		<i>diclofenac sodium (actinic keratoses) EX</i>	2	PA
<i>sulconazole nitrate CREA</i>	2		<i>fluorouracil (topical) CREA 5 %</i>	2	
<i>sulconazole nitrate SOLN</i>	1		<i>fluorouracil (topical) CREA 0.5 %</i>	4	QL(1 GM daily)
VYTONE 1.9 %-1 % (<i>iodoquinol-hydrocortisone in aloe vehicle</i>)	7		<i>fluorouracil (topical) SOLN</i>	1	
Anti-inflammatory Agents - Topical			PANRETIN	3	PA
(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC	VALCHLOR	4	ST; PA
<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC	Antipruritics - Topical		
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ML daily)	<i>doxepin hcl (antipruritic)</i>	2	QL(3 GM daily)
Antipsoriatics			<i>(Calcipotriene) CALCITRENE OINT</i>	1	QL(5 GM daily)
			<i>acitretin 10 MG</i>	1	QL(1 EA daily)
			<i>acitretin 25 MG</i>	1	QL(2 EA daily)
			<i>acitretin 17.5 MG</i>	1	
			<i>calcipotriene CREA</i>	1	QL(5 GM daily)
			<i>calcipotriene FOAM</i>	4	QL(4 GM daily)
			<i>CALCIPOTRIENE FOAM</i>	4	QL(4 GM daily)
			<i>calcipotriene OINT</i>	1	QL(5 GM daily)
			<i>calcipotriene SOLN</i>	1	
			<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.34 GM daily)

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COSENTYX (300 MG DOSE) SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); SP; PA	SKYRIZI PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ML per 84 day(s) retail); SP; PA
COSENTYX SENSOREADY (300 MG) SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); SP; PA	SKYRIZI SOSY	4	Check Plan Documents for coverage; QL(1 ML per 84 day(s) retail); PA
COSENTYX SENSOREADY PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); SP; PA	SORILUX FOAM	4	QL(4 GM daily)
COSENTYX UNOREADY SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); SP; PA	STELARA SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
COSENTYX SOSY 75 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.18 ML daily); SP; PA	STELARA SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ML daily); SP; PA
COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); SP; PA	STELARA SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ML per 45 day(s) retail); SP; PA
DOVONEX CREA (<i>calcipotriene</i>)	7	QL(5 GM daily)	<i>tazarotene CREA</i>	1	QL(1 GM daily)
<i>methoxsalen rapid</i>	2		<i>tazarotene GEL</i>	1	QL(1 GM daily)
			TAZORAC CREA (<i>tazarotene</i>)	7	QL(1 GM daily)
			TAZORAC GEL (<i>tazarotene</i>)	7	QL(1 GM daily)
			TREMFYA SOAJ 200 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); SP; PA

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TREMFYA SOAJ 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA	ZOVIRAX OINT (<i>acyclovir topical</i>)	7	QL(1 GM daily)
TREMFYA SOSY 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA	Burn Products		
TREMFYA SOSY 200 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); SP; PA	(Silver Sulfadiazine) SSD	1	
VECTICAL (<i>calcitriol topical</i>)	2	Limit 100gms per month; QL(3.34 GM daily)	<i>mafenide acetate</i> PACK	2	
Antiseborrheic Products			SILVADENE (<i>silver sulfadiazine</i>)	7	
OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	7		<i>silver sulfadiazine</i>	1	
OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	7		SULFAMYLYON CREA	3	
<i>selenium sulfide</i> LOTN 2.5 %	1		Corticosteroids - Topical		
SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	3		(Clobetasol Propionate Emollient Base)	1	
<i>sulfacetamide sodium</i> LIQD	1		CLOBETASOL PROPIONATE E 0.05 %		
Antivirals - Topical			(Clobetasol Propionate Emulsion) TOVET	2	
<i>acyclovir topical</i> CREA	1	QL(0.17 GM daily); PA	(Clobetasol Propionate) CLODAN SHAM	1	
<i>acyclovir topical</i> OINT	1	QL(1 GM daily)	(Desonide) DESRX GEL	2	
ZOVIRAX CREA (<i>acyclovir topical</i>)	7	QL(0.17 GM daily); PA	(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %	2	
			(Hydrocortisone (Topical)) ALA-CORT CREA 2.5 %	1	
			(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	2	
			(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.1 %, 0.5 %	1	
			<i>alclometasone dipropionate</i> CREA	1	
			<i>alclometasone dipropionate</i> OINT	1	
			<i>amcinonide</i> OINT	3	
			APEXICON E CREA	2	
			<i>betamethasone dipropionate (topical)</i> CREA	1	
			<i>betamethasone dipropionate (topical)</i> LOTN	1	

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<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1		<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	1		<i>CLOBEX LOTN 0.05 % (clobetasol propionate)</i>	7	
<i>betamethasone dipropionate augmented OINT</i>	1		<i>CLOBEX SHAM (clobetasol propionate)</i>	7	
<i>betamethasone valerate CREA</i>	1		<i>clocortolone pivalate</i>	1	
<i>betamethasone valerate FOAM</i>	2		<i>CLODERM (clocortolone pivalate)</i>	7	
<i>betamethasone valerate LOTN</i>	1		<i>CORDRAN TAPE</i>	3	
<i>betamethasone valerate OINT</i>	1		<i>DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)</i>	7	
<i>calcipotriene- betamethasone dipropionate OINT</i>	2	QL(2 GM daily); ST	<i>DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)</i>	7	
<i>calcipotriene- betamethasone dipropionate SUSP</i>	2	QL(2 GM daily); ST	<i>desonide CREA</i>	1	
<i>clobetasol propionate emollient base 0.05 %</i>	1		<i>desonide GEL</i>	2	
<i>clobetasol propionate emulsion</i>	2		<i>desonide LOTN</i>	1	
<i>clobetasol propionate CREA 0.05 %</i>	1		<i>desonide OINT</i>	1	
<i>clobetasol propionate FOAM</i>	2		<i>DESOWEN CREA (desonide)</i>	7	
<i>clobetasol propionate GEL 0.05 %</i>	1		<i>desoximetasone CREA</i>	1	
<i>clobetasol propionate LIQD</i>	2		<i>desoximetasone GEL</i>	1	
<i>clobetasol propionate LOTN</i>	1		<i>desoximetasone LIQD</i>	2	ST
			<i>desoximetasone OINT 0.05 %</i>	2	
			<i>desoximetasone OINT 0.25 %</i>	1	
			<i>diflorasone diacetate CREA</i>	2	
			<i>diflorasone diacetate OINT</i>	2	
			<i>DIPROLENE OINT (betamethasone dipropionate augmented)</i>	7	
			<i>EPIFOAM FOAM</i>	3	

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<i>fluocinolone acetonide CREA</i>	1		<i>hydrocortisone butyrate SOLN</i>	1	
<i>fluocinolone acetonide OIL</i>	1		<i>hydrocortisone valerate CREA</i>	1	
<i>fluocinolone acetonide OINT</i>	1		<i>hydrocortisone valerate OINT</i>	1	
<i>fluocinolone acetonide SOLN</i>	1		<i>KENALOG AERS (triamcinolone acetonide (topical))</i>	7	
<i>fluocinonide emulsified base</i>	1		<i>LOCOID LIPOCREAM</i>	2	
<i>fluocinonide CREA</i>	1		<i>mometasone furoate CREA</i>	1	
<i>fluocinonide GEL</i>	1		<i>mometasone furoate OINT</i>	1	
<i>fluocinonide OINT</i>	1		<i>mometasone furoate SOLN</i>	1	
<i>fluocinonide SOLN</i>	1		<i>PRAMOSONE LOTN</i>	3	
<i>fluticasone propionate CREA 0.05 %</i>	1		<i>PRAMOSONE OINT 1 %-1 %</i>	3	
<i>fluticasone propionate LOTN</i>	1		<i>PRAMOSONE OINT 2.5 %-1 %</i>	2	
<i>fluticasone propionate OINT</i>	1		<i>SYNALAR CREA (fluocinolone acetonide)</i>	7	
<i>halobetasol propionate CREA</i>	1		<i>SYNALAR OINT (fluocinolone acetonide)</i>	7	
<i>halobetasol propionate OINT</i>	1		<i>SYNALAR SOLN (fluocinolone acetonide)</i>	7	
<i>hydrocortisone (topical) CREA 2.5 %</i>	1		<i>TOPICORT CREA (desoximetasone)</i>	7	
<i>hydrocortisone (topical) LOTN 2 %</i>	2		<i>TOPICORT GEL (desoximetasone)</i>	7	
<i>hydrocortisone (topical) LOTN 2.5 %</i>	1		<i>TOPICORT OINT 0.25 % (desoximetasone)</i>	7	
<i>hydrocortisone (topical) OINT 2.5 %</i>	1		<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>hydrocortisone (topical) SOLN 2.5 %</i>	2		<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1		<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>hydrocortisone butyrate CREA</i>	1		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>hydrocortisone butyrate LOTN</i>	2	PA			
<i>hydrocortisone butyrate OINT</i>	1				

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TRIDESILON CREA 0.05 % (<i>desonide</i>)	7		Immunosuppressive Agents - Topical		
ULTRAVATE LOTN	3	ST; PA	ELIDEL (<i>pimecrolimus</i>)	7	QL(60 GM per fill retail)
VANOS CREA (<i>fluocinonide</i>)	7		<i>pimecrolimus</i>	1	QL(60 GM per fill retail)
Eczema Agents			PROTOPIC OINT 0.1 % (<i>tacrolimus (topical)</i>)	7	QL(2 GM daily); AL(At least 15 yrs old)
DUPIXENT SOAJ 200 MG/1.14ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); SP; PA	PROTOPIC OINT 0.03 % (<i>tacrolimus (topical)</i>)	7	QL(2 GM daily); AL(At least 2 yrs old)
DUPIXENT SOAJ 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); SP; PA	<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 GM daily); AL(At least 2 yrs old)
DUPIXENT SOSY 100 MG/0.67ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.048 ML daily); SP; PA	<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 GM daily); AL(At least 15 yrs old)
DUPIXENT SOSY 200 MG/1.14ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); SP; PA	Keratolytic/Antimitotic/Vesicant Agents		
DUPIXENT SOSY 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); SP; PA	(Salicylic Acid) KERALYT SHAM 6 %	1	
Enzymes - Topical			BENSAL HP OINT	3	RX/OTC
SANTYL OINT	3		MG217 PSORIASIS MULTI-SYMPTOM OINT	3	RX/OTC
Immunomodulating Agents - Topical			PODOCON-25 SOLN	3	
<i>imiquimod 5 %</i>	1		<i>podofilox GEL</i>	2	
			<i>podofilox SOLN</i>	1	
			SALICYLIC ACID OINT	3	RX/OTC
			<i>salicylic acid SHAM 6 %</i>	1	
			<i>salicylic acid SOLN 26 %</i>	2	
			SALIMEZ CREA	3	
			SALYCIM CREA	3	
Local Anesthetics - Topical					
			(Lidocaine) LIDOCAN, TRIDACAIN II, TRIDACAIN III PTCH 5 %	1	QL(3 EA daily)
			<i>lidocaine-prilocaine CREA</i>	1	
			<i>lidocaine PTCH 5 %</i>	1	QL(3 EA daily)
			LIDODERM PTCH (<i>lidocaine</i>)	7	QL(3 EA daily)

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Misc. Topical								
DRYSOL SOLN	2		ELIMITE CREA <i>(permethrin)</i>	7	QL(60 GM per fill retail)			
XERAC AC	3		<i>ivermectin (pediculicide)</i>	1				
Phosphodiesterase 4 (PDE4) Inhibitors - Topical								
EUCRISA	3	ST; Limited to 60 gm per month; QL(2 GM daily); PA	<i>malathion</i>	2				
Rosacea Agents			<i>permethrin CREA</i>	1	QL(60 GM per fill retail)			
<i>azelaic acid GEL</i>	1		SKLICE <i>(ivermectin (pediculicide))</i>	7				
<i>brimonidine tartrate (topical)</i>	2	PA	<i>spinosad</i>	2	AL(At least 4 yrs old)			
<i>doxycycline (rosacea)</i>	2	QL(1 EA daily); PA	Wound Care Products					
FINACEA FOAM	3		REGRANEX	3	QL(15 GM per fill retail)			
FINACEA GEL <i>(azelaic acid)</i>	7		DIAGNOSTIC PRODUCTS					
<i>ivermectin (rosacea)</i>	1	QL(1.5 GM daily); PA	Diagnostic Drugs					
METROCREAM CREA <i>(metronidazole (topical))</i>	7		METOPIRONE	3				
METROGEL GEL 1 % <i>(metronidazole (topical))</i>	7		Diagnostic Tests					
METROLOTION LOTN <i>(metronidazole (topical))</i>	7	QL(60 ML per fill retail)	COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month			
<i>metronidazole (topical) CREA</i>	1		COVID-19 FLU A&B 3-IN-1 TEST	5	PV			
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 GM per fill retail)	FLOWFLEX PLUS COVID-19/FLU A/B	5	PV			
<i>metronidazole (topical) GEL 1 %</i>	1		FREESTYLE INSULINX TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC			
<i>metronidazole (topical) LOTN</i>	1	QL(60 ML per fill retail)	FREESTYLE LITE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC			
RHOFADE	3	ST; PA	FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC			
SOOLANTRA <i>(ivermectin (rosacea))</i>	7	QL(1.5 GM daily); PA	FREESTYLE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC			
Scabicides & Pediculicides								
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN	1							

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KETONE TEST STRP	2	QL(50 EA per fill retail)	PANCREAZE CPEP 149900 UNIT-97300	3	
KETOSTIX STRP	2	QL(50 EA per fill retail)	UNIT-37000 UNIT, 15200		
ONETOUCH ULTRA BLUE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC	UNIT-8800 UNIT-2600		
ONETOUCH ULTRA TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC	UNIT, 24600 UNIT-14200		
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC	UNIT-4200 UNIT, 61500		
ONETOUCH VERIO STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC	UNIT-35500 UNIT-10500		
PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC	UNIT, 83900 UNIT-54700		
PRECISION XTRA KETONE	2	QL(0.36 EA daily)	UNIT-21000 UNIT, 98400		
SPEEDY SWAB COVID-19/FLU HOME	5	PV	UNIT-56800 UNIT-16800		
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			UNIT		
Digestive Enzymes			DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
CREON CPEP	2		Carbonic Anhydrase Inhibitors		

<i>acetazolamide CP12</i>	1	QL(2 EA daily)
<i>acetazolamide TABS 250 MG</i>	1	QL(4 EA daily)
<i>acetazolamide TABS 125 MG</i>	1	
<i>methazolamide TABS</i>	1	
Diuretic Combinations		
<i>ALDACTAZIDE (spironolactone & hydrochlorothiazide)</i>	7	
<i>amiloride & hydrochlorothiazide</i>	1	
<i>MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)</i>	7	QL(2 EA daily)

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MAXZIDE TABS <i>(triamterene & hydrochlorothiazide)</i>	7	QL(1 EA daily)	<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1		<i>metolazone</i>	1	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1		THALITONE	2	
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 EA daily)	ENDOCRINE AND METABOLIC AGENTS - MISC.		
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 EA daily)	- Drugs to Treat Bone Disease and Regulate Hormones		
Loop Diuretics			Bone Density Regulators		
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1		ACTONEL TABS 150 MG <i>(risedronate sodium)</i>	7	Limit 1 per month; QL(0.04 EA daily)
<i>bumetanide TABS 2 MG</i>	1	QL(5 EA daily)	ACTONEL TABS 35 MG <i>(risedronate sodium)</i>	7	Limit 4 for 28 days; QL(0.15 EA daily)
BUMEX TABS 0.5 MG <i>(bumetanide)</i>	7		<i>alendronate sodium SOLN</i>	2	
<i>ethacrynic acid</i>	2	ST	<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	Limit 4 per 28 days; QL(0.15 EA daily)
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1		<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>furosemide TABS</i>	1		<i>calcitonin (salmon) IJ</i>	4	PA
LASIX TABS <i>(furosemide)</i>	7		<i>calcitonin (salmon) NA</i>	1	
<i>torsemide TABS 5 MG, 10 MG, 20 MG</i>	1		FOSAMAX TABS 70 MG <i>(alendronate sodium)</i>	7	Limit 4 per 28 days; QL(0.15 EA daily)
<i>torsemide TABS 100 MG</i>	1	QL(2 EA daily)	<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 EA daily)
Potassium Sparing Diuretics			MIACALCIN IJ <i>(calcitonin (salmon))</i>	4	PA
ALDACTONE TABS <i>(spironolactone)</i>	7		NATPARA	4	PA
<i>amiloride hcl TABS</i>	1		PROLIA SOSY	4	PA
<i>spironolactone TABS</i>	1		<i>risedronate sodium TABS 5 MG, 30 MG</i>	1	QL(1 EA daily)
<i>triamterene CAPS</i>	2		<i>risedronate sodium TABS 150 MG</i>	1	Limit 1 per month; QL(0.04 EA daily)
Thiazides and Thiazide-Like Diuretics			<i>risedronate sodium TABS 35 MG</i>	1	Limit 4 for 28 days; QL(0.15 EA daily)
<i>chlorthalidone 25 MG, 50 MG</i>	1		<i>teriparatide SOPN</i>	4	SP; PA
DIURIL SUSP	3		TYMLOS	4	PA
<i>hydrochlorothiazide CAPS</i>	1				
<i>hydrochlorothiazide TABS</i>	1				

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Fertility Regulators					
(Clomiphene Citrate) CLOMID TABS	1	QL(15 EA per 30 day(s) retail)	SYNAREL	2	
<i>clomiphene citrate TABS</i>	1	QL(15 EA per 30 day(s) retail)	Metabolic Modifiers		
Growth Hormone Receptor Antagonists					
SOMAVERT	4	PA	(Sapropterin Dihydrochloride) JAVYGTOR PACK	4	Specialty Drug refer to Caremark SP RX
Growth Hormone Releasing Hormones (GHRH)					
EGRIFTA SV	4	PA	(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	Specialty Drug refer to Caremark SP RX
Growth Hormones					
HUMATROPE CART IJ	4	Please refer to your plan documents for specific coverage; PA	<i>betaine</i>	4	PA
NORDITROPIN FLEXPRO SOPN	4	Please refer to your plan documents for specific coverage; PA	<i>calcitriol CAPS 0.25 MCG</i>	1	
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	PA	<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 EA daily)
ZORBTIVE SC	4	PA	<i>calcitriol SOLN PO</i>	1	
Hormone Receptor Modulators			CARNITOR SF SOLN PO (<i>levocarnitine (metabolic modifiers)</i>)	7	
EVISTA (<i>raloxifene hcl</i>)	5	PV	CARNITOR SOLN PO 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	7	
OSPHENA	3	QL(1 EA daily)	<i>cinacalcet hcl</i>	2	PA
<i>raloxifene hcl</i>	5	PV	<i>CYSTADANE (betaine)</i>	4	PA
Insulin-Like Growth Factors (Somatomedins)			<i>doxercalciferol CAPS</i>	2	
INCRELEX	4	PA	GALAFOLD	4	QL(0.5 EA daily); PA
LHRH/GnRH Agonist Analog Pituitary Suppressants			KUVAN PACK (<i>sapropterin dihydrochloride</i>)	4	Specialty Drug refer to Caremark SP RX
FENSOLVI (6 MONTH) SC	3	PA	KUVAN TABS (<i>sapropterin dihydrochloride</i>)	4	Specialty Drug refer to Caremark SP RX
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis	<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	
			<i>levocarnitine (metabolic modifiers) TABS</i>	2	
			MYALEPT	4	PA
			<i>nitisinone CAPS</i>	4	PA
			ORFADIN CAPS (<i>nitisinone</i>)	4	PA
			ORFADIN SUSP	4	PA

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PALYNZIQ	4	PA	MIFEPREX <i>(mifepristone)</i>	5	PV	
<i>paricalcitol CAPS 1 MCG, 2 MCG</i>	1		<i>mifepristone</i>	5	PV	
<i>paricalcitol CAPS 4 MCG</i>	2		Prolactin Inhibitors			
ROCALTROL CAPS 0.5 MCG (<i>calcitriol</i>)	7	QL(4 EA daily)	<i>cabergoline</i>	1		
ROCALTROL CAPS 0.25 MCG (<i>calcitriol</i>)	7		Somatostatic Agents			
ROCALTROL SOLN PO (<i>calcitriol</i>)	7		<i>octreotide acetate SOLN</i>	4	PA	
<i>sapropterin dihydrochloride PACK</i>	4	Specialty Drug refer to Caremark SP RX	<i>octreotide acetate SOSY</i>	4	SP; PA	
<i>sapropterin dihydrochloride TABS</i>	4	Specialty Drug refer to Caremark SP RX	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	4	PA	
<i>sodium phenylbutyrate POWD</i>	2	PA	SIGNIFOR	4	PA	
<i>sodium phenylbutyrate TABS</i>	2	PA	Vasopressin Receptor Antagonists			
STRENSIQ	4	PA	JYNARQUE TBPK	4	PA	
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	7		ESTROGENS - Hormone Replacement/Modifying Drugs			
Posterior Pituitary Hormones			Estrogen Combinations			
DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)	7		(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1		
DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)	7	QL(6 EA daily)	(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1		
<i>desmopressin acetate spray</i>	1		(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1		
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1		(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1		
DESMOPRESSIN ACETATE SOLN NA	3		ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	7		
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 EA daily)	ANGELIQ	3		
<i>desmopressin acetate TABS 0.1 MG</i>	1		CLIMARA PRO	2	Limit 4 per 28 days; QL(0.15 EA daily)	
Progesterone Receptor Antagonists			COMBIPATCH PTTW	3		

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DUAVEE	3		EVAMIST SOLN	3	QL(0.27 ML daily)
<i>estradiol & norethindrone acetate TABS</i>	1		MENEST 0.3 MG, 0.625 MG, 1.25 MG	2	QL(1 EA daily)
<i>norethindrone acetate-ethinyl estradiol</i>	1		MENEST 2.5 MG	2	QL(3 EA daily)
ORIAHNN	4	PA	MENOSTAR PTWK	3	Limit 4 per 28 days; QL(0.15 EA daily)
PREMPHASE	2	QL(1 EA daily)	MINIVELLE PTTW (<i>estradiol</i>)	7	QL(0.29 EA daily)
PREMPRO	2	QL(1 EA daily)	PREMARIN TABS	2	QL(1 EA daily)
Estrogens			VIVELLE-DOT PTTW (<i>estradiol</i>)	7	QL(0.29 EA daily)
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)	FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)	Fluoroquinolones		
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	Limit 4 per 28 days; QL(0.15 EA daily)	<i>ciprofloxacin hcl TABS</i>	1	
DELESTROGEN (<i>estradiol valerate</i>)	7	QL(5 ML per fill retail)	<i>ciprofloxacin SUSR</i>	1	
DIVIGEL GEL (<i>estradiol</i>)	7		CIPRO SUSR	2	
ELESTRIN GEL	3	QL(1.74 GM daily)	CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	7	
ESTRACE TABS (<i>estradiol</i>)	7		<i>levofloxacin SOLN PO</i>	1	
<i>estradiol valerate</i>	1	QL(5 ML per fill retail)	<i>levofloxacin TABS</i>	1	QL(14 EA per fill retail)
<i>estradiol GEL</i>	1		<i>moxifloxacin hcl TABS</i>	1	
<i>estradiol GEL</i>	1	Limit 50gms per month; QL(1.67 GM daily)	<i>ofloxacin 400 MG</i>	2	QL(28 EA per 90 day(s) retail)
<i>estradiol PTTW</i>	1	QL(0.29 EA daily)	<i>ofloxacin 300 MG</i>	1	
<i>estradiol PTWK</i>	1	Limit 4 per 28 days; QL(0.15 EA daily)	GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
<i>estradiol TABS</i>	1		Farnesoid X Receptor (FXR) Agonists		
ESTROGEL GEL (<i>estradiol</i>)	7	Limit 50gms per month; QL(1.67 GM daily)	OCALIVA 5 MG	4	ST; QL(1 EA daily); PA
			OCALIVA 10 MG	4	QL(1 EA daily); PA
			Gallstone Solubilizing Agents		
			CHENODAL	4	PA
			CTEXLI 250 MG	4	PA
			URSO 250 TABS (<i>ursodiol</i>)	7	

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URSO FORTE TABS <i>(ursodiol)</i>	7		<i>mesalamine TBEC 800 MG</i>	1				
<i>ursodiol CAPS</i>	1		<i>mesalamine TBEC 1.2 GM</i>	2	QL(4 EA daily)			
<i>ursodiol TABS</i>	1		PENTASA CPCR 250 MG	3	PA			
Gastrointestinal Chloride Channel Activators								
AMITIZA (<i>lubiprostone</i>)	7		PENTASA CPCR 500 MG	3	QL(8 EA daily); PA			
<i>lubiprostone</i>	1		SFROWASA ENEM	2				
Gastrointestinal Stimulants								
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	2		SKYRIZI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 1 package(s) per fill retail; SP; PA			
<i>metoclopramide hcl TABS</i>	1		<i>sulfasalazine TABS</i>	1	QL(8 EA daily)			
<i>metoclopramide hcl TBDP</i>	2		<i>sulfasalazine TBEC</i>	1	QL(8 EA daily)			
REGLAN TABS <i>(metoclopramide hcl)</i>	7		Intestinal Acidifiers					
Inflammatory Bowel Agents								
APRISO CP24 <i>(mesalamine)</i>	7	QL(4 EA daily)	(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1				
ASACOL HD TBEC <i>(mesalamine)</i>	7		<i>lactulose</i> (encephalopathy)	1				
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	7	QL(8 EA daily)	Irritable Bowel Syndrome (IBS) Agents					
AZULFIDINE TABS <i>(sulfasalazine)</i>	7	QL(8 EA daily)	<i>alosetron hcl</i>	2				
<i>balsalazide disodium CAPS</i>	1	QL(9 EA daily; 280 EA per fill retail)	LINZESS	2	QL(1 EA daily)			
COLAZAL CAPS <i>(balsalazide disodium)</i>	7	QL(9 EA daily; 280 EA per fill retail)	VIBERZI	3	PA			
DELZICOL CPDR <i>(mesalamine)</i>	7	QL(6 EA daily)	Peripheral Opioid Receptor Antagonists					
DIPENTUM	3		<i>alvimopan</i>	4				
<i>mesalamine CP24</i>	1	QL(4 EA daily)	ENTEREG (<i>alvimopan</i>)	4				
<i>mesalamine CPCR</i>	2	QL(8 EA daily); PA	MOVANTIK	3	QL(1 EA daily)			
<i>mesalamine CPDR</i>	1	QL(6 EA daily)	Phosphate Binder Agents					
<i>mesalamine ENEM</i>	1	QL(60 ML daily)	(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC			
<i>mesalamine SUPP</i>	2	QL(1 EA daily)	AURYXIA	3	ST; PA			
			<i>calcium acetate</i> (phosphate binder) CAPS	1				

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<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC	(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC	
FOSRENOL PACK	3		CYTRA-3 SYRP	3		
<i>lanthanum carbonate CHEW 500 MG</i>	2		ORACIT	3		
<i>lanthanum carbonate CHEW 750 MG</i>	2	QL(4 EA daily)	ORAL CITRATE	3		
<i>lanthanum carbonate CHEW 1000 MG</i>	2	QL(3 EA daily)	<i>pot & sod citrates w/citric ac SOLN</i>	1		
RENELA PACK 2.4 GM (<i>sevelamer carbonate</i>)	7	QL(5 EA daily)	<i>potassium citrate (alkalinizer) TBCR</i>	1		
RENELA PACK 0.8 GM (<i>sevelamer carbonate</i>)	7		<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC	
RENELA TABS (<i>sevelamer carbonate</i>)	7		UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	7		
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 EA daily)	UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	7		
<i>sevelamer carbonate PACK 0.8 GM</i>	1		UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	7		
<i>sevelamer carbonate TABS</i>	1		Cystinosis Agents			
<i>sevelamer hcl 800 MG</i>	2	QL(16 EA daily); PA	CYSTAGON CAPS	4	PA	
<i>sevelamer hcl 400 MG</i>	1	PA	PROCYSBI CPDR	4	PA	
Short Bowel Syndrome (SBS) Agents						
GATTEX	4	ST; PA	PROCYSBI PACK	4	PA	
Tryptophan Hydroxylase Inhibitors						
XERMELO	4	ST; Not available through mail; PA	Interstitial Cystitis Agents			
GENITOURINARY AGENTS - MISCELLANEOUS -						
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System						
Acidifiers						
K-PHOS NO 2	2		ELMIRON CAPS	3	QL(3 EA daily); PA	
Alkalizers						
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1		Prostatic Hypertrophy Agents			
<i>alfuzosin hcl</i>	1	QL(1 EA daily)	<i>alfuzosin hcl</i>	1	QL(1 EA daily)	
AVODART (<i>dutasteride</i>)	7	AL(At least 40 yrs old)	AVODART (<i>dutasteride</i>)	7	AL(At least 40 yrs old)	
CARDURA XL	3		CARDURA XL	3		
<i>dutasteride</i>	1	AL(At least 40 yrs old)	<i>dutasteride</i>	1	AL(At least 40 yrs old)	
<i>dutasteride-tamsulosin hcl</i>	1		<i>dutasteride-tamsulosin hcl</i>	1		
<i>finasteride</i>	1	QL(1 EA daily); AL(At least 40 yrs old)	<i>finasteride</i>	1	QL(1 EA daily); AL(At least 40 yrs old)	
JALYN (<i>dutasteride-tamsulosin hcl</i>)	7		JALYN (<i>dutasteride-tamsulosin hcl</i>)	7		

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PROSCAR (<i>finasteride</i>)	7	QL(1 EA daily); AL(At least 40 yrs old)	Uricosurics		
RAPAFLO 8 MG (<i>silodosin</i>)	7	QL(1 EA daily)	<i>probenecid</i>	1	
RAPAFLO 4 MG (<i>silodosin</i>)	7		HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
<i>silodosin 4 MG</i>	1		Antihemophilic Products		
<i>silodosin 8 MG</i>	1	QL(1 EA daily)	ADVATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>tamsulosin hcl</i>	1	QL(2 EA daily)	ADYNOVATE 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
UROXATRAL (<i>alfuzosin hcl</i>)	7	QL(1 EA daily)	ADYNOVATE 750 UNIT, 1500 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
Urinary Stone Agents			AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
(Tiopronin) VENXXIVA TBEC	2		ALPHANATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
LITHOSTAT	3		ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>tiopronin TABS</i>	2		ALPROLIX 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>tiopronin TBEC</i>	2		ALPROLIX 4000 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
GOUT AGENTS - Drugs to Treat Gout					
Gout Agent Combinations					
<i>colchicine w/ probenecid</i>	1				
Gout Agents					
<i>allopurinol 300 MG</i>	1	QL(2 EA daily)			
<i>allopurinol 100 MG</i>	1	QL(3 EA daily)			
<i>colchicine CAPS</i>	1				
<i>colchicine TABS</i>	1				
COLCRYS TABS (<i>colchicine</i>)	7				
<i>febuxostat 40 MG</i>	1	QL(2 EA daily)			
<i>febuxostat 80 MG</i>	1	QL(1 EA daily)			
ULORIC 40 MG (<i>febuxostat</i>)	7	QL(2 EA daily)			
ULORIC 80 MG (<i>febuxostat</i>)	7	QL(1 EA daily)			
ZYLOPRIM 100 MG (<i>allopurinol</i>)	7	QL(3 EA daily)			
ZYLOPRIM 300 MG (<i>allopurinol</i>)	7	QL(2 EA daily)			

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ALTUVIPIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	HUMATE-P SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
BALFAXAR	4	SP; PA	IDEVION	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
BENEFIX KIT 250 UNIT, 2000 UNIT, 3000 UNIT	4	SP; PA	IXINITY SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
BENEFIX KIT 500 UNIT, 1000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
CORIFACT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	JIVI 4000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
ELOCTATE 250 UNIT, 500 UNIT, 750 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KCENTRA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ELOCTATE 4000 UNIT, 5000 UNIT, 6000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ESPEROCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA	KOATE SOLR	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
FEIBA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KOGENATE FS KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
FIBRYGA	4	PA	KOVALTRY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HEMLIBRA	4	SP; PA			
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA			
HEMOFIL M SOLR 1700 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA			

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NOVOEIGHT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	RIXUBIS SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NOVOSEVEN RT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	TRETTEN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	VONVENDI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT	4	SP; PA	WILATE KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT	4	SP; PA	XYNTHA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUWIQ SOLR 2500 UNIT, 3000 UNIT, 4000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	XYNTHA SOLOFUSE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
OBIZUR	4	PA	Bradykinin B2 Receptor Antagonists		
PROFILNINE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	(Icatibant Acetate)	4	PA
REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	SAJAZIR SOSY		
REBINYN 3000 UNIT	4	SP; PA	FIRAZYR SOSY (<i>icatibant acetate</i>)	4	PA
RECOMBINATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>icatibant acetate SOSY</i>	4	PA
RIASTAP	4	PA	Complement Inhibitors		
			FABHALTA	4	PA
			HAEGARDA SOLR SC	4	SP; PA
			Hemataologic - Tyrosine Kinase Inhibitors		
			TAVALISSE 100 MG	4	ST; PA
			TAVALISSE 150 MG	4	PA
			Hematorheologic Agents		
			<i>pentoxifylline</i>	1	QL(3 EA daily)

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Human Protein C					
CEPROTIN	4	PA	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV
Platelet Aggregation Inhibitors					
AGRYLIN 0.5 MG <i>(anagrelide hcl)</i>	7		(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV
<i>anagrelide hcl</i>	1				
<i>aspirin-dipyridamole</i>	2				
BRILINTA	3	QL(2 EA daily)			
<i>cilostazol</i>	1	QL(2 EA daily)			
<i>clopidogrel bisulfate</i>	1	QL(2 EA daily)			
<i>dipyridamole</i>	1				
EFFIENT <i>(prasugrel hcl)</i>	7				
PLAVIX 75 MG <i>(clopidogrel bisulfate)</i>	7	QL(2 EA daily)			
<i>prasugrel hcl</i>	1				
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders					
Agents for Gaucher Disease					
(Miglustat) YARGESA	4	ST; PA	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV
CERDELGA	4	PA			
<i>miglustat</i>	4	ST; PA			
ZAVESCA <i>(miglustat)</i>	4	ST; PA			
Agents for Sickle Cell Disease					
DROXIA CAPS	2		(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>glutamine (sickle cell)</i>	2	SP; PA	<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV
SIKLOS TABS 1000 MG	4	AC; PA	<i>folic acid TABS 1 MG</i>	1	RX/OTC
SIKLOS TABS 100 MG	4	ST; AC; PA	Hematopoietic Growth Factors		
Folic Acid/Folates					
MULPLETA	4	PA	MULPLETA	4	PA
NYVEPRIA	4	SP; PA	NYVEPRIA	4	SP; PA
PROMACTA PACK 12.5 MG	4	QL(1 EA daily); PA	PROMACTA PACK 12.5 MG	4	QL(1 EA daily); PA
PROMACTA PACK 25 MG	4	QL(1 EA daily); PA	PROMACTA PACK 25 MG	4	QL(1 EA daily); PA
PROMACTA TABS	4	QL(1 EA daily); PA	PROMACTA TABS	4	QL(1 EA daily); PA

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RETACRIT 20000 UNIT/ML	4	PA	<i>quazepam</i>	3	
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	4	PA	RESTORIL 7.5 MG (<i>temazepam</i>)	7	
UDENYCA ONBODY SOSY	4	SP; PA	RESTORIL 15 MG (<i>temazepam</i>)	7	QL(2 EA daily)
UDENYCA SOAJ	4	SP; PA	RESTORIL 22.5 MG, 30 MG (<i>temazepam</i>)	7	QL(1 EA daily)
UDENYCA SOSY	4	PA	<i>temazepam 7.5 MG</i>	1	
ZARXIO	4	PA	<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 EA daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders			<i>temazepam 15 MG</i>	1	QL(2 EA daily)
Hemostatics - Systemic			<i>triazolam 0.25 MG</i>	1	QL(1 EA daily)
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	2		<i>triazolam 0.125 MG</i>	1	
<i>aminocaproic acid TABS</i>	2		<i>zaleplon</i>	1	QL(1 EA daily)
<i>tranexamic acid TABS</i>	1	QL(6 EA daily; 5 Day(s) limit)	<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			<i>zolpidem tartrate TBCR</i>	1	QL(1 EA daily)
Barbiturate Hypnotics			Orexin Receptor Antagonists		
<i>phenobarbital ELIX</i>	1		BELSOMRA	2	QL(1 EA daily); ST
<i>phenobarbital TABS</i>	1		Selective Melatonin Receptor Agonists		
Non-Barbiturate Hypnotics			<i>ramelteon</i>	1	QL(1 EA daily); ST
AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	7	QL(1 EA daily)	ROZEREM (<i>ramelteon</i>)	7	QL(1 EA daily); ST
AMBIEN TABS (<i>zolpidem tartrate</i>)	7	QL(1 EA daily)	LAXATIVES - Bowel Treatment Drugs		
<i>DORAL (quazepam)</i>	3		Laxative Combinations		
<i>estazolam</i>	1		(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBAT	5	PV
<i>eszopiclone</i>	1	QL(1 EA daily)	(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	5	QL(4000 ML per fill retail); PV
<i>flurazepam hcl 15 MG</i>	3	QL(2 EA daily)	(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	5	PV
<i>flurazepam hcl 30 MG</i>	3	QL(1 EA daily)			
HALCION 0.25 MG (<i>triazolam</i>)	7	QL(1 EA daily)			
<i>LUNESTA (eszopiclone)</i>	7	QL(1 EA daily)			
<i>midazolam hcl SYRP</i>	2				

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GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	5	QL(4000 ML per fill retail); PV	MIRALAX POWD (<i>polyethylene glycol 3350</i>)	7	Limited to 510 Gm per month; QL(17.6 GM daily)		
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV	<i>polyethylene glycol 3350 POWD</i>	1	Limited to 510 Gm per month; QL(17.6 GM daily)		
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	5	QL(4000 ML per fill retail); PV	Saline Laxatives				
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	PV	OSMOPREP				
PEG-PREP	5	QL(1 EA per fill retail); PV	Stimulant Laxatives				
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV	(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FEENAMINT, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV		
Laxatives - Miscellaneous							
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1						
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	1	Limited to 510 Gm per month; QL(17.6 GM daily)					
<i>lactulose SOLN</i>	1						

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(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELEX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	DULCOLAX TBEC (<i>bisacodyl</i>)	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>bisacodyl SUPP</i>	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	MACROLIDES - Drugs to Treat Bacterial Infections		
<i>bisacodyl TBEC</i>	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	Azithromycin		
DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>azithromycin PACK</i>	1	
DULCOLAX SUPP (<i>bisacodyl</i>)	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>azithromycin SUSR</i>	1	
			<i>azithromycin TABS 500 MG</i>	1	QL(3 EA daily)
			<i>azithromycin TABS 600 MG</i>	1	QL(10 EA per fill retail)
			<i>azithromycin TABS 250 MG</i>	1	QL(6 EA per fill retail)
			ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	7	QL(3 EA daily)
			ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	7	QL(6 EA per fill retail)
			ZITHROMAX PACK	2	
			ZITHROMAX SUSR (<i>azithromycin</i>)	7	
			ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	7	QL(6 EA per fill retail)
			ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	7	QL(3 EA daily)
			Clarithromycin		
			<i>clarithromycin SUSR</i>	2	
			<i>clarithromycin TABS</i>	1	
			<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)
			Erythromycins		
			(Erythromycin Base) ERY-TAB TBEC	1	
			(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	2	

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(Erythromycin Stearate) ERYTHROGIN STEARATE TABS 250 MG	1		FANTASY LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	7		FANTASY LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	7		FC2 FEMALE CONDOM	5	PV
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	7		FEMCAP DEVI	5	PV
<i>erythromycin base CPEP</i>	2		KAMELEON LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
<i>erythromycin base TABS</i>	1		KIMONO COLORS DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
<i>erythromycin base TBEC</i>	1		KIMONO MAXX-LARGE FLARE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
<i>erythromycin ethylsuccinate SUSR</i>	1		KIMONO MICRO THIN PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
<i>erythromycin ethylsuccinate TABS</i>	2		KIMONO MICRO THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
Fidaxomicin			KIMONO PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
DIFICID TABS	3		KIMONO PS PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
MEDICAL DEVICES AND SUPPLIES					
Contraceptives			KIMONO PS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
AIMSCO LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	KIMONO SENSATION PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
CAYA DPRH	5	QL(1 EA per 365 day(s) retail); PV			
CONDOMS	5	PV			
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)			
DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)			
DUREX TROPICAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)			

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KIMONO SENSATION MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TROJAN ULTRA THIN/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO SPECIAL DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TROJAN ULTRA THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TROJAN-ENZ LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TROJAN-ENZ/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
K-Y ME & YOU INTENSE DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUE COVER DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
MAXX PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
MAXX MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX LUB/RIBBED/STUDDED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
OMNIFLEX DIAPHRAGM	5	PV	TRUSTEX LUB/SPERMICIDE EX ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
REALITY LATEX CONDOMS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX LUB/SPERMICIDE XL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED EX LARGE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED EXTRA ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN ENZ MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN MAGNUM MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)			

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TRUSTEX LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	FREESTYLE LITE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUSTEX NATURAL CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	FREESTYLE PRECISION NEO SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	ONETOUCH ULTRA 2 KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUSTEX RIA LUB/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	ONETOUCH VERIO FLEX SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUSTEX RIA LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	ONETOUCH VERIO REFLECT KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUSTEX RIA NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	Parenteral Therapy Supplies		
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	ASSURE ID INSULIN SAFETY SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 60	5	PV	ASSURE ID INSULIN SAFETY SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 65	5	PV	BD AUTOSHIELD	2	Available through Mail Order; QL(6.67 EA daily)
WIDE-SEAL DIAPHRAGM 70	5	PV	BD AUTOSHIELD DUO	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 75	5	PV	BD DISP NEEDLES	2	RX/OTC
WIDE-SEAL DIAPHRAGM 80	5	PV	BD ECLIPSE LUER-LOK NEEDLE	2	RX/OTC
WIDE-SEAL DIAPHRAGM 85	5	PV			
WIDE-SEAL DIAPHRAGM 90	5	PV			
WIDE-SEAL DIAPHRAGM 95	5	PV			
Diabetic Supplies					

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BD PEN NEEDLE MICRO U/F	2	Available through Mail Order; QL(6.67 EA daily)	BD VEO INSULIN SYRINGE U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE MINI U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	CAREPOINT POLY HUB NEEDLE	2	RX/OTC
BD PEN NEEDLE NANO 2ND GEN	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
BD PEN NEEDLE NANO U/F	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
BD PEN NEEDLE ORIGINAL U/F	2	Available through Mail Order; QL(6.67 EA daily)	DROPLET INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE SHORT U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	DROPLET INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	DROPSAFE SAFETY SYRINGE/NEEDLE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	DROPSAFE SAFETY SYRINGE/NEEDLE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD VEO INSULIN SYR U/F 1/2UNIT	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC
BD VEO INSULIN SYRINGE U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC
			EMECTA INS SYR U/F 1/2 UNIT	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC

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EMBECTA INSULIN SYRINGE U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER MINI CHAMBER DEVI	2	RX/OTC
EMBECTA INSULIN SYRINGE U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER MV MISC	2	RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	RX/OTC
POLY HUB NEEDLE	2	RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE DEVI	2	RX/OTC
RELION INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE MISC	2	RX/OTC
RELION INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	2	RX/OTC
TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	2	RX/OTC
TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU W/MASK MISC	2	RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER PLUS FLO-VU MISCELLANEOUS	2	RX/OTC
ADULT MASK DEVI	2	RX/OTC	AEROCHAMBER PLUS FLOW VU MISCELLANEOUS	2	RX/OTC
AEROBIKA DEVI	2	RX/OTC	AEROCHAMBER W/FLOWSIGNAL MISCELLANEOUS	2	RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	2	RX/OTC	AEROCHAMBER Z-STAT PLUS CHAMBER MISCELLANEOUS	2	RX/OTC
			AEROCHAMBER Z-STAT PLUS/LARGE MISCELLANEOUS	2	RX/OTC
			AEROCHAMBER Z-STAT PLUS/MEDIUM MISCELLANEOUS	2	RX/OTC
			AEROCHAMBER Z-STAT PLUS/SMALL MISCELLANEOUS	2	RX/OTC
			AEROCHAMBER Z-STAT PLUS MISCELLANEOUS	2	RX/OTC
			AEROVENT PLUS DEVI	2	RX/OTC
			ALL FLOW 1000 PFT FILTER DEVI	2	RX/OTC

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ALL FLOW 2000 PFT FILTER DEVI	2	RX/OTC	EASIVENT MASK SMALL MISC	2	RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	2	RX/OTC	EASIVENT MISC	2	RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	2	RX/OTC	EASY FLOW BLACK/BLUE DEVI	2	RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	2	RX/OTC	EASY FLOW BLACK/ORANGE DEVI	2	RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	2	RX/OTC	EASY FLOW BLACK/RED DEVI	2	RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	2	RX/OTC	EASY FLOW BLACK/WHITE DEVI	2	RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	2	RX/OTC	EASY FLOW BLACK/YELLOW DEVI	2	RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	2	RX/OTC	EASY FLOW WHITE/BLUE DEVI	2	RX/OTC
BREATHE EASE LARGE DEVI	2	RX/OTC	EASY FLOW WHITE/GREEN DEVI	2	RX/OTC
BREATHE EASE MEDIUM DEVI	2	RX/OTC	EASY FLOW WHITE/PINK DEVI	2	RX/OTC
BREATHE EASE SMALL DEVI	2	RX/OTC	EASY FLOW WHITE/WHITE DEVI	2	RX/OTC
BREATHERITE VALVED MDI CHAMBER DEVI	2	RX/OTC	EASY FLOW WHITE/YELLOW DEVI	2	RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC L DEVI	2	RX/OTC
CO MONITOR DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC M DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC S DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	2	RX/OTC	FLEXICHAMBER DEVI	2	RX/OTC
COMPACT SPACE CHAMBER DEVI	2	RX/OTC	IN-CHECK DIAL FLOW TRAINER DEVI	2	RX/OTC
EASIVENT MASK LARGE MISC	2	RX/OTC	IN-CHECK INSPIRATORY FLOW MTR DEVI	2	RX/OTC
EASIVENT MASK MEDIUM MISC	2	RX/OTC	INSPIRACHAMBER/LARGE DEVI	2	RX/OTC
			INSPIRACHAMBER/MEDIUM DEVI	2	RX/OTC
			INSPIRACHAMBER/MOUTHPIECE DEVI	2	RX/OTC

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INSPIRACHAMBER/SMA LL DEVI	2	RX/OTC	PROCARE SPACER/CHILD MASK DEVI	2	RX/OTC	
INSPIREASE MISC	2	RX/OTC	PROCHAMBER VHC DEVI	2	RX/OTC	
MICROCHAMBER DEVI	2	RX/OTC	PURE COMFORT 3-BALL BREATHE EX DEVI	2	RX/OTC	
MICROCHAMBER MISC	2	RX/OTC	PURE COMFORT SPACER CHAMBER DEVI	2	RX/OTC	
MICROSPACER MISC	2	RX/OTC	QUAKE DEVI	2	RX/OTC	
NEBULIZER CUP/TUBING DEVI	2	RX/OTC	RITEFLO DEVI	2	RX/OTC	
OMBRA TABLE TOP COMPRESSOR DEVI	2	RX/OTC	SPIRO PD DEVI	2	RX/OTC	
ONE FLOW SPIROMETER DEVI	2	RX/OTC	THRESHOLD PEP DEVI	2	RX/OTC	
OPTICHAMBER DIAMOND DEVI	2	RX/OTC	VERSAPAP W/UNIVERSAL TUBING DEVI	2	RX/OTC	
OPTICHAMBER DIAMOND-LG MASK DEVI	2	RX/OTC	VERSAPAP DEVI	2	RX/OTC	
OPTICHAMBER DIAMOND-MD MASK MISC	2	RX/OTC	VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	RX/OTC	
OPTICHAMBER DIAMOND MISC	2	RX/OTC	VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	RX/OTC	
OPTICHAMBER DIAMOND-SM MASK MISC	2	RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	RX/OTC	
PARI MANUAL INTERRUPTER DEVI	2	RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	2	RX/OTC	
PARI TREK S COMBO PACK DEVI	2	RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			
POCKET CHAMBER DEVI	2	RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			
POCKET SPACER DEVI	2	RX/OTC	AJOVY SOAJ	2	PA	
PRO COMFORT SPACER ADULT MISC	2	RX/OTC	AJOVY SOSY	2	PA	
PRO COMFORT SPACER CHILD MISC	2	RX/OTC	EMGALITY SOAJ	2	PA	
PRO COMFORT SPACER INFANT DEVI	2	RX/OTC	EMGALITY SOSY	2	PA	
PROCARE SPACER/ADULT MASK DEVI	2	RX/OTC	UBRELVY	3	QL(10 EA per 30 day(s) retail); ST	

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Migraine Combinations					
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1		IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>sumatriptan succinate</i>)	4	PA
CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	7		IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>sumatriptan succinate</i>)	4	Limit 2 per fill, 4 per month; QL(0.14 ML daily; 2 ML per fill retail); PA
<i>ergotamine w/ caffeine</i> TABS	1		IMITREX TABS (<i>sumatriptan succinate</i>)	7	Limit 9 per month; QL(2 EA daily)
Migraine Products					
<i>dihydroergotamine mesylate</i> SOLN IJ 1 MG/ML	4	PA	MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	7	Limit 12 per month; QL(0.4 EA daily)
<i>dihydroergotamine mesylate</i> SOLN NA 4 MG/ML	2	QL(0.27 ML daily)	MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	7	Limit 18 tabs per month; QL(0.6 EA daily)
ERGOMAR SUBL	4		<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 EA daily)
Serotonin Agonists			RELPAX (<i>eletriptan hydrobromide</i>)	7	Limit 6 per month; QL(0.2 EA daily)
(Zolmitriptan) ZOMIG TABS	1	Limit 6 per month; QL(0.2 EA daily)	<i>rizatriptan benzoate</i> TABS	1	Limit 18 tabs per month; QL(0.6 EA daily)
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 EA daily)	<i>rizatriptan benzoate</i> TBDP	1	Limit 12 per month; QL(0.4 EA daily)
<i>eletriptan hydrobromide</i>	1	Limit 6 per month; QL(0.2 EA daily)	<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>frovatriptan succinate</i>	2	Limit 9 per month; QL(0.3 EA daily)	<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 EA daily)
IMITREX 5 MG/ACT (<i>sumatriptan</i>)	7	Limit 6 per month; QL(0.2 EA daily)	<i>sumatriptan succinate</i> SOAJ 6 MG/0.5ML	4	Limit 2 per fill, 4 per month; QL(0.14 ML daily; 2 ML per fill retail); PA
IMITREX 20 MG/ACT (<i>sumatriptan</i>)	7	Limit 6 sprayers per month; QL(2 EA daily)	<i>sumatriptan succinate</i> SOAJ 4 MG/0.5ML	4	PA
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>sumatriptan succinate</i>)	4	ST; PA	<i>sumatriptan succinate</i> SOCT 4 MG/0.5ML	4	ST; PA
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>sumatriptan succinate</i>)	4	PA			

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<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	4	PA	Iodine Products		
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	ST; QL(2 ML per 30 day(s) retail); PA	<i>iodine strong (lugol's)</i>	3	
<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 EA daily)	Phosphate		
<i>zolmitriptan SOLN</i>	1	Limit 6 per month; QL(0.2 EA daily)	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 EA daily)	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
<i>zolmitriptan TBDP</i>	1	Limit 6 per month; QL(0.2 EA daily)	K-PHOS-NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	7	
ZOMIG SOLN <i>(zolmitriptan)</i>	7	Limit 6 per month; QL(0.2 EA daily)	K-PHOS TABS <i>(potassium phosphate monobasic)</i>	7	
MINERALS & ELECTROLYTES					
Calcium					
CALCIFOL	3		<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
Fluoride			Potassium		
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	5	AL(Up to 6 yrs old); PV	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	
FLORIVA	3		(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	5	AL(Up to 6 yrs old); PV	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
<i>sodium fluoride CHEW 1 MG, 2.2 MG</i>	1	AL(Up to 6 yrs old)			
<i>sodium fluoride SOLN</i>	5	AL(Up to 6 yrs old); PV; RX/OTC			
<i>sodium fluoride TABS 0.5 MG</i>	5	AL(Up to 6 yrs old); PV			
<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old); PV			
SOLUVITA SOLN	5	AL(Up to 6 yrs old); PV; RX/OTC			

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(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ	1		THALOMID	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC
(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ	1		Immunosuppressive Agents		
(Potassium Chloride) KLOR-CON PACK PO 20 MEQ	1		(Azathioprine) AZASAN TABS 75 MG, 100 MG	2	
EFFER-K	3		(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
K-TAB TBCR 10 MEQ <i>(potassium chloride)</i>	7		(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
<i>potassium chloride microencapsulated crystals er</i>	1		ASTAGRAF XL CP24	3	PA
<i>potassium chloride CPCR</i>	1		<i>azathioprine TABS 50 MG</i>	1	
<i>potassium chloride PACK PO 20 MEQ</i>	1		<i>azathioprine TABS 75 MG, 100 MG</i>	2	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1		CELLCEPT CAPS <i>(mycophenolate mofetil)</i>	7	
<i>potassium chloride TBCR 20 MEQ</i>	2		CELLCEPT TABS <i>(mycophenolate mofetil)</i>	7	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1		<i>cyclosporine modified (for microemulsion) CAPS</i>	1	
Zinc			<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
GALZIN	3		<i>cyclosporine CAPS</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES			<i>everolimus (immunosuppressant)</i>	4	
Chelating Agents			IMURAN TABS <i>(azathioprine)</i>	7	
CUPRIMINE CAPS <i>(penicillamine)</i>	4	PA	<i>mycophenolate mofetil CAPS</i>	1	
DEPEN TITRATABS TABS <i>(penicillamine)</i>	4		<i>mycophenolate mofetil SUSR</i>	2	
<i>penicillamine CAPS</i>	4	PA	<i>mycophenolate mofetil TABS</i>	1	
<i>penicillamine TABS</i>	4		<i>mycophenolate sodium</i>	2	
SYPRINE <i>(trientine hcl)</i>	4	PA	NEORAL CAPS <i>(cyclosporine modified (for microemulsion))</i>	7	
<i>trientine hcl 500 MG</i>	4	PA			
<i>trientine hcl 250 MG</i>	4	PA			
Immunomodulators					
<i>lenalidomide</i>	4	QL(1 EA daily); SP; AC; PA			

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NEORAL SOLN <i>(cyclosporine modified (for microemulsion))</i>	7		NYSTATIN <i>(nystatin (mouth-throat))</i>	7	
PROGRAF PACK	4	PA	<i>nystatin (mouth-throat)</i>	1	
SANDIMMUNE CAPS <i>(cyclosporine)</i>	7		ORAVIG	3	
SANDIMMUNE SOLN PO 100 MG/ML	2		Dental Products		
<i>sirolimus SOLN</i>	2		PREVIDENT SOLN <i>(sodium fluoride (dental))</i>	3	
<i>sirolimus TABS</i>	2		<i>sodium fluoride (dental)</i> <i>SOLN 0.2 %</i>	3	
<i>tacrolimus CAPS</i>	2		Steroids - Mouth/Throat/Dental		
ZORTRESS <i>(everolimus (immunosuppressant))</i>	4		(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1	
Potassium Removing Agents			<i>triamcinolone acetonide (mouth)</i>	1	
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1		Throat Products - Misc.		
LOKELMA	3	QL(1 EA daily); PA	<i>cevimeline hcl</i>	1	QL(3 EA daily)
<i>sodium polystyrene sulfonate POWD</i>	1		EVOXAC <i>(cevimeline hcl)</i>	7	QL(3 EA daily)
Systemic Lupus Erythematosus Agents			MUCOTROL WAFR	3	
BENLYSTA SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 EA daily)
BENLYSTA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)
MOUTH/THROAT/DENTAL AGENTS			SALAGEN 5 MG <i>(pilocarpine hcl (oral))</i>	7	QL(6 EA daily)
Anesthetics Topical Oral			SALAGEN 7.5 MG <i>(pilocarpine hcl (oral))</i>	7	QL(4 EA daily)
<i>lidocaine hcl (mouth-throat) 2 %</i>	1		MULTIVITAMINS		
Anti-infectives - Throat			Ped Multi Vitamins w/FI & FE		
<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	RX/OTC

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

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(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1		NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG- 100 MG-15 MG-3 MG- 4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC	NESTABS	3	
ATABEX EC TBEC	2		NESTABS DHA	2	
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		NESTABS ONE	3	
CITRANATAL ASSURE	2		OB COMPLETE ONE	3	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3		OB COMPLETE PETITE	3	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3		OB COMPLETE PREMIER	3	
CITRANATAL MEDLEY	3		OB COMPLETE/DHA	3	
C-NATE DHA CAPS	3		OBSTETRIX DHA MISC	2	
COMPLETENATE CHEW	2		OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	2	
CONCEPT DHA	2		PNV-DHA+DOCUSATE	3	
CONCEPT OB	2		PNV-OMEGA	3	
CVS WOMENS PRENATAL+DHA MISC	3		PREMESISRX	3	
DUET DHA 400 MISC	3		PRENA 1 TRUE	2	
ENBRACE HR	3		PRENA1 PEARL	3	
FOLIVANE-OB	2		PRENAISSANCE	3	
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3		PRENAISSANCE PLUS CAPS	3	
PRENATAL 19 CHEW			PRENATAL 19 TABS	2	RX/OTC
PRENATAL 19 TABS			PRENATAL+DHA MISC	3	
PRENATAL-U CAPS			PRENATAL-U CAPS	2	
PRENATE			PRENATE	3	
PRENATE AM			PRENATE AM	3	
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG			PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3	
PRENATE ENHANCE			PRENATE ENHANCE	3	

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PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3		WESTGEL DHA	3	
PRENATE PIXIE	3		MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
PRENATE RESTORE	3		Central Muscle Relaxants		
PROVIDA OB	2		(Carisoprodol) VANADOM TABS 350 MG	1	
RELNATE DHA CAPS	3		(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
SELECT-OB+DHA MISC	3		<i>baclofen TABS 10 MG</i>	1	QL(6 EA daily)
SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2		<i>baclofen TABS 20 MG</i>	1	QL(4 EA daily)
SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3		<i>baclofen TABS 5 MG</i>	1	
SE-NATAL 19 CHEW	2		<i>baclofen TABS 15 MG</i>	1	QL(3 EA daily); PA
SE-NATAL 19 TABS	2	RX/OTC	<i>carisoprodol TABS</i>	1	
THRIVITE RX TABS	2	RX/OTC	<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	1	
TRINATAL RX 1 TABS	2		<i>chlorzoxazone TABS 250 MG</i>	1	QL(4 EA daily)
TRISTART DHA	3		<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
VINATE DHA RF	3		<i>metaxalone 800 MG</i>	2	QL(4 EA daily)
VINATE ONE TABS	2		<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
VIRT-NATE DHA CAPS	3		<i>orphenadrine citrate TB12</i>	1	
VITAFOL GUMMIES	3		<i>SOMA TABS (carisoprodol)</i>	7	
VITAFOL-NANO	3		<i>tizanidine hcl CAPS</i>	1	
VITAFOL-ONE CAPS	3		<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 EA daily)
VITAMEDMD ONE RX/QUATREFOLIC	3		<i>tizanidine hcl TABS 2 MG</i>	1	
VITAPEARL	3		<i>ZANAFLEX CAPS (tizanidine hcl)</i>	7	
VITATRUE	2		<i>ZANAFLEX TABS 4 MG (tizanidine hcl)</i>	7	QL(9 EA daily)
VIVA DHA CAPS	3		Direct Muscle Relaxants		
WESCAP-C DHA	2		DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	7	
WESNATE DHA CAPS	3		<i>dantrolene sodium CAPS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Drugs to treat the Nose or Sinus					
Nasal Agent Combinations					
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 bottle per month; QL(0.77 GM daily)	(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP	1	Limit 2 inhalers per month; QL(1.07 ML daily); RX/OTC
DYMISTA SUSP <i>(azelastine hcl-fluticasone propionate)</i>	7	Limit 1 bottle per month; QL(0.77 GM daily)	(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC
Nasal Antiallergy					
(Azelastine Hcl) ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	Limit 1 bottle per month; QL(1.2 ML 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)
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	Limit 1 bottle per month; QL(1.2 ML daily); RX/OTC	FLONASE ALLERGY REL CHILDRENS SUSP <i>(fluticasone propionate (nasal))</i>	7	Limit 2 inhalers per month; QL(1.07 ML daily); RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 inhaler per month; QL(1.2 ML daily)	FLONASE ALLERGY RELIEF SUSP <i>(fluticasone propionate (nasal))</i>	7	Limit 2 inhalers per month; QL(1.07 ML daily); RX/OTC
<i>olopatadine hcl (nasal)</i>	1				
PATANASE <i>(olopatadine hcl (nasal))</i>	7				
Nasal Anticholinergics					
<i>ipratropium bromide (nasal)</i>	1				
Nasal Steroids					

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<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.07 ML daily); RX/OTC	<i>betaxolol hcl (ophth) SOLN</i>	1	
<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 GM daily); RX/OTC	BETIMOL 0.25 %	2	
NASACORT ALLERGY 24HR AERO <i>(triamcinolone acetonide (nasal))</i>	7	Limit 1 sprayer per month; QL(1.2 ML daily)	BETIMOL (<i>timolol</i>)	7	
NASONEX 24HR SUSP <i>(mometasone furoate (nasal))</i>	7	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC	BETOPTIC-S SUSP	2	
<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)	<i>brimonidine tartrate-timolol maleate</i>	1	
XHANCE EXHU	3	QL(1.07 ML daily); ST	<i>carteolol hcl (ophth)</i>	1	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles					
ALS Agents					
RADICAVA ORS STARTER KIT SUSP	4	PA	ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	7	
RADICAVA ORS SUSP	4	PA	<i>levobunolol hcl 0.5 %</i>	1	
RELYVRIO	4	PA	<i>timolol</i>	1	
RILUTEK TABS (<i>riluzole</i>)	7		<i>timolol maleate (ophth) SOLG</i>	1	
<i>riluzole TABS</i>	1		<i>timolol maleate (ophth) SOLN</i>	2	
Spinal Muscular Atrophy Agents (SMA)			<i>timolol maleate (ophth) SOLN</i>	1	
EVRYSDI	4	PA	TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	7	
NUTRIENTS			TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	2	
Lipids			Cycloplegic Mydriatics		
DOJOLVI	4	PA	(Homatropine Hbr) HOMATROPAIRE	1	
OPHTHALMIC AGENTS - Drugs to Treat the Eye			(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	1	
Beta-blockers - Ophthalmic					
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	2				

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(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %	2		(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN	1	
<i>atropine sulfate (ophthalmic) OINT</i>	1		(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
<i>atropine sulfate (ophthalmic) SOLN</i>	1		(Neomycin-Bacitracin Zn- Polymyxin) NEO- POLYCIN	1	
ATROPINE SULFATE SOLN 1 %	2		AZASITE	3	Use Klarify-A 71384-0220- 03; QL(0.17 ML daily)
ATROPINE SULFATE SOLN 1 % (<i>atropine sulfate (ophthalmic)</i>)	7		<i>bacitracin (ophthalmic)</i>	1	
CYCLOGYL	2		<i>bacitracin-polymyxin b (ophth)</i>	1	
CYCLOGYL (cyclopentolate hcl)	7		BESIVANCE	3	
CYCLOMYDRIL	3		BETADINE OPHTHALMIC PREP	3	
<i>cyclopentolate hcl</i>	1		CILOXAN OINT	2	
ISOPTO ATROPINE SOLN	2		CILOXAN SOLN (ciprofloxacin hcl (ophth))	7	
MYDRIACYL SOLN (tropicamide)	7		<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
<i>phenylephrine hcl (mydriatic) SOLN 10 %</i>	2		ERYTHROMYCIN	2	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1		<i>erythromycin (ophth)</i>	1	
PHENYLEPHRINE HCL SOLN (<i>phenylephrine hcl (mydriatic)</i>)	7		<i>gatifloxacin (ophth)</i>	1	
<i>tropicamide SOLN</i>	1		<i>gentamicin sulfate (ophth) SOLN</i>	1	
Miotics			KLARITY-A	3	Use Klarify-A 71384-0220- 03; QL(0.17 ML daily)
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ML daily)	<i>levofloxacin (ophth) 1.5 %</i>	1	
Ophthalmic Adrenergic Agents			<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ML per fill retail)
ALPHAGAN P (brimonidine tartrate)	7		NATACYN	2	
<i>apraclonidine hcl</i>	2		<i>neomycin-bacitracin zn- polymyxin</i>	1	
<i>brimonidine tartrate</i>	1		<i>neomycin-polymyxin- gramicidin</i>	1	
IOPIDINE	3		OCUFLOX (ofloxacin (ophth))	7	QL(5 ML per fill retail)
Ophthalmic Anti-infectives					

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<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail)	<i>fluorometholone (ophth) SUSP</i>	1	
<i>polymyxin b-trimethoprim</i>	1		FML FORTE SUSP	2	
POLYTRIM (<i>polymyxin b-trimethoprim</i>)	7		FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	7	
POVIDONE-IODINE	3		LOTEMAX OINT	3	
<i>sulfacetamide sodium (ophth) OINT</i>	1		<i>loteprednol etabonate GEL</i>	2	
<i>sulfacetamide sodium (ophth) SOLN</i>	1		<i>loteprednol etabonate SUSP 0.5 %</i>	2	QL(0.2 ML daily)
<i>tobramycin (ophth) SOLN</i>	1		<i>loteprednol etabonate SUSP 0.2 %</i>	2	
TOBREX OINT	2		MAXIDEX SUSP OP	2	
<i>trifluridine</i>	1		MAXITROL OINT (<i>neomycin-polymy-dexameth</i>)	7	
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	7	QL(3 ML per fill retail)	MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>)	7	
ZIRGAN GEL	3		<i>neomycin-polymy-dexameth OINT</i>	1	
ZYMAXID (<i>gatifloxacin (ophth)</i>)	7		<i>neomycin-polymy-dexameth SUSP</i>	1	
Ophthalmic Immunomodulators					
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 EA daily)	<i>neomycin-polymyxin-hc (ophth)</i>	1	
Ophthalmic Local Anesthetics			PRED MILD	2	
(Tetracaine Hcl (Ophth)) ALTACAIN	1		PREDNISOLONE SODIUM PHOSPHATE	2	
AKTEN	3		PREDNISOLONE-MOXIFLOXACIN SOLN	3	
ALCAINE (<i>proparacaine hcl</i>)	7		<i>sulfacetamide sod-prednisolone SOLN</i>	1	
<i>proparacaine hcl</i>	1		TOBRADEX ST SUSP	3	
<i>tetracaine hcl (ophth)</i>	1		TOBRADEX OINT	3	
Ophthalmic Steroids			TOBRADEX SUSP (<i>tobramycin-dexamethasone</i>)	7	QL(5 ML per fill retail)
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail)	<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 GM per fill retail)	ZYLET	3	QL(5 ML per fill retail)
<i>dexamethasone sodium phosphate (ophth)</i>	1		Ophthalmic Surgical Aids		
<i>difluprednate</i>	2				
FLAREX	2				

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GELFILM	3		<i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>	2	
Ophthalmics - Misc.			<i>cromolyn sodium (ophth)</i>	1	
(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %	1	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC	CYSTARAN	4	Limit 4 bottles per month; QL(2.15 ML daily); PA
(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC	<i>diclofenac sodium (ophth)</i>	1	
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	7		<i>dorzolamide hcl</i>	1	QL(0.34 ML daily)
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	7		DORZOLAMIDE HCL	2	QL(0.34 ML daily)
ACUVAIL	3		<i>epinastine hcl (ophth)</i>	1	
ALOCRIL	3		<i>flurbiprofen sodium</i>	1	
ALOMIDE	2		ILEVRO	3	
<i>azelastine hcl (ophth)</i>	1		<i>ketorolac tromethamine (ophth)</i>	1	
AZOPT (<i>brinzolamide</i>)	7	Limit 10mls per month; QL(0.34 ML daily)	LASTACAFT	3	ST
<i>bepotastine besilate</i>	1	QL(0.34 ML daily)	NEVANAC	3	
BEPREVE (<i>bepotastine besilate</i>)	7	QL(0.34 ML daily)	<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.34 ML daily)	<i>olopatadine hcl 0.2 %</i>	1	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC
<i>bromfenac sodium (ophth) 0.09 %</i>	1		PATADAY 0.7 %	3	Limit 1 bottle per month; QL(0.084 ML daily); ST
			<i>PATADAY 0.1 % (olopatadine hcl)</i>	7	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
			<i>PATADAY 0.2 % (olopatadine hcl)</i>	7	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC
			Prostaglandins - Ophthalmic		
			<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.084 ML daily)
			<i>latanoprost SOLN</i>	1	QL(0.0949 ML daily)

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LATANOPROST SOLN	2	QL(0.0949 ML daily)	Otic Steroids		
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.084 ML daily)	(Fluocinolone Acetonide (Otic)) FLAC	1	
<i>tafluprost</i>	1	QL(1 EA daily)	DERMOTIC (<i>fluocinolone acetonide (otic)</i>)	7	
TRAVATAN Z SOLN (<i>travoprost</i>)	7	Limit 2.5mls per month; QL(0.084 ML daily)	<i>fluocinolone acetonide (otic)</i>	1	
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.084 ML daily)	<i>hydrocortisone w/acetic acid</i>	1	QL(10 ML per fill retail; 30 per fill mail)
XALATAN SOLN (<i>latanoprost</i>)	7	QL(0.0949 ML daily)	OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
ZIOPTAN (<i>tafluprost</i>)	7	QL(1 EA daily)	Abortifacients/Agents for Cervical Ripening		
OTIC AGENTS - Drugs to Treat the Ear					
Otic Agents - Miscellaneous					
<i>acetic acid (otic)</i>	1		CERVIDIL INST	3	
Otic Anti-infectives			PREPIDIL GEL	3	
<i>ciprofloxacin hcl (otic)</i>	2		Oxytocics		
<i>ofloxacin (otic)</i>	1		(Methylergonovine Maleate) METHERGINE TABS	1	
Otic Combinations			<i>methylergonovine maleate TABS</i>	1	
(Pramoxine-HC-Chloroxylenol) CORTIC-ND	1		PENICILLINS - Drugs to Treat Bacterial Infections		
CIPRO HC	3		Aminopenicillins		
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	7	QL(8 ML per fill retail)	<i>amoxicillin CAPS</i>	1	
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ML per fill retail)	<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>ciprofloxacin-fluocinolone acetonide</i>	2		<i>amoxicillin SUSR</i>	1	
CORTISPORIN-TC	3		AMOXICILLIN SUSR (<i>amoxicillin</i>)	7	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1		<i>amoxicillin TABS</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1		<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins					
<i>penicillin v potassium SOLR</i>					
<i>penicillin v potassium TABS</i>			Penicillin Combinations		

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<i>amoxicillin & pot clavulanate CHEW</i>	1		<i>progesterone CAPS</i>	1	QL(1 EA daily)
<i>amoxicillin & pot clavulanate SUSR</i>	1		PROMETRIUM CAPS <i>(progesterone)</i>	7	QL(1 EA daily)
<i>amoxicillin & pot clavulanate TABS</i>	1		PROVERA 10 MG <i>(medroxyprogesterone acetate)</i>	7	QL(1 EA daily)
<i>amoxicillin & pot clavulanate TB12</i>	1		PROVERA 5 MG <i>(medroxyprogesterone acetate)</i>	7	
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	7		PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2		Agents for Chemical Dependency		
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	7		<i>acamprosate calcium</i>	1	
Penicillinase-Resistant Penicillins			<i>disulfiram</i>	1	
<i>dicloxacillin sodium</i>	1		<i>lofexidine hcl</i>	2	QL(224 EA per 14 day(s) retail); PA
PHARMACEUTICAL ADJUVANTS			Anti-Cataplectic Agents		
Liquid Vehicles			SODIUM OXYBATE SOLN	4	ST; PA
BASE GELATIN GUMMY TROCHE	3	RX/OTC	XYREM SOLN	4	ST; PA
GUM BASE (GELATIN)	3	RX/OTC	Antidementia Agents		
KLEAR GUMMY BASE	3	RX/OTC	<i>ARICEPT TABS (donepezil hydrochloride)</i>	7	QL(1 EA daily)
PROGESTINS - Hormone Replacement/Modifying Drugs			<i>donepezil hydrochloride TABS</i>	1	QL(1 EA daily)
Progestins			<i>donepezil hydrochloride TBDP</i>	1	QL(1 EA daily)
(Norethindrone Acetate) GALLIFREY TABS	1		<i>EXELON (rivastigmine)</i>	7	
AYGESTIN TABS <i>(norethindrone acetate)</i>	7		<i>galantamine hydrobromide CP24</i>	1	QL(1 EA daily)
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 EA daily)	<i>galantamine hydrobromide SOLN</i>	2	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1		<i>galantamine hydrobromide TABS</i>	1	
<i>megestrol acetate (appetite)</i>	2	AC	<i>memantine hcl CP24</i>	1	PA
<i>norethindrone acetate TABS</i>	1		<i>memantine hcl-donepezil hcl CP24</i>	3	PA

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<i>memantine hcl SOLN 2 MG/ML</i>	1		AUSTEDO XR PATIENT TITRATION TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
<i>memantine hcl TABS</i>	1		AUSTEDO XR TB24	4	QL(1 EA daily); SP; PA
<i>memantine hcl TABS 10 MG</i>	1	QL(2 EA daily)	AUSTEDO TABS 12 MG	4	QL(4 EA daily); PA
<i>memantine hcl TABS 5 MG</i>	1	QL(4 EA daily)	AUSTEDO TABS 9 MG	4	QL(2 EA daily); PA
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	7		AUSTEDO TABS 6 MG	4	ST; QL(2 EA daily); PA
NAMENDA XR CP24 (<i>memantine hcl</i>)	7	PA	INGREZZA CAPS 80 MG	4	QL(1 EA daily); PA
NAMENDA TABS 10 MG (<i>memantine hcl</i>)	7	QL(2 EA daily)	INGREZZA CAPS 60 MG	4	QL(1 EA daily); PA
NAMENDA TABS 5 MG (<i>memantine hcl</i>)	7	QL(4 EA daily)	INGREZZA CAPS 40 MG	4	Specialty drug- Health Net will refer to SP Pharmacy; QL(1 EA daily); PA
NAMZARIC C4PK	3	PA	INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
NAMZARIC CP24 (<i>memantine hcl-donepezil hcl</i>)	3	PA	INGREZZA CPSP	4	QL(1 EA daily); SP; PA
NAMZARIC CP24 7 MG-10 MG	3	ST; PA	<i>tetrabenazine</i>	2	
RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>)	7	QL(1 EA daily)	Multiple Sclerosis Agents		
<i>rivastigmine</i>	1		(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	2	QL(1 ML daily)
<i>rivastigmine tartrate CAPS</i>	1		(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	2	QL(12 ML per 28 day(s) retail)
Combination Psychotherapeutics			AVONEX PEN AJKT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; SP; PA
<i>chlordiazepoxide-amitriptyline</i>	3		AVONEX PREFILLED PSKT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; SP; PA
<i>olanzapine-fluoxetine hcl</i>	2				
<i>perphenazine-amitriptyline</i>	3				
Fibromyalgia Agents					
SAVELLA TITRATION PACK MISC	4	QL(2 EA daily); PA			
SAVELLA TABS	4	QL(2 EA daily); PA			
Movement Disorder Drug Therapy					

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BETASERON KIT	4	PA	REBIF REBIDOSE SOAJ	4	PA	
<i>dalfampridine</i>	2	PA	REBIF TITRATION PACK SOSY	4	Must use AcariaHlth Sp Rx 1-844-538-4661; SP; PA	
<i>dimethyl fumarate CDPK</i>	2	QL(60 EA per 365 day(s) retail); SP	REBIF SOSY	4	PA	
<i>dimethyl fumarate CPDR</i>	2	QL(2 EA daily)	<i>teriflunomide</i>	2	QL(1 EA daily)	
<i> fingolimod hcl</i>	2	QL(1 EA daily)	Premenstrual Dysphoric Disorder (PMDD) Agents			
<i> glatiramer acetate SOSY 20 MG/ML</i>	2	QL(1 ML daily)	<i>fluoxetine hcl (pmdd) TABS</i>	2		
<i> glatiramer acetate SOSY 40 MG/ML</i>	2	QL(12 ML per 28 day(s) retail)	Pseudobulbar Affect (PBA) Agents			
MAYZENT STARTER PACK TBPK 0.25 MG	4	QL(12 EA per 5 day(s) retail); PA	NUEDEXTA	4	PA	
MAYZENT STARTER PACK TBPK 0.25 MG	4	PA	Psychotherapeutic and Neurological Agents - Misc.			
MAYZENT TABS 0.25 MG	4	QL(4 EA daily); SP; PA	<i>ergoloid mesylates TABS</i>	3		
MAYZENT TABS 2 MG	4	QL(1 EA daily); SP; PA	<i>pimozide</i>	1		
MAYZENT TABS 1 MG	4	SP; PA	Smoking Deterrents			
PLEGRIDY STARTER PACK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 4 MG	5	PV	
PLEGRIDY STARTER PACK SOSY SC	4	Must use AcariaHlth Sp Rx 1-844-538-4661; SP; PA				
PLEGRIDY SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA				
PLEGRIDY SOSY IM	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA				
PLEGRIDY SOSY SC	4	Must use AcariaHlth Sp Rx 1-844-538-4661; SP; PA				
REBIF REBIDOSE TITRATION PACK SOAJ	4	PA				

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(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 2 MG	5	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG	5	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	5	PV
			(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	5	PV

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

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NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	5	PV	TRIKAFTA THPK	4	QL(3 EA daily); PA	
NICORETTE GUM (<i>nicotine polacrilex</i>)	5	PV	Pulmonary Fibrosis Agents			
NICORETTE LOZG (<i>nicotine polacrilex</i>)	5	PV	OFEV	4	QL(2 EA daily); PA	
<i>nicotine polacrilex</i> GUM	5	PV	<i>pirfenidone</i> CAPS	2	QL(3 EA daily); SP; PA	
<i>nicotine polacrilex</i> LOZG	5	PV	<i>pirfenidone</i> TABS	2	QL(3 EA daily); SP; PA	
NICOTINE KIT	5	PV	SULFONAMIDES - Drugs to Treat Bacterial Infections			
<i>nicotine</i> PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	5	PV	Sulfonamides			
NICOTROL NS SOLN	5	PV	<i>sulfadiazine</i> TABS	3		
NICOTROL INHA	5	PV	TETRACYCLINES - Drugs to Treat Bacterial Infections			
<i>varenicline tartrate</i> TABS	5	QL(2 EA daily); PV	Tetracyclines			
Transthyretin Amyloidosis Agents			(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1		
TEGSEDI	4	PA	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1		
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1		
Cystic Fibrosis Agents			<i>demecclocycline hcl</i> TABS	1		
KALYDECO PACK	4	PA	<i>doxycycline</i> (monohydrate) CAPS	1		
KALYDECO TABS	4	PA	<i>doxycycline</i> (monohydrate) SUSR	1		
ORKAMBI PACK	4	Must use AcariaHealth SP pharmacy 1-844-538-4661; SP; PA	<i>doxycycline</i> (monohydrate) TABS 150 MG	1	ST	
ORKAMBI TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(4 EA daily); SP; PA	<i>doxycycline</i> (monohydrate) TABS 50 MG, 75 MG, 100 MG	1		
PULMOZYME	4	QL(5 ML daily); PA	<i>doxycycline</i> hyclate CAPS	1		
SYMDEKO	4	PA	<i>doxycycline</i> hyclate TABS 20 MG, 100 MG	1		
TRIKAFTA TBPK 50 MG-25 MG	4	QL(3 EA daily); PA	<i>minocycline hcl</i> CAPS	1		
TRIKAFTA TBPK 100 MG-50 MG	4	QL(3 EA daily); PA				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl TABS 50 MG, 100 MG</i>	1	PA	CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2	
<i>minocycline hcl TABS 75 MG</i>	1	PA	<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>	2	
<i>tetracycline hcl CAPS</i>	1		<i>levothyroxine sodium CAPS 125 MCG</i>	2	QL(1 EA daily)
VIBRAMYCIN CAPS (<i>doxycycline hyolate</i>)	7		<i>levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG</i>	1	
VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	7		<i>levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>	1	QL(1 EA daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			<i>liothyronine sodium TABS 25 MCG, 50 MCG</i>	1	QL(2 EA daily)
Antithyroid Agents			<i>liothyronine sodium TABS 5 MCG</i>	1	
<i>methimazole TABS</i>	1		NIVA THYROID TABS	2	
<i>propylthiouracil</i>	1	QL(3 EA daily)	NP THYROID TABS	2	
Thyroid Hormones			SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 EA daily)
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)	SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	2	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1		TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	2	
ADTHYZA TABS	2		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
ARMOUR THYROID TABS	2		Antispasmodics		
CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 EA daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG	1		<i>methscopolamine bromide</i>	1	
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1		ROBINUL-FORTE TABS (<i>glycopyrrolate</i>)	7	
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1		ROBINUL TABS (<i>glycopyrrolate</i>)	7	
ANASPAZ TBDP (<i>hyoscyamine sulfate</i>)	7		H-2 Antagonists		
BELLADONNA ALKALOIDS-OPIUM	3		<i>cimetidine hcl PO 300 MG/5ML</i>	1	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1	PA	<i>cimetidine TABS 400 MG</i>	1	QL(4 EA daily)
CUVPOSA SOLN PO (<i>glycopyrrolate</i>)	7		<i>cimetidine TABS 300 MG, 800 MG</i>	1	
<i>dicyclomine hcl CAPS</i>	1		<i>famotidine SUSR</i>	1	
<i>dicyclomine hcl SOLN PO</i>	1		<i>famotidine TABS 40 MG</i>	1	QL(2 EA daily)
<i>dicyclomine hcl TABS</i>	1		<i>nizatidine CAPS</i>	1	
GLYCATE TABS	3		PEPCID TABS 40 MG (<i>famotidine</i>)	7	QL(2 EA daily)
<i>glycopyrrolate SOLN PO 1 MG/5ML</i>	1		Misc. Anti-Ulcer		
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1		<i>CARAFATE SUSP (sucralfate)</i>	7	
GLCOPYRROLATE TABS	3		<i>CARAFATE TABS (sucralfate)</i>	7	QL(4 EA daily)
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1		<i>sucralfate SUSP</i>	1	
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1		<i>sucralfate TABS</i>	1	QL(4 EA daily)
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1		Proton Pump Inhibitors		
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1		(Lansoprazole) CVS 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
LEVIBID TB12 (<i>hyoscyamine sulfate</i>)	7		(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	2	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	7				
LEVSIN TABS (<i>hyoscyamine sulfate</i>)	7				
LIBRAX (<i>chlordiazepoxide hcl-clidinium bromide</i>)	7	PA			

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(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 PACK</i>	2	QL(1 EA daily)	
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 EA daily)	<i>pantoprazole sodium TBEC</i>	1	QL(1 EA daily)	
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)	PREVACID 24HR CPDR (<i>lansoprazole</i>)	7	QL(1 EA daily); RX/OTC	
ACIPHEX TBEC (<i>rabeprazole sodium</i>)	3	ST; QL(1 EA daily); PA	PREVACID CPDR 30 MG (<i>lansoprazole</i>)	7	QL(1 EA daily)	
<i>lansoprazole CPDR</i>	1	QL(1 EA daily)	PRILOSEC PACK	3	PA	
<i>lansoprazole TBDD 15 MG</i>	2	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC	PROTONIX TBEC (<i>pantoprazole sodium</i>)	7	QL(1 EA daily)	
<i>lansoprazole TBDD 30 MG</i>	2	QL(1 EA daily); AL(Up to 12 yrs old)	RABEPRAZOLE SODIUM CPSP	3	PA	
<i>omeprazole magnesium CPDR</i>	1	QL(1 EA daily)	<i>rabeprazole sodium TBEC</i>	3	ST; QL(1 EA daily); PA	
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 EA daily)	Ulcer Drugs - Prostaglandins			
				CYTOTEC (<i>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
				HELIDAC THERAPY	3	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms						
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)						
				<i>darifenacin hydrobromide</i>	2	
				DETROL LA CP24 (<i>tolterodine tartrate</i>)	7	QL(1 EA daily)
				DETROL TABS (<i>tolterodine tartrate</i>)	7	QL(2 EA daily)
				DITROPAN XL TB24 5 MG, 10 MG (<i>oxybutynin chloride</i>)	7	
				<i>fesoterodine fumarate</i>	1	QL(1 EA daily)
				<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 EA daily)
				<i>oxybutynin chloride TB24</i>	1	

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<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 EA daily)	INTRAROSA	3	QL(1 EA daily)
<i>solifenacin succinate TABS 5 MG</i>	1		Spermicides		
<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)	ENCARE SUPP 100 MG	5	PV
<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)	OPTIONS GYNOL II CONTRACEPTIVE GEL	5	PV
<i>TOVIAZ (fesoterodine fumarate)</i>	7	QL(1 EA daily)	TODAY SPONGE MISC	5	PV
<i>trospium chloride CP24</i>	1		VCF VAGINAL CONTRACEPTIVE FILM	5	PV
<i>trospium chloride TABS</i>	1	QL(2 EA daily)	VCF VAGINAL CONTRACEPTIVE FOAM	5	PV
<i>VESICARE TABS 5 MG (solifenacin succinate)</i>	7		VCF VAGINAL CONTRACEPTIVE GEL	5	PV
<i>VESICARE TABS 10 MG (solifenacin succinate)</i>	7	QL(1 EA daily)	Vaginal Anti-infectives		
Urinary Antispasmodics - Cholinergic Agonists			(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	2	
<i>bethanechol chloride</i>	1		CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	7	
Urinary Antispasmodics - Direct Muscle Relaxants			CLEOCIN SUPP	3	
<i>flavoxate hcl</i>	1		<i>clindamycin phosphate vaginal CREA</i>	1	
VACCINES			CLINDESSE	3	
Viral Vaccines			GYNAZOLE-1	3	
ABRYSVO	5	PV	<i>metronidazole vaginal</i>	1	
AREXVY	5	AL(At least 50 yrs old); PV	NUVESSA	3	PA
COVID VACCINES	5		<i>terconazole vaginal CREA</i>	1	
FLUBLOK SOSY	5	PV	<i>terconazole vaginal SUPP</i>	1	
FLUCELVAX SUSP	5	PV	VANDAZOLE	2	
FLUMIST	5	PV	Vaginal Contraceptive - pH Modulators		
FLUMIST QUADRIVALENT	5	PV	PHEXXI	5	PV
FLUZONE HIGH-DOSE SUSY	5	PV	Vaginal Estrogens		
MODERNA COVID-19 VAC 6M-11Y SUSY	5	PV	(Estradiol Vaginal) YUVAFEM TABS	1	
MRESVIA	5	AL(At least 60 yrs old); PV	ESTRACE CREA (<i>estradiol vaginal</i>)	7	
NOVAVAX COVID-19 VACCINE SUSY	5	PV	<i>estradiol vaginal CREA</i>	1	
VAGINAL AND RELATED PRODUCTS			<i>estradiol vaginal TABS</i>	1	
Miscellaneous Vaginal Products					

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Drug Name	Drug Tier	Requirements/ Limits
ESTRING RING	2	QL(1 EA per fill retail; 1 per fill mail)
FEMRING	3	Limit 1 per month; QL(0.04 EA daily)
PREMARIN	2	QL(2 GM daily)
VAGIFEM TABS <i>(estradiol vaginal)</i>	7	
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	ST; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	4	PA
NORTHERA (<i>droxidopa</i>)	4	PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS <i>(ergocalciferol)</i>	7	PV
<i>ergocalciferol CAPS</i>	1	PV
<i>phytonadione TABS 5 MG</i>	2	

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(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	56	(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	79		
(Alprazolam) ALPRAZOLAM XR TB24	12	(Azathioprine) AZASAN TABS 75 MG, 100 MG	89	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	14
(Amiodarone Hcl) PACERONE TABS	12	(Azelastine Hcl) ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY .	94	(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	6
(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, 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	7	(Bacitracin-Polymyxin B (Ophth)) AK- POLY-BAC, POLYCIN	96	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	6
(Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS		(Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC	97	(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN- CAFF) TABS 40 MG-50 MG-325 MG 6	
		(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		(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	6
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(Cholestyramine Light) PREVALITE PACK	26	(Biphasic) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	48	(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	45
(Cholestyramine Light) PREVALITE POWD	26	(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	48	(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	105
(Ciclopirox) CICLODAN SOLN	58	(Desonide) DESRX GEL	61	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG 105	
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	56	(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	(Doxycycline Hyclate) LYMEPAK TABS 100 MG	105
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	56	(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	(Drospirenone-Ethynodiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	49
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	56	(Diazepam) DIAZEPAM INTENSOL CONC	12	(Drospirenone-Ethynodiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	49
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	61	(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	59	(Drospirenone-Ethynodiol- Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	49
(Clobetasol Propionate Emulsion) TOVET	61			(Ergotamine W/ Caffeine) MIGERGOT SUPP	87
(Clobetasol Propionate) CLODAN SHAM	61			(Erythromycin (Acne Aid)) ERY PADS	56
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(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	89	(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	45	(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	79
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN 89		(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER ..	45	(Erythromycin Stearate) ERYTHROGIN STEARATE TABS 250 MG	80
(Desogestrel & Ethynodiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG ..	48	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	45	(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	69
(Desogestrel & Ethynodiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG ..	48	(Diltiazem Hcl) DILT-XR CP24 ..	45	(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	69
(Desogestrel-Ethynodiol)					

(Estradiol Vaginal) YUVAFEM TABS .	FOLIC ACID, HM FOLIC ACID, KP	RELIEF, SM CHEST CONGESTION
109	FOLIC ACID, PX FOLIC ACID, QC	RELIEF, XPECT TABS 400 MG ...55
(Estradiol) DOTTI, LYLLANA PTTW .	FOLIC ACID, RA FOLIC ACID, SM	(Guaifenesin-Codeine) G TUSSIN
70	FOLIC ACID, TRUE FOLIC ACID, YL	AC, MAXI-TUSS AC SOLN 10
(Ethynodiol Diacet & Eth Estrad)	FOLIC ACID TABS 400 MCG, 800	MG/5ML-100 MG/5ML .....54
KELNOR 1/35, KELNOR 1/50,	MCG .....76	(Guaifenesin-Codeine)
VALTYA 1/50, ZOVIA 1/35 (28) ...49	(Folic Acid) CVS FOLIC ACID,	GUAIATUSSIN AC, GUAIFENESIN
(Ethynodiol Diacet & Eth Estrad)	FOLATE, FT FOLIC ACID, GNP	AC SYRP .....54
KELNOR 1/35, KELNOR 1/50,	FOLIC ACID, HM FOLIC ACID, KP	(Homatropine Hbr) HOMATROPAIRE
VALTYA 1/50, ZOVIA 1/35 (28) 35	FOLIC ACID, PX FOLIC ACID, QC	.....95
MCG-1 MG .....49	FOLIC ACID, RA FOLIC ACID, SM	(Hydrocodone Bitartrate-Homatropine
(Ethynodiol Diacet & Eth Estrad)	FOLIC ACID, TRUE FOLIC ACID, YL	Methylbromide) HYDROMET SOLN .
KELNOR 1/35, KELNOR 1/50,	FOLIC ACID TABS 400 MCG .....76	54
VALTYA 1/50, ZOVIA 1/35 (28) 50	(Folic Acid) CVS FOLIC ACID,	(Hydrocortisone (Rectal)) PROCTO-
MCG-1 MG .....49	FOLATE, FT FOLIC ACID, GNP	MED HC, PROCTOSOL HC,
(Etonogestrel-Ethinyl Estradiol)	FOLIC ACID, HM FOLIC ACID, KP	PROCTOZONE-HC EX 2.5 %11
ELURYNG, ENILLORING,	FOLIC ACID, PX FOLIC ACID, QC	(Hydrocortisone (Topical)) ALA
HALOETTE .....52	FOLIC ACID, RA FOLIC ACID, SM	SCALP LOTN 2 %61
(Everolimus) TORPENZ TABS	FOLIC ACID, TRUE FOLIC ACID, YL	(Hydrocortisone (Topical)) ALA-
(Fluocinolone Acetonide (Otic)) FLAC	FOLIC ACID TABS 800 MCG .....76	CORT CREA 2.5 %61
.....99	(Gentamicin Sulfate (Ophth))	(Hydrocortisone (Topical))
(Fluticasone Propionate (Nasal))	GENTAK OINT .....96	TEXACORT SOLN 2.5 %61
ALLERGY RELIEF, ALLERGY	(Glatiramer Acetate) GLATOPA	(Hyoscyamine Sulfate) NULEV TBDP
SPRAY 24 HOUR, CLARISPRAY,	SOSY 20 MG/ML .....101	0.125 MG .....107
CVS FLUTICASONE PROPIONATE,	(Glatiramer Acetate) GLATOPA	(Hyoscyamine Sulfate) OSCIMIN
EQ ALLERGY RELIEF, EQL	SOSY 40 MG/ML .....101	SUBL 0.125 MG .....107
FLUTICASONE CHILDRENS, FT	(Glipizide) GLIPIZIDE XL TB24 ...23	(Hyoscyamine Sulfate) OSCIMIN
ALLERGY RELIEF 24 HR, GNP	(Guaifenesin) CHEST CONGESTION	TABS 0.125 MG .....107
FLUTICASONE PROPIONATE,	RELIEF, CVS CHEST	(Ibuprofen) IBU TABS 400 MG, 600
GOODSENSE 24-HR ALLERGY	CONGESTION RELIEF, FT CHEST	MG, 800 MG .....4
NASAL, HM ALLERGY RELIEF, KLS	CONGESTION RELIEF, GNP	(Icatibant Acetate) SAJAZIR SOSY
ALLER-FLO, QC ALLERGY RELIEF,	MUCUS RELIEF, GNP TAB TUSSIN,	75
SM ALLERGY RELIEF SUSP .....94	GOODSENSE MUCUS RELIEF, HM	(Indomethacin) INDOCIN SUPP ....4
(Fluticasone-Salmeterol) WIXELA	CHEST CONGESTION RELIEF, KLS	(Iodoquinol-Hydrocortisone In Aloe
INHUB AEPB 100 MCG/ACT-50	MUCUS RELIEF CHEST, MUCOSA,	Vehicle) IODOQUIMEZ-HC .....58
MCG/ACT, 250 MCG/ACT-50	MUCUS RELIEF, MUCUS RELIEF	(Isotretinoin) ACCUTANE,
MCG/ACT, 500 MCG/ACT-50	CHEST CONGESTION,	AMNESTEEM, CLARAVIS,
MCG/ACT .....14	PHARBINEX, QC MEDIFIN 400,	
(Folic Acid) CVS FOLIC ACID,	REFENESEN 400, SB MUCUS	
FOLATE, FT FOLIC ACID, GNP		

MYORISAN, ZENATANE 10 MG ..56	LANSOPRAZOLE TBDD 15 MG .107	LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE .....49
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG ..56	(Levetiracetam) ROWEEPRA TABS 500 MG .....16	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG ....49
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG ..56	(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 .....49	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE .....50
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG .....56	(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 .....49	(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEUX, MINZOYA .....50
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN .....65	(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 .....49	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG .....106
(Ketoconazole (Topical)) KETODAN FOAM .....58	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG .....49	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG .....106
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC .....71	(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 .....49	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG .....106
(Lactulose) CONSTULOSE SOLN 10 GM/15ML .....78	(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 .....49	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG .....106
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG 16	(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 .....49	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG .....106
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT .....16	(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE- STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG .....53	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG .....106
(Lamotrigine) SUBVENITE TABS . 16	(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE- STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG .....53	(Lidocaine) LIDOCAN, TRIDACAIN II, TRIDACAIN III PTCH 5 %64
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG .107	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28) .....49	(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI- DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI- DIARRHEAL CAPS .....24
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE	(Levonorgestrel-Eth Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA,	(Lorazepam) LORAZEPAM INTENSOL CONC .....12
		(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS,

MOTION SICKNESS RELIEF,	POLACRILEX, EQL NICOTINE	NICOTINE, GNP NICOTINE
MOTION-TIME, QC TRAVEL EASE,	POLACRILEX, FT NICOTINE, FT	POLACRILEX, GOODSENSE
RA MOTION SICKNESS RELIEF	NICOTINE MINI, GNP NICOTINE	NICOTINE, KLS QUIT2, KLS QUIT4,
CHEW .....24	MINI, GNP NICOTINE	PX STOP SMOKING AID, RA
(Methadone Hcl) METHADONE HCL	POLACRILEX, GOODSENSE	NICOTINE, RA NICOTINE GUM, SM
INTENSOL CONC .....7	NICOTINE, HM NICOTINE	NICOTINE, SM NICOTINE
(Methadone Hcl) METHADOSE	POLACRILEX, KLS QUIT2, KLS	POLACRILEX, THRIVE GUM 4 MG
TBSO .....7	QUIT4, NICOTINE MINI, NICOTINE	103
(Methylergonovine Maleate)	POLACRILEX MINI, PX STOP	(Nicotine Polacrilex) CVS NICOTINE,
METHERGINE TABS .....99	SMOKING AID, RA MINI NICOTINE,	CVS NICOTINE POLACRILEX, EQ
(Methyltestosterone) METHITEST	RA NICOTINE POLACRILEX, SM	NICOTINE, EQ NICOTINE
TABS .....10	NICOTINE POLACRILEX LOZG 4	POLACRILEX, FT NICOTINE, GNP
(Miconazole Nitrate Vaginal)	MG .....102	NICOTINE, GNP NICOTINE
MICONAZOLE 3 SUPP 200 MG .109	(Nicotine Polacrilex) CVS NICOTINE,	POLACRILEX, GOODSENSE
(Miglustat) YARGESA .....76	CVS NICOTINE POLACRILEX, EQ	NICOTINE, KLS QUIT2, KLS QUIT4,
(Mometasone Furoate (Nasal))	NICOTINE, EQ NICOTINE	PX STOP SMOKING AID, RA
ALLERGY NASAL SPRAY SUSP .94	POLACRILEX, EQL NICOTINE	NICOTINE, RA NICOTINE GUM, SM
(Neomycin-Bacitracin Zn-Polymyxin)	POLACRILEX, FT NICOTINE, FT	NICOTINE, SM NICOTINE
NEO-POLYCIN .....96	NICOTINE MINI, GNP NICOTINE	POLACRILEX, THRIVE GUM ....103
(Niacin (Antihyperlipidemic)) NIACOR	MINI, GNP NICOTINE	(Nicotine) CVS NICOTINE, EQ
TABS .....27	POLACRILEX, GOODSENSE	NICOTINE, EQ NICOTINE STEP 3,
(Nicotine Polacrilex) CVS NICOTINE,	NICOTINE, HM NICOTINE	FT NICOTINE, GNP NICOTINE,
CVS NICOTINE POLACRILEX, EQ	POLACRILEX, KLS QUIT2, KLS	HABITROL, HM NICOTINE,
NICOTINE, EQ NICOTINE	QUIT4, NICOTINE MINI, NICOTINE	NICOTINE STEP 1, NICOTINE
POLACRILEX, EQL NICOTINE	POLACRILEX MINI, PX STOP	STEP 2, NICOTINE STEP 3, QC
POLACRILEX, FT NICOTINE, FT	SMOKING AID, RA MINI NICOTINE,	NICOTINE TRANSDERMAL
NICOTINE MINI, GNP NICOTINE	RA NICOTINE POLACRILEX, SM	SYSTEM, RA NICOTINE, SM
MINI, GNP NICOTINE	NICOTINE POLACRILEX LOZG .103	NICOTINE PT24 TD 14 MG/24HR,
POLACRILEX, GOODSENSE	(Nicotine Polacrilex) CVS NICOTINE,	21 MG/24HR .....104
NICOTINE, HM NICOTINE	CVS NICOTINE POLACRILEX, EQ	(Nicotine) CVS NICOTINE, EQ
POLACRILEX, KLS QUIT2, KLS	NICOTINE, EQ NICOTINE	NICOTINE, EQ NICOTINE STEP 3,
QUIT4, NICOTINE MINI, NICOTINE	POLACRILEX, FT NICOTINE, GNP	FT NICOTINE, GNP NICOTINE,
POLACRILEX MINI, PX STOP	NICOTINE, GNP NICOTINE	HABITROL, HM NICOTINE,
SMOKING AID, RA MINI NICOTINE,	POLACRILEX, GOODSENSE	NICOTINE STEP 1, NICOTINE
RA NICOTINE POLACRILEX, SM	NICOTINE, KLS QUIT2, KLS QUIT4,	STEP 2, NICOTINE STEP 3, QC
NICOTINE POLACRILEX LOZG 2	PX STOP SMOKING AID, RA	NICOTINE TRANSDERMAL
MG .....103	NICOTINE, RA NICOTINE GUM, SM	SYSTEM, RA NICOTINE, SM
(Nicotine Polacrilex) CVS NICOTINE,	NICOTINE, SM NICOTINE	NICOTINE PT24 TD 14 MG/24HR
CVS NICOTINE POLACRILEX, EQ	POLACRILEX, THRIVE GUM 2 MG	104
NICOTINE, EQ NICOTINE	103	(Nicotine) CVS NICOTINE, EQ
	(Nicotine Polacrilex) CVS NICOTINE,	NICOTINE, EQ NICOTINE STEP 3,
	CVS NICOTINE POLACRILEX, EQ	FT NICOTINE, GNP NICOTINE,
	NICOTINE, EQ NICOTINE	HABITROL, HM NICOTINE,
	POLACRILEX, FT NICOTINE, GNP	

NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 21 MG/24HR 104	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	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS
(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, SM NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	(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	(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 51
(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, SM NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR	(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 50	(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 50
(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, SM NICOTINE PT24 TD 7 MG/24HR 104	(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 .51	(Norethindrone & Eth Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG
(Norelgestromin-Ethynodiol-Estradiol) XULANE, ZAFEMY	(Norethindrone & Ethynodiol-Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG	(Norethindrone & Ethynodiol-Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG
(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 ...	50	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORABE, NORLYROC, SHAROBEL
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	53	(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 .....51	NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA .....51	325 MG-7.5 MG .....9 (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG .9
(Norethindrone Acet & Eth Estra)	(Norgestrel & Ethinyl Estradiol)	(Oxycodone W/ Acetaminophen)
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 .....51	CRYSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG .....51	ENDOCET TABS 325 MG-5 MG ...9 (Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON
(Norethindrone Acetate) GALLIFREY TABS .....100	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ...58	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 ....91
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI ....69	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ	(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG .....69	OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE	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 ...90
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE .....51	ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE	(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRON
(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 .....51	ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE	SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML ....91
(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 ..51	ALLERGY ITCH/RED RELIEF 0.1 % 98	(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG .....91
(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 ..51	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG .....108	(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE SOLN 91
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH,	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR .....108	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 0.25 MG/ML .....91
	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG,	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN .....91
		(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT
		.....77

(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	77	KLOR-CON M20 10 MEQ (Potassium Chloride Microencapsulated Crystals ER)	88	100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG 92
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	77	KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	88	(Prochlorperazine) COMPRO .....41
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %	96	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	88	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG .....26
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	95	(Potassium Chloride) KLOR-CON PACK PO 20 MEQ	89	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG .....26
(Phenylephrine-Chlorphen-DM) ED-A-HIST DM, NOHIST-DM LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML ..	54	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ	89	(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	19	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ	89	54 (Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAX ST ER, EQ MUCUS RELIEF D, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX STRENGTH, SM GUAIFENESIN/PSEUDOEPHEDRINE TB12 600 MG-60 MG
(Phenytoin) PHENYTOIN INFATABS CHEW	19	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	72	54 (Potassium Citrate-Citric Acid) CYTRA-K SOLN
(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	78	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	88	54 (Pramoxine-HC-Chloroxylenol) CORTIC-ND
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	88	(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS	91	54 (Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS
(Potassium Bicarbonate) EFER-K, K-PRIME, KLOR-CON/EF TBEF ..	88	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW .91	91	64 (Salicylic Acid) KERALYT SHAM 6 %
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15,		(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	92	64 (Sapropterin Dihydrochloride) JAVYGTOR PACK
		(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-		68 (Sapropterin Dihydrochloride) JAVYGTOR TABS
				68 (Silver Sulfadiazine) SSD
				61 (Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 55
				61 (Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %

55	(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	94	acamprosate calcium 100 acarbose 21 ACCUPRIL (quinapril hcl) 28 ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril- hydrochlorothiazide) 29 ACCURETIC 25 MG-20 MG (quinapril-hydrochlorothiazide) 29 acebutolol hcl CAPS 44 acetaminophen w/ codeine SOLN .. 9 acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG 9 acetaminophen w/ codeine TABS 60 MG-300 MG 9 acetazolamide CP12 66 acetazolamide TABS 125 MG 66 acetazolamide TABS 250 MG 66 acetic acid (otic) 99 acetylcysteine SOLN 55 ACIPHEX TBEC (rabeprazole sodium) 108 acitretin 10 MG 59 acitretin 17.5 MG 59 acitretin 25 MG 59 ACTIMMUNE 100 MCG/0.5ML 38 ACTINEL PEDIATRIC LIQD 54 ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 69
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP .....	.88		
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	88		
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	90		
(Sotalol Hcl) SORINE TABS	44	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.1 %, 0.5 %	61
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	56	(Vigabatrin) VIGADRONE TABS .. 18 (Vigabatrin) VIGADRONE, VIGPODER PACK	18
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	56	(Warfarin Sodium) JANTOVEN TABS	15
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	56	(Zolmitriptan) ZOMIG TABS	87
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ..	31	abacavir sulfate SOLN	41
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	47	abacavir sulfate TABS	41
(Testosterone Cypionate) DEPO- TESTOSTERONE SOLN IM	10	abacavir sulfate-lamivudine	41
(Tetracaine Hcl (Ophth)) ALTACAINE	97	ABILITY TABS 15 MG (ariPIPRAZOLE) . 41	
(Theophylline) ELIXOPHYLLIN ELIX . 15		ABILITY TABS 2 MG, 5 MG, 10 MG, 30 MG (ariPIPRAZOLE)	41
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 % 95		ABILITY TABS 20 MG (ariPIPRAZOLE) . 41	
(Tiopronin) VENXXIVA TBEC	73	abiraterone acetate	34
(Tretinoin) AVITA CREA 0.025 % .	56	ABRYYSVO	109
(Tretinoin) AVITA GEL 0.025 % ...	56	ABSORICA 10 MG, 25 MG (isotretinoin)	56
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	90	ABSORICA 20 MG (isotretinoin) .. 56 ABSORICA 30 MG (isotretinoin) .. 56 ABSORICA 35 MG, 40 MG (isotretinoin)	56
		ACTONEL TABS 150 MG (risedronate sodium)	67
		ACTONEL TABS 35 MG (risedronate sodium)	67

ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 21	dextroamphetamine) ADDERALL XR CP24 (amphetamine-dextroamphetamine) . ACTOS 15 MG (pioglitazone hcl) ..23 1	1	AEROCHAMBER PLUS FLO-VU MISC .....84 AEROCHAMBER PLUS FLO-VU SMALL DEVI .....84
ACTOS 30 MG, 45 MG (pioglitazone hcl) .....23	adefovir dipivoxil .....43		AEROCHAMBER PLUS FLO-VU SMALL MISC .....84
ACULAR (ketorolac tromethamine (ophth)) .....98	ADEMPAS .....48		AEROCHAMBER PLUS FLO-VU W/MASK MISC .....84
ACULAR LS (ketorolac tromethamine (ophth)) .....98	ADIPEX-P CAPS (phentermine hcl) 1 ADTHYZA TABS .....106		AEROCHAMBER PLUS FLOW VU MISC .....84
ACUVAIL .....98	ADULT MASK DEVI .....84		AEROCHAMBER W/FLOWSIGNAL MISC .....84
acyclovir CAPS .....44	ADVAIR DISKUS AEPB (fluticasone- salmeterol) .....14		AEROCHAMBER Z-STAT PLUS CHAMBR MISC .....84
acyclovir SUSP .....44	ADVATE .....73		AEROCHAMBER Z-STAT PLUS MISC .....84
acyclovir TABS PO 400 MG .....44	ADYNOVATE 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT 73		AEROCHAMBER Z-STAT PLUS/LARGE MISC .....84
acyclovir TABS PO 800 MG .....44	ADYNOVATE 750 UNIT, 1500 UNIT . 73		AEROCHAMBER Z-STAT PLUS/MEDIUM MISC .....84
acyclovir topical CREA .....61	AEROBIKA DEVI .....84		AEROCHAMBER Z-STAT PLUS/SMALL MISC .....84
acyclovir topical OINT .....61	AEROCHAMBER HOLDING CHAMBER DEVI .....84		AEROCHAMBER Z-STAT PLUS/EVEROLIMUS .....84
ACZONE 5 % (dapsone (topical)) .56	AEROCHAMBER MINI CHAMBER DEVI .....84		AEROVENT PLUS DEVI .....84
ACZONE 7.5 % (dapsone (topical)) 56	AEROCHAMBER MV MISC .....84		AFINITOR DISPERZ TBSO (everolimus) .....35
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML .....3	AEROCHAMBER PLS FLOVU MTHPIECE DEVI .....84		AFINITOR TABS (everolimus) ....35
ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML .....3	AEROCHAMBER PLUS FLO-VU INTERM DEVI .....84		AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT .....73
adapalene CREA .....56	AEROCHAMBER PLUS FLO-VU LARGE DEVI .....84		AGAMREE .....53
adapalene GEL 0.1 %56	AEROCHAMBER PLUS FLO-VU LARGE MISC .....84		AGRYLIN 0.5 MG (anagrelide hcl) 76
adapalene GEL 0.3 %56	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI .....84		AIMSCO LUBRICATED MISC ....80
adapalene-benzoyl peroxide GEL 2.5 %-0.1 %56	AEROCHAMBER PLUS FLO-VU MEDIUM MISC .....84		AJOVY SOAJ .....86
adapalene-benzoyl peroxide GEL 2.5 %-0.3 %56	AEROCHAMBER PLUS FLO-VU MEDIUM MISC .....84		AJOVY SOSY .....86
ADCIRCA TABS (tadalafil (pulmonary hypertension)) .....47	MEDIUM MISC .....84		AKTEN .....97
ADDERALL TABS (amphetamine-			

AKYNZEO	25	ALL FLOW 5000 PFT FILTER DEVI .	4000 UNIT	74
albendazole	11	85	ALUNBRIG TABS	35
albuterol sulfate AERS	14	ALL FLOW 6000 PFT FILTER DEVI .	ALUNBRIG TBPK	35
albuterol sulfate NEBU	14	85	alvimopan	71
ALBUTEROL SULFATE NEBU	14	ALL FLOW 7000 PFT FILTER DEVI .	amantadine hcl CAPS	39
albuterol sulfate SYRP	14	85	amantadine hcl TABS	39
albuterol sulfate TABS	14	allopurinol 100 MG	AMARYL (glimepiride)	23
ALCAINE (proparacaine hcl)	97	73	AMBIEN CR TBCR (zolpidem tartrate)	77
aclometasone dipropionate CREA	61	alocriL	AMBIEN TABS (zolpidem tartrate)	77
aclometasone dipropionate OINT	61	98	ambrisentan	47
ALDACTAZIDE (spironolactone & hydrochlorothiazide)	66	alogliptin benzoate 25 MG	amcinonide OINT	61
ALDACTONE TABS (spironolactone)	67	22	amiloride & hydrochlorothiazide ..	66
ALECENSA	35	ALOMIDE	amiloride hcl TABS	67
alendronate sodium SOLN	67	98	aminocaproic acid SOLN PO 0.25	
alendronate sodium TABS 35 MG, 70	67	ALORA PTTW 0.025 MG/24HR,	GM/ML	77
MG	67	0.075 MG/24HR, 0.1 MG/24HR ...	aminocaproic acid TABS	77
alendronate sodium TABS 5 MG, 10	67	70	amiodarone hcl TABS	12
MG	67	ALPHAGAN P (brimonidine tartrate)	AMITIZA (lubiprostone)	71
ALFERON N	38	96	amitriptyline hcl TABS	21
alfuzosin hcl	72	ALPHANATE SOLR	amlodipine besylate TABS 2.5 MG	45
ALINIA SUSR	31	73	amlodipine besylate TABS 5 MG, 10	
alisikiren fumarate	31	ALPHANINE SD 500 UNIT, 1000	MG	45
ALKERAN (melphalan)	32	UNIT, 1500 UNIT	amlodipine besylate-atorvastatin	
ALL FLOW 1000 PFT FILTER DEVI .	84	73	calcium	46
ALL FLOW 2000 PFT FILTER DEVI .	85	ALPROLIX 250 UNIT, 500 UNIT,	amlodipine besylate-benazepril hcl	
ALL FLOW 3000 PFT FILTER DEVI .	85	1000 UNIT, 2000 UNIT, 3000 UNIT	10 MG-2.5 MG	29
ALL FLOW 4000 PFT FILTER DEVI .	85	73	amlodipine besylate-benazepril hcl	
ALTACE CAPS 1.25 MG, 2.5 MG, 5		ALPROLIX 4000 UNIT	10 MG-5 MG, 20 MG-10 MG, 20 MG-	
MG, 10 MG (ramipril)		28	5 MG, 40 MG-10 MG, 40 MG-5 MG	
ALTUVIPIO 250 UNIT, 500 UNIT,			29	
1000 UNIT, 2000 UNIT, 3000 UNIT,				

amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG	29	anastrozole	34	arformoterol tartrate	14
amlodipine-valsartan-hydrochlorothiazide	29	ANCOBON (flucytosine)	25	ARICEPT TABS (donepezil hydrochloride)	100
amoxapine	21	ANDEXXA 200 MG	24	ARIKAYCE	2
amoxicillin & pot clavulanate CHEW . 100		ANDROGEL PUMP GEL TD (testosterone)	10	ARIMIDEX (anastrozole)	34
amoxicillin & pot clavulanate SUSR 100		ANGELIQ	69	ariPIPRAZOLE SOLN PO	41
amoxicillin & pot clavulanate TABS 100		ANNOVERA	53	ariPIPRAZOLE TABS 15 MG	41
amoxicillin & pot clavulanate TB12 100		ANORO ELLIPTA	14	ariPIPRAZOLE TABS 2 MG, 5 MG, 10 MG, 30 MG	41
amoxicillin CAPS	99	ANTIVERT CHEW (meclizine hcl) ..	24	ariPIPRAZOLE TABS 20 MG	41
amoxicillin CHEW 125 MG, 250 MG . 99		ANTIVERT TABS 50 MG (meclizine hcl)	24	ARIXTA 10 MG/0.8ML (fondaparinux sodium)	15
AMOXICILLIN SUSR (amoxicillin) .99		ANUSOL-HC EX (hydrocortisone (rectal))	11	ARIXTA 2.5 MG/0.5ML, 7.5 MG/0.6ML (fondaparinux sodium)	15
amoxicillin SUSR	99	ANZEMET TABS 50 MG	24	ARIXTA 5 MG/0.4ML (fondaparinux sodium)	15
amoxicillin TABS	99	APEXICON E CREA	61	armodafinil	2
amoxicillin-clarithromycin w/ lansoprazole THPK	108	APO-VARENICLINE TABS	104	ARMOUR THYROID TABS	106
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	apraclonidine hcl	96	ARNUITY ELLIPTA	13
amphetamine-dextroamphetamine TABS	1	aprepitant CAPS 40 MG	25	AROMASIN (exemestane)	34
ampicillin CAPS 500 MG	99	aprepitant CAPS 80 MG, 125 MG ..	25	ARTHROTEC TBEC (diclofenac w/ misoprostol)	4
ANAFRANIL (clomipramine hcl) ..21		aprepitant CAPS	25	ASACOL HD TBEC (mesalamine) ..	71
anagrelide hcl	76	aprepitant MISC	25	asenapine maleate	40
ANALPRAM-HC LOTN EX	11	APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	41	aspirin CHEW	7
ANAPROX DS TABS (naproxen sodium)	4	APRISO CP24 (mesalamine)	71	aspirin TBEC 81 MG	7
ANASPAZ TBDP (hyoscyamine sulfate)	107	APTENSIO XR CP24 (methylphenidate hcl)	2	aspirin-dipyridamole	76
		APTIOM	16	ASSURE ID INSULIN SAFETY SYR 82	
		APTIVUS CAPS	41	ASTAGRAF XL CP24	89
		ARAVA 10 MG (leflunomide)	5	ATABEX EC TBEC	92
		ARAVA 20 MG (leflunomide)	5	ATACAND 32 MG (candesartan cilexetil)	28
		ARCALYST	4		
		AREXVY	109		

ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil)	28	AUSTEDO TABS 9 MG	101	azithromycin TABS 600 MG	79
ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	29	AUSTEDO XR PATIENT TITRATION TEPK	101	AZOPT (brinzolamide)	98
atazanavir sulfate CAPS	41	AUSTEDO XR TB24	101	AZULFIDINE EN-TABS TBEC (sulfasalazine)	71
atenolol & chlorthalidone	29	AVALIDE (irbesartan- hydrochlorothiazide)	29	AZULFIDINE TABS (sulfasalazine) 71	
atenolol TABS	44	AVAPRO 150 MG, 300 MG (irbesartan)	28	bacitracin (ophthalmic)	96
ATIVAN TABS (lorazepam)	12	AVODART (dutasteride)	72	bacitracin-polymyxin b (ophth)	96
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	AVONEX PEN AJKT	101	bacitracin-poly-neomycin-hc	97
atomoxetine hcl 60 MG, 80 MG, 100 MG	1	AVONEX PREFILLED PSKT	101	baclofen TABS 10 MG	93
atorvastatin calcium TABS	27	AYGESTIN TABS (norethindrone acetate)	100	baclofen TABS 15 MG	93
atovaquone	31	AYVAKIT 100 MG, 200 MG, 300 MG 35		baclofen TABS 20 MG	93
atovaquone-proguanil hcl	32	AYVAKIT 25 MG, 50 MG	35	baclofen TABS 5 MG	93
ATRALIN GEL (tretinoin)	56	AZASITE	96	BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	31
atropine sulfate (ophthalmic) OINT	96	azathioprine TABS 50 MG	89	BACTRIM TABS (sulfamethoxazole- trimethoprim)	31
atropine sulfate (ophthalmic) SOLN	96	azathioprine TABS 75 MG, 100 MG 89		BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	51
ATROPINE SULFATE SOLN 1 % (atropine sulfate (ophthalmic))	96	azelaic acid GEL	65	BALFAXAR	74
ATROPINE SULFATE SOLN 1 % .96		azelastine hcl (ophth)	98	balsalazide disodium CAPS	71
ATROVENT HFA	13	azelastine hcl 0.1 %, 137 MCG/SPRAY	94	BALVERSA	35
AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	100	azelastine hcl 0.15 %, 205.5 MCG/SPRAY	94	BARACLUDE TABS (entecavir) ...	43
AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	100	azelastine hcl-fluticasone propionate SUSP	94	BASE GELATIN GUMMY TROCHE .. 100	
AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	100	AZILECT (rasagiline mesylate) ...	40	BD AUTOSHIELD	82
AURANOFIN 3 MG	4	azithromycin PACK	79	BD AUTOSHIELD DUO	82
AURYXIA	71	azithromycin SUSR	79	BD DISP NEEDLES	82
AUSTEDO TABS 12 MG	101	azithromycin TABS 250 MG	79	BD ECLIPSE LUER-LOK NEEDLE 82	
AUSTEDO TABS 6 MG	101	azithromycin TABS 500 MG	79	BD PEN NEEDLE MICRO U/F ...	83
				BD PEN NEEDLE MINI U/F	83

BD PEN NEEDLE NANO 2ND GEN .	BENZNIDAZOLE	11	BETASERON KIT	102
83	benzonataate	54	betaxolol hcl (ophth) SOLN	95
BD PEN NEEDLE NANO U/F ....83	benzoyl peroxide-erythromycin GEL .		betaxolol hcl	44
BD PEN NEEDLE ORIGINAL U/F 83	56		bethanechol chloride	109
BD PEN NEEDLE SHORT U/F ...83	benzphetamine hcl 25 MG	1	BETHKIS NEBU (tobramycin) ....2	
BD SAFETYGLIDE INSULIN SYRINGE	benztropine mesylate TABS	39	BETIMOL (timolol)	95
BD VEO INSULIN SYR U/F 1/2UNIT	bepotastine besilate	98	BETIMOL 0.25 %	95
BD VEO INSULIN SYRINGE U/F .83	BEPREVE (bepotastine besilate) .98		BETOPTIC-S SUSP	95
BELLADONNA ALKALOIDS-OPIUM	BESIVANCE	96	bexarotene (topical)	59
.....107	BETADINE OPHTHALMIC PREP .96		bexarotene	38
BELSOMRA	betaine	68	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ....52	
benazepril & hydrochlorothiazide .29	betamethasone dipropionate (topical)		bicalutamide	34
benazepril hcl	CREA	61	BIDIL (isosorbide dinitrate-hydralazine hcl)	46
BENEFIX KIT 250 UNIT, 2000 UNIT, 3000 UNIT	betamethasone dipropionate (topical)		BIKTARVY	41
74	LOTN	61	bimatoprost SOLN	98
BENEFIX KIT 500 UNIT, 1000 UNIT .	betamethasone dipropionate		bisacodyl SUPP	79
74	augmented CREA	62	bisacodyl TBEC	79
BENICAR 40 MG (olmesartan medoxomil)	betamethasone dipropionate		bisoprolol & hydrochlorothiazide ..29	
28	augmented GEL 0.05 %	62	bisoprolol fumarate	44
BENICAR 5 MG, 20 MG (olmesartan medoxomil)	betamethasone dipropionate		bosentan TABS 125 MG	47
28	augmented LOTN	62	bosentan TABS 62.5 MG	47
BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil-hydrochlorothiazide)	betamethasone dipropionate		BOSULIF CAPS	35
29	augmented OINT	62	BOSULIF TABS 100 MG, 400 MG .35	
BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil-hydrochlorothiazide)	betamethasone valerate CREA ..	62	BOSULIF TABS 500 MG	35
29	62		BRAFTOVI 75 MG	35
BENLYSTA SOAJ	betamethasone valerate FOAM ..	62	BREATHE COMFORT	
90	62		CHAMBER/ADULT DEVI	85
BENLYSTA SOSY	betamethasone valerate LOTN ..	62	BREATHE COMFORT	
90	62		CHAMBER/CHILD DEVI	85
BENSAL HP OINT	betamethasone valerate OINT	62		
64	BETAPACE AF (sotalol hcl (afib/afl))	45		
BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	45		
56				

BREATHE EASE LARGE DEVI	85	dihydrate	14	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	6
BREATHE EASE MEDIUM DEVI	.85	bumetanide TABS 0.5 MG, 1 MG	.67		
BREATHE EASE SMALL DEVI	.85	bumetanide TABS 2 MG	.67		
BREATHERITE VALVED MDI CHAMBER DEVI	.85	BUMEX TABS 0.5 MG (bumetanide)	.67		
BREZTRI AEROSPHERE	.14	buprenorphine hcl SUBL 2 MG	.10		
BRILINTA	.76	buprenorphine hcl SUBL 8 MG	.10	butalbital-aspirin-caffeine CAPS	.6
brimonidine tartrate (topical)	.65	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1		butalbital-aspirin-caffeine w/cod	.9
brimonidine tartrate	.96	MG-4 MG, 2 MG-8 MG	.10	butorphanol tartrate NA 10 MG/ML	
brimonidine tartrate-timolol maleate	.95	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	.9	10	
brinzolamide	.98	buprenorphine hcl-naloxone hcl dihydrate SUBL	.10	BUTRANS PTWK 7.5 MCG/HR (buprenorphine)	.10
BRIVIACT SOLN PO 10 MG/ML	.16	buprenorphine PTWK 15 MCG/HR		BYSTOLIC (nebivolol hcl)	.44
BRIVIACT TABS 10 MG	.16	10		CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	.41
BRIVIACT TABS 100 MG	.16	buprenorphine PTWK 20 MCG/HR		CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	.41
BRIVIACT TABS 25 MG, 50 MG, 75 MG	.16	10			
bromfenac sodium (ophth) 0.07 %, 0.075 %	.98	buprenorphine PTWK 5 MCG/HR	.10	cabergoline	.69
bromfenac sodium (ophth) 0.09 %	.98	bupropion hcl (smoking deterrent)		CABOMETYX TABS 20 MG, 60 MG	
bromocriptine mesylate CAPS	.39	104		36	
bromocriptine mesylate TABS 2.5 MG	.39	bupropion hcl TABS	.19	CABOMETYX TABS 40 MG	.36
BRUKINSA	.35	bupropion hcl TB12	.19	CAFERGOT TABS (ergotamine w/ caffeine)	.87
budesonide (inhalation) SUSP 0.25 MG/2ML	.13	bupropion hcl TB24 150 MG, 300 MG	.19	caffeine citrate SOLN PO	.1
budesonide (inhalation) SUSP 0.5 MG/2ML	.13	bupropion hcl TB24 450 MG	.19	CALAN SR TBCR 120 MG (verapamil hcl)	.45
budesonide (inhalation) SUSP 1 MG/2ML	.13	buspirone hcl	.11	CALAN SR TBCR 180 MG, 240 MG (verapamil hcl)	.45
budesonide (intrarectal)	.11	butalbital-acetaminophen CAPS 50 MG-300 MG	.6	CALCIFOL	.88
budesonide TB24	.53	butalbital-acetaminophen TABS 50 MG-325 MG	.6	calcipotriene CREA	.59
budesonide-formoterol fumarate				calcipotriene FOAM	.59
				CALCIPOTRIENE FOAM	.59

calcipotriene OINT	59	carbamazepine TABS	16	CARNITOR SOLN PO 1 GM/10ML (levocarnitine (metabolic modifiers))
calcipotriene SOLN	59	carbamazepine TB12 100 MG	16	68
calcipotriene-betamethasone dipropionate OINT	62	carbamazepine TB12 200 MG	16	carteolol hcl (ophth)
calcipotriene-betamethasone dipropionate SUSP	62	carbamazepine TB12 400 MG	16	95
calcitonin (salmon) IJ	67	CARBATROL CP12 (carbamazepine)	17	carvedilol 3.125 MG
calcitonin (salmon) NA	67	carbidopa	39	44
calcitriol (topical)	59	carbidopa-levodopa TABS	39	carvedilol 6.25 MG, 12.5 MG, 25 MG
calcitriol CAPS 0.25 MCG	68	carbidopa-levodopa TBCR 100 MG- 25 MG	39	44
calcitriol CAPS 0.5 MCG	68	carbidopa-levodopa TBCR 200 MG- 50 MG	39	CASODEX (bicalutamide)
calcitriol SOLN PO	68	carbidopa-levodopa TBDP	39	34
calcium acetate (phosphate binder) CAPS	71	carbidopa-levodopa-entacapone ..	39	CAYA DPRH
calcium acetate (phosphate binder) TABS	72	carbinoxamine maleate SOLN	25	80
CALQUENCE	36	carbinoxamine maleate SUER	25	cefaclor CAPS
candesartan cilexetil 32 MG	28	carbinoxamine maleate TABS 4 MG .	25	48
candesartan cilexetil 4 MG, 8 MG, 16 MG	28	CARBINOXAMINE MALEATE TABS ..	26	CEFACLOR ER TB12
candesartan cilexetil- hydrochlorothiazide	29	CARDIZEM CD CP24 (diltiazem hcl coated beads)	45	48
capecitabine	33	CARDIZEM LA TB24 (diltiazem hcl)	45	cefadroxil CAPS
CAPRELSA	36	CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)	45	48
captopril & hydrochlorothiazide ..	29	CARDURA (doxazosin mesylate) .	29	cefadroxil SUSR
captopril	28	CARDURA XL	72	48
CARAC CREA	59	CAREPOINT POLY HUB NEEDLE		cefdinir CAPS
CARAFATE SUSP (sucralfate) ...	107	83		48
CARAFATE TABS (sucralfate) ...	107	carisoprodol TABS	93	cefdinir SUSR
carbamazepine CHEW 100 MG ...	16	CARNITOR SF SOLN PO (levocarnitine (metabolic modifiers))		48
carbamazepine CP12	16	68		cefixime CAPS
carbamazepine SUSP	16	CARNITOR SF SOLN PO (levocarnitine (metabolic modifiers))		48
		68		cefixime SUSR
				48
				cefpodoxime proxetil SUSR
				48
				cefpodoxime proxetil TABS
				48
				cefprozil SUSR
				48
				cefprozil TABS
				48
				cefuroxime axetil TABS
				48
				CELEBREX 400 MG (celecoxib)
				4
				CELEBREX 50 MG, 100 MG, 200 MG (celecoxib)
				4
				celecoxib 400 MG
				4
				celecoxib 50 MG, 100 MG, 200 MG
				4
				CELEXA TABS (citalopram)

hydrobromide)	20	CIALIS 5 MG, 10 MG, 20 MG (tadalafil)	46	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	92
CELLCEPT CAPS (mycophenolate mofetil)	89	ciclopirox GEL	58	CITRANATAL ASSURE	92
CELLCEPT TABS (mycophenolate mofetil)	89	ciclopirox olamine CREA	58	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 92	
CELONTIN (methsuximide)	19	ciclopirox olamine SUSP	58	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	92
cephalexin CAPS	48	ciclopirox SOLN	58	CITRANATAL MEDLEY	92
cephalexin SUSR	48	cilostazol	76	CLARINEX TABS (desloratadine) ..	26
CEPROTIN	76	CILOXAN OINT	96	clarithromycin SUSR	79
CERDELGA	76	CILOXAN SOLN (ciprofloxacin hcl (ophth))	96	clarithromycin TABS	79
CERVIDIL INST	99	CIMDUO	41	clarithromycin TB24	79
cevimeline hcl	90	cimetidine hcl PO 300 MG/5ML ..	107	clemastine fumarate SYRP	26
CHEMET	24	cimetidine TABS 300 MG, 800 MG 107		clemastine fumarate TABS 2.68 MG ..	26
CHENODAL	70	cimetidine TABS 400 MG	107	CLEOCIN (clindamycin hcl)	31
chlordiazepoxide hcl CAPS	12	cinacalcet hcl	68	CLEOCIN (clindamycin palmitate hydrochloride)	31
chlordiazepoxide hcl-clidinium bromide	107	CIPRO HC	99	CLEOCIN CREA (clindamycin phosphate vaginal)	109
chlordiazepoxide-amitriptyline ..	101	CIPRO SUSR	70	CLEOCIN SUPP	109
chloroquine phosphate TABS	32	CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	70	CLEOCIN-T LOTN (clindamycin phosphate (topical))	56
chlorpromazine hcl TABS	41	CIPRODEX (ciprofloxacin- dexamethasone)	99	CLEVER CHOICE HOLDING CHAMBER DEVI	85
chlorthalidone 25 MG, 50 MG	67	ciprofloxacin hcl (ophth) SOLN ..	96	CLIMARA PRO	69
chlorzoxazone TABS 250 MG	93	ciprofloxacin hcl (otic)	99	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 (estradiol)	70
chlorzoxazone TABS 375 MG, 500 MG, 750 MG	93	ciprofloxacin hcl TABS	70		
cholestyramine light PACK	26	ciprofloxacin SUSR	70		
cholestyramine light POWD	26	ciprofloxacin-dexamethasone	99		
cholestyramine PACK	26	ciprofloxacin-fluocinolone acetonide ..	99		
cholestyramine POWD	26	citalopram hydrobromide SOLN ..	20		
choline fenofibrate 135 MG	27	citalopram hydrobromide TABS ..	20		
choline fenofibrate 45 MG	27				
CIALIS 2.5 MG (tadalafil)	46				

CLINDAGEL GEL (clindamycin phosphate (topical))	57	clobetasol propionate LOTN	62	codeine sulfate TABS	7
clindamycin hcl	31	clobetasol propionate OINT 0.05 %	62	CODITUSSIN AC LIQD	54
clindamycin palmitate hydrochloride ..	31	clobetasol propionate SHAM	62	COLAZAL CAPS (balsalazide disodium)	71
clindamycin phosphate (topical) FOAM	57	clobetasol propionate SOLN 0.05 % ..	62	colchicine CAPS	73
clindamycin phosphate (topical) GEL ..	57	CLOBEX LOTN 0.05 % (clobetasol propionate)	62	colchicine TABS	73
clindamycin phosphate (topical) LOTN	57	CLOBEX SHAM (clobetasol propionate)	62	colchicine w/ probenecid	73
clindamycin phosphate (topical) SOLN	57	clocortolone pivalate	62	COLCRYS TABS (colchicine)	73
clindamycin phosphate (topical) SWAB	57	CLODERM (clocortolone pivalate)	62	colesevelam hcl PACK	26
clindamycin phosphate vaginal CREA	109	clomiphene citrate TABS	68	colesevelam hcl TABS	26
clindamycin phosphate-benzoyl peroxide (refrigerate)	57	clomipramine hcl	21	COLESTID FLAVORED GRAN (colestipol hcl)	26
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	57	clonazepam TABS	16	COLESTID FLAVORED PACK (colestipol hcl)	26
clindamycin phosphate-tretinoin ..	57	clonazepam TBDP	16	COLESTID GRAN (colestipol hcl) ..	26
CLINDESSE	109	clonidine hcl TABS	29	COLESTID PACK (colestipol hcl) ..	26
clobazam SUSP	16	clonidine TB24	29	COLESTID TABS (colestipol hcl) ..	26
clobazam TABS 10 MG	16	clopidogrel bisulfate	76	colestipol hcl GRAN	26
clobazam TABS 20 MG	16	clorazepate dipotassium TABS ..	12	colestipol hcl PACK	26
clobetasol propionate CREA 0.05 % ..	62	clotrimazole	90	colestipol hcl TABS	26
clobetasol propionate emollient base 0.05 %	62	clotrimazole w/ betamethasone CREA	58	COMBIGAN (brimonidine tartrate-timolol maleate)	95
clobetasol propionate emulsion ..	62	clotrimazole w/ betamethasone		COMBIPATCH PTTW	69
clobetasol propionate FOAM	62	LOTN	58	COMBIVENT RESPIMAT AERS ..	14
clobetasol propionate GEL 0.05 % ..	62	clozapine TABS	40	COMBIVIR (lamivudine-zidovudine) ..	
clobetasol propionate LIQD	62	clozapine TBDP	40	41	
		CLOZARIL TABS (clozapine)	40	COMETRIQ (100 MG DAILY DOSE) KIT	36
		C-NATE DHA CAPS	92	COMETRIQ (140 MG DAILY DOSE) KIT	36
		CO MONITOR DEVI	85	COMETRIQ (60 MG DAILY DOSE) KIT	36
		COARTEM	32	CONFORT EZ INSULIN SYRINGE ..	

83	COSENTYX SENSOREADY (300 MG) SOAJ	60	CYCLOGYL	96
COMPACT SPACE CHAMBER DEVI	COSENTYX SENSOREADY PEN SOAJ	60	CYCLOMYDRIL	96
85	COSENTYX SOSY 150 MG/ML ..	60	cyclopentolate hcl	96
COMPACT SPACE CHAMBER/LG MASK DEVI	COSENTYX SOSY 75 MG/0.5ML ..	60	cyclophosphamide CAPS	32
85	COSENTYX UNOREADY SOAJ ..	60	CYCLOPHOSPHAMIDE TABS ..	32
COMPACT SPACE CHAMBER/MED MASK DEVI	COSENTOX (dorzolamide hcl-timolol maleate)	95	cycloserine	32
85	COSOPT PF (dorzolamide hcl-timolol maleate)	95	cyclosporine (ophth) EMUL	97
COMPLERA	COTELLIC	36	cyclosporine CAPS	89
41	COVID VACCINES	109	cyclosporine modified (for microemulsion) CAPS	89
COMPLETENATE CHEW	COVID-19 AT HOME TEST KITS ..	65	cyclosporine modified (for microemulsion) SOLN	89
92	COVID-19 FLU A&B 3-IN-1 TEST ..	65	CYMBALTA CPEP (duloxetine hcl) ..	21
CONCEPT DHA	COZAAR (losartan potassium) ..	28	cyproheptadine hcl SYRP	26
92	CREON CPEP	66	cyproheptadine hcl TABS	26
CONDOMS	CRESEMBA CAPS 186 MG	25	CYSTADANE (betaine)	68
80	CRESTOR TABS (rosuvastatin calcium)	27	CYSTAGON CAPS	72
CONTRAVE	CRINONE GEL 8 %	110	CYSTARAN	98
1	cromolyn sodium (ophth)	98	CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium)	106
COPIKTRA	cromolyn sodium NEBU	13	CYTOMEL TABS 5 MCG (liothyronine sodium)	106
36	CTEXLI 250 MG	70	CYTOTEC (misoprostol)	108
CORDRAN TAPE	CUPRIMINE CAPS (penicillamine) ..	89	CYTRA-3 SYRP	72
62	CUVPOSA SOLN PO (glycopyrrolate)	107	dabigatran etexilate mesylate CAPS 110 MG	16
COREG 3.125 MG (carvedilol) ..	CVS WOMENS PRENATAL+DHA ..	92	dabigatran etexilate mesylate CAPS 75 MG, 150 MG	16
44	MISC	92	dalfampridine	102
COREG 6.25 MG, 12.5 MG, 25 MG (carvedilol)	cyclobenzaprine hcl TABS 5 MG, 10 MG	93	DALIRESP (roflumilast)	13
44	CYCLOGYL (cyclopentolate hcl) ..	96	danazol CAPS	10
CORGARD TABS 20 MG, 40 MG (nadolol)				
45				
CORIFACT				
74				
CORLANOR SOLN				
48				
CORTEF TABS (hydrocortisone) ..				
53				
CORTENEMA (hydrocortisone (intrarectal))				
11				
CORTIFOAM EX 10 %				
11				
CORTISPORIN-TC				
99				
COSENTYX (300 MG DOSE) SOSY ..				
60				

DANTRIUM CAPS 25 MG (dantrolene sodium)	93	DEPAKOTE ER TB24 (divalproex sodium)	19	desonide CREA	62
dantrolene sodium CAPS	93	DEPAKOTE SPRINKLES CSDR (divalproex sodium)	19	desonide GEL	62
dapagliflozin propanediol	23	DEPAKOTE TBEC (divalproex sodium)	19	desonide LOTN	62
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	21	DEPEN TITRATABS TABS (penicillamine)	89	desonide OINT	62
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	21	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	53	DESOWEN CREA (desonide)	62
dapsone (topical) 5 %	57	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)	62	desoximetasone CREA	62
dapsone (topical) 7.5 %	57	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	62	desoximetasone GEL	62
dapsone 100 MG	31	DERMOTIC (fluocinolone acetonide (otic))	99	desoximetasone LIQD	62
dapsone 25 MG	31	DESCOZY 200 MG-25 MG	42	desoximetasone OINT 0.05 %	62
darifenacin hydrobromide	108	desipramine hcl TABS	21	desoximetasone OINT 0.25 %	62
darunavir TABS	41	desloratadine TABS	26	DESOXYN (methamphetamine hcl) . 1	
dasatinib	36	desloratadine TBDP 2.5 MG	26	desvenlafaxine succinate	21
DAURISMO	34	desloratadine TBDP 5 MG	26	DETROL LA CP24 (tolterodine tartrate)	108
DAYPRO TABS (oxaprozin)	4	DESMOPRESSIN ACETATE SOLN NA	69	DETROL TABS (tolterodine tartrate) . 108	
DDAVP TABS 0.1 MG (desmopressin acetate)	69	desmopressin acetate spray	69	dexamethasone ELIX	53
DDAVP TABS 0.2 MG (desmopressin acetate)	69	desmopressin acetate spray refrigerated 0.01 %	69	DEXAMETHASONE INTENSOL CONC	53
deferasirox PACK	24	desmopressin acetate TABS 0.1 MG 69		dexamethasone sodium phosphate (ophth)	97
deferasirox TABS	24	desmopressin acetate TABS 0.2 MG 69		dexamethasone SOLN	53
deferiprone TABS 500 MG	24	desogestrel & ethynodiol dienoate 50/100	52	dexamethasone TABS	53
deflazacort SUSP	53	desogestrel-ethynodiol dienoate (biphasic)	52	DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate)	1
deflazacort TABS	53			dexmethylphenidate hcl CP24	2
DELESTROGEN (estradiol valerate) 70				dexmethylphenidate hcl TABS	2
DELSTRIGO	41			dextroamphetamine sulfate CP24	1
DELZICOL CPDR (mesalamine) ..	71			dextroamphetamine sulfate SOLN ..	1
demeclocycline hcl TABS	105			dextroamphetamine sulfate TABS 5 MG, 10 MG	1
DEMSEER (metyrosine)	28				

DHIVY TABS	39	57	diltiazem hcl extended release beads	45
DIACOMIT CAPS 250 MG	17		diltiazem hcl TABS	45
DIACOMIT CAPS 500 MG	17		diltiazem hcl TB24	45
DIACOMIT PACK 250 MG	17		DIFCID TABS	80
DIACOMIT PACK 500 MG	17		diflorasone diacetate CREA	62
diazepam (anticonvulsant) GEL ...	16		diflorasone diacetate OINT	62
diazepam CONC	12		DIFLUCAN SUSR (fluconazole) ...	25
diazepam SOLN PO 5 MG/5ML ...	12		DIFLUCAN TABS 100 MG, 150 MG,	
diazepam TABS 10 MG	12		200 MG (fluconazole)	25
diazepam TABS 2 MG, 5 MG	12		diflunisal TABS	7
diazoxide	22		difluprednate	97
DIBENZYLINE (phenoxybenzamine hcl)	28		digoxin SOLN PO 0.05 MG/ML	46
DICLEGIS TBEC (doxylamine- pyridoxine)	25		digoxin TABS 62.5 MCG, 125 MCG,	
diclofenac potassium TABS 50 MG .	5		250 MCG	46
diclofenac sodium (actinic keratoses) EX	59		dihydroergotamine mesylate SOLN IJ	
diclofenac sodium (ophth)	98		1 MG/ML	87
diclofenac sodium (topical) GEL EX	59		dihydroergotamine mesylate SOLN	
diclofenac sodium (topical) SOLN EX			NA 4 MG/ML	87
1.5 %	59		DILANTIN (phenytoin sodium	
diclofenac sodium TB24	5		extended)	19
diclofenac sodium TBEC	5		DILANTIN 30 MG	19
diclofenac w/ misoprostol TBEC	5		DILANTIN INFATABS CHEW	
dicloxacillin sodium	100		(phenytoin)	19
dicyclomine hcl CAPS	107		DILANTIN SUSP (phenytoin)	19
dicyclomine hcl SOLN PO	107		DILANTIN-125 SUSP (phenytoin) ..	19
dicyclomine hcl TABS	107		DILAUDID LIQD (hydromorphone	
DIFFERIN CREA (adapalene)	57		hcl)	7
DIFFERIN GEL 0.1 % (adapalene)			DILAUDID TABS (hydromorphone	
			hcl)	7
			diltiazem hcl coated beads CP24 ..	45
			diltiazem hcl CP12	45
			diltiazem hcl CP24	45
			DIVIGEL GEL (estradiol)	70
			dofetilide	12
			DOJOLVI	95

donepezil hydrochloride TABS ... 100	DROPSAFE SAFETY SYRINGE/NEEDLE 83	dutasteride-tamsulosin hcl 72
donepezil hydrochloride TBDP ... 100	drospirenone-ethinyl estradiol 52	DYMISTA SUSP (azelastine hcl-fluticasone propionate) 94
DORAL (quazepam) 77	drospirenone-ethinyl estradiol-levomefolate calcium 52	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate) 80
dorzolamide hcl 98	DROXIA CAPS 76	EASIVENT MASK LARGE MISC ..85
DORZOLAMIDE HCL 98	droxidopa 110	EASIVENT MASK MEDIUM MISC 85
DORZOLAMIDE HCL-TIMOLOL MAL 95	DRYSOL SOLN 65	EASIVENT MASK SMALL MISC ..85
dorzolamide hcl-timolol maleate .. 95	DUAVEE 70	EASIVENT MISC 85
DOVATO 42	DUET DHA 400 MISC 92	EASY FLOW BLACK/BLUE DEVI .85
DOVONEX CREA (calcipotriene) ..60	DUETACT (pioglitazone hcl-glimepiride) 21	EASY FLOW BLACK/ORANGE DEVI 85
doxazosin mesylate 29	DULCOLAX PINK LAXATIVE TBEC (bisacodyl) 79	EASY FLOW BLACK/RED DEVI ..85
doxepin hcl (antipruritic) 59	DULCOLAX SUPP (bisacodyl) 79	EASY FLOW BLACK/WHITE DEVI
doxepin hcl CAPS 21	DULCOLAX TBEC (bisacodyl) 79	85
doxepin hcl CONC 21	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG 21	EASY FLOW BLACK/YELLOW DEVI 85
doxercalciferol CAPS 68	DUOPA SUSP 39	EASY FLOW WHITE/BLUE DEVI .85
doxycycline (monohydrate) CAPS 105	DUPIXENT SOAJ 200 MG/1.14ML 64	EASY FLOW WHITE/GREEN DEVI 85
doxycycline (monohydrate) SUSR 105	DUPIXENT SOAJ 300 MG/2ML ... 64	EASY FLOW WHITE/PINK DEVI ..85
doxycycline (monohydrate) TABS 150 MG 105	DUPIXENT SOSY 100 MG/0.67ML 64	EASY FLOW WHITE/WHITE DEVI 85
doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG 105	DUPIXENT SOSY 200 MG/1.14ML 64	EASY FLOW WHITE/YELLOW DEVI 85
doxycycline (rosacea) 65	DUREX EXTRA SENSITIVE THIN NEEDLE 80	EASY TOUCH FLIPLOCK NEEDLES 83
doxycycline hyclate CAPS .....105	DUREX EXTRA SENSITIVE THIN MISC 80	EASY TOUCH HYPODERMIC NEEDLE 83
doxycycline hyclate TABS 20 MG, 100 MG 105	DUREX TROPICAL MISC 80	econazole nitrate CREA 58
doxylamine-pyridoxine TBEC .....25	dutasteride 72	ECOZA FOAM 58
DRISDOL CAPS (ergocalciferol) .110		ED BRON GP LIQD 54
dronabinol CAPS 10 MG 25		EDARBI 40 MG 28
dronabinol CAPS 2.5 MG, 5 MG ..25		
DROPLET INSULIN SYRINGE ...83		

EDARBI 80 MG	28	EMBECTA INSULIN SYRINGE U/F . 84	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	15	
EDARBYCLOR	29				
EDURANT	42	EMCYT	34	enoxaparin sodium SOSY 30 MG/0.3ML	15
efavirenz CAPS	42	EMEND BIPACK CAPS 80 MG (aprepitant)	25	enoxaparin sodium SOSY 40 MG/0.4ML	15
efavirenz TABS	42	EMEND SUSR	25	enoxaparin sodium SOSY 60 MG/0.6ML	15
efavirenz-emtricitabine-tenofovir disoproxil fumarate	42	EMFLAZA SUSP (deflazacort)	53	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	15
efavirenz-lamivudine-tenofovir disoproxil fumarate	42	EMFLAZA TABS (deflazacort)	53	entacapone	39
EFFER-K	89	EMGALITY SOAJ	86	entecavir TABS	43
EFFEXOR XR CP24 150 MG (venlafaxine hcl)	21	EMSAM	19	ENTEREG (alvimopan)	71
EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl)	21	emtricitabine CAPS	42	ENTRESTO CPSP	46
EFFIENT (prasugrel hcl)	76	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	42	ENTRESTO TABS	46
EGRIFTA SV	68	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	42	EPCLUSIA PACK	43
ELESTRIN GEL	70	EMTRIVA CAPS (emtricitabine) ...	42	EPCLUSIA TABS 100 MG-400 MG	43
eletriptan hydrobromide	87	EMTRIVA SOLN	42	EPCLUSIA TABS 50 MG-200 MG .	43
ELIDEL (pimecrolimus)	64	enalapril maleate & hydrochlorothiazide	29	EPIDIOLEX	17
ELIGARD SC	34	enalapril maleate TABS	28	EPIDUO FORTE GEL (adapalene- benzoyl peroxide)	57
ELIMITE CREA (permethrin)	65	ENBRACE HR	92	EPIDUO GEL (adapalene-benzoyl peroxide)	57
ELIQUIS DVT/PE STARTER PACK TBPK	15	ENBREL MINI SOCT	5	EPIFOAM FOAM	62
ELIQUIS TABS	15	ENBREL SOLN	6	epinastine hcl (ophth)	98
ELLA	53	ENBREL SOSY 25 MG/0.5ML	6	epinephrine (anaphylaxis) SOAJ .	110
ELMIRON CAPS	72	ENBREL SOSY 50 MG/ML	6	EPIVIR SOLN (lamivudine)	42
ELOCTATE 250 UNIT, 500 UNIT, 750 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	74	ENBREL SURECLICK SOAJ	6	EPIVIR TABS (lamivudine)	42
ELOCTATE 4000 UNIT, 5000 UNIT, 6000 UNIT	74	ENCARE SUPP 100 MG	109	eplerenone	31
EMBECTA INS SYR U/F 1/2 UNIT 83		ENDOMETRIN INST	110	EPZICOM (abacavir sulfate- lamivudine)	42
		enoxaparin sodium SOLN IJ 300 MG/3ML	15	EQ SPACE CHAMBER ANTI- STATIC DEVI	85

EQ SPACE CHAMBER ANTI-STATIC L DEVI	85	escitalopram oxalate SOLN	20	etonogestrel-ethinyl estradiol	53
EQ SPACE CHAMBER ANTI-STATIC M DEVI	85	escitalopram oxalate TABS 10 MG, 20 MG	20	etoposide CAPS	39
EQ SPACE CHAMBER ANTI-STATIC S DEVI	85	escitalopram oxalate TABS 5 MG	20	etravirine	42
EQUETRO	40	ESGIC TABS (butalbital-acetaminophen-caffeine)	6	EUCRISA	65
ergocalciferol CAPS	110	ESPEROCT	74	EULEXIN	34
ergoloid mesylates TABS	102	estazolam	77	EVAMIST SOLN	70
ERGOMAR SUBL	87	ESTRACE CREA (estradiol vaginal) . 109		everolimus (immunosuppressant)	89
ergotamine w/ caffeine TABS	87	ESTRACE TABS (estradiol)	70	everolimus TABS	36
ERIVEDGE	34	estradiol & norethindrone acetate TABS	70	everolimus TBSO	36
ERLEADA 240 MG	34	estradiol GEL	70	EVISTA (raloxifene hcl)	68
ERLEADA 60 MG	34	estradiol PTTW	70	EVOTAZ	42
erlotinib hcl	33	estradiol PTWK	70	EVOXAC (cevimeline hcl)	90
ERTACZO	58	estradiol TABS	70	EVRYSDI	95
ERYGEL GEL (erythromycin (acne aid))	57	estradiol vaginal CREA	109	EXELDERM CREA (sulconazole nitrate)	58
ERYPED 200 SUSR (erythromycin ethylsuccinate)	80	estradiol vaginal TABS	109	EXELDERM SOLN	58
ERYPED 400 SUSR (erythromycin ethylsuccinate)	80	estradiol valerate	70	EXELON (rivastigmine)	100
erythromycin (acne aid) GEL	57	ESTRING RING	110	exemestane	34
erythromycin (acne aid) SOLN	57	ESTROGEL GEL (estradiol)	70	EXFORGE 10 MG-160 MG (amlodipine besylate-valsartan)	30
erythromycin (ophth)	96	eszopiclone	77	EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (amlodipine besylate-valsartan)	29
ERYTHROMYCIN	96	ethacrynic acid	67	EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)	30
erythromycin base CPEP	80	ethambutol hcl TABS	32	EXODERM	58
erythromycin base TABS	80	ethosuximide CAPS	19	ezetimibe	27
erythromycin base TBEC	80	ethosuximide SOLN	19	ezetimibe-simvastatin	26
erythromycin ethylsuccinate SUSR	80	ethynodiol diacet & eth estrad	52	FABHALTA	75
erythromycin ethylsuccinate TABS	80	etodolac CAPS	5	FABIOR FOAM	57
		etodolac TABS	5	famciclovir	44
		etodolac TB24	5	famotidine SUSR	107

famotidine TABS 40 MG	107	27		50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine) ..	
FANTASY LUBRICATED MISC ...	80		fenofibrate TABS 48 MG	27	9
FANTASY LUBRICATED/SPERMICIDE MISC			fenofibrate TABS 54 MG	27	
80			fenofibric acid 105 MG	27	75
FARXIGA	23		fenoprofen calcium TABS	5	32
FASENRA PEN SOAJ	12		FENSOLVI (6 MONTH) SC	68	97
FASENRA SOSY 10 MG/0.5ML ...	12		fentanyl citrate LPOP 1600 MCG ...	8	flavoxate hcl
FASENRA SOSY 30 MG/ML	12		fentanyl citrate LPOP 200 MCG, 400		109
FC2 FEMALE CONDOM	80		MCG, 600 MCG, 800 MCG, 1200		flecainide acetate
febuxostat 40 MG	73		MCG	8	12
febuxostat 80 MG	73		fentanyl PT72 12 MCG/HR, 25		FLEXICHAMBER DEVI
FEIBA	74		MCG/HR, 50 MCG/HR, 75 MCG/HR,		85
felbamate SUSP	18		100 MCG/HR	8	FLONASE ALLERGY REL
felbamate TABS	18		fentanyl PT72 37.5 MCG/HR, 62.5		CHILDRENS SUSP (fluticasone
FELBATOL SUSP (felbamate)	18		MCG/HR, 87.5 MCG/HR	8	propionate (nasal))
FELBATOL TABS (felbamate)	18		FERRIPROX SOLN	24	94
FELDENE CAPS 10 MG (piroxicam) .	5		FERRIPROX TABS 500 MG		FLONASE ALLERGY RELIEF SUSP
			(deferiprone)	24	(fluticasone propionate (nasal)) ....94
FELDENE CAPS 20 MG (piroxicam) .	5		fesoterodine fumarate	108	FLORAFOL PEDIATRIC CHEW ..91
felodipine 10 MG	45		FETZIMA CP24 20 MG	21	FLORAFOL PEDIATRIC SOLN ... 91
felodipine 2.5 MG, 5 MG	45		FETZIMA CP24 40 MG, 80 MG, 120		FLORIVA
FEMARA (letrozole)	34		MG	21	91
FEMCAP DEVI	80		FETZIMA TITRATION C4PK	21	FLORIVA PLUS SOLN
FEMRING	110		FIBRICOR 105 MG (fenofibric acid)		91
fenofibrate CAPS	27		27		FLOWFLEX PLUS COVID-19/FLU
fenofibrate micronized 130 MG, 200			FIBRYGA	74	A/B
MG	27		FINACEA FOAM	65	65
fenofibrate micronized 43 MG, 67			FINACEA GEL (azelaic acid)	65	FLUBLOK SOSY
MG, 134 MG	27		finasteride	72	109
fenofibrate TABS 145 MG, 160 MG			fingolimod hcl	102	FLUCELVAX SUSP
			FIORICET CAPS (butalbital-		109
			acetaminophen-caffeine)	6	fluconazole SUSR
			flucytosine		25
			fludrocortisone acetate TABS ..		25
			FLUMIST		25
			FLUMIST QUADRIVALENT		54
			fluocinolone acetonide (otic) ..		109
			99		

fluocinolone acetonide CREA	63	fluticasone furoate-vilanterol	14	(fluorometholone (ophth))	97
fluocinolone acetonide OIL	63	fluticasone propionate (inhalation)		FOCALIN TABS	
fluocinolone acetonide OINT	63	AEPB 100 MCG/ACT	13	(dexmethylphenidate hcl)	2
fluocinolone acetonide SOLN	63	fluticasone propionate (inhalation)		FOCALIN XR CP24	
fluocinonide CREA	63	AEPB 250 MCG/ACT	13	(dexmethylphenidate hcl)	2
fluocinonide emulsified base	63	fluticasone propionate (inhalation)		folic acid TABS 1 MG	76
fluocinonide GEL	63	AEPB 50 MCG/ACT	13	folic acid TABS 400 MCG, 800 MCG .	
fluocinonide OINT	63	fluticasone propionate (nasal) SUSP .	95	76	
fluocinonide SOLN	63	fluticasone propionate CREA 0.05 %		FOLIVANE-OB	92
fluorometholone (ophth) SUSP	97	63		fondaparinux sodium 10 MG/0.8ML	
fluorouracil (topical) CREA 0.5 % ..	59	fluticasone propionate hfa 110		15	
fluorouracil (topical) CREA 5 % ..	59	MCG/ACT, 220 MCG/ACT	13	fondaparinux sodium 2.5 MG/0.5ML,	
fluorouracil (topical) SOLN	59	fluticasone propionate hfa 44		7.5 MG/0.6ML	15
fluoxetine hcl (pmdd) TABS	102	MCG/ACT	14	fondaparinux sodium 5 MG/0.4ML .15	
fluoxetine hcl CAPS 10 MG, 20 MG	20	fluticasone propionate LOTN	63	formoterol fumarate NEBU	14
fluoxetine hcl CAPS 40 MG	20	fluticasone propionate OINT	63	FORTESTA GEL TD (testosterone)	
fluoxetine hcl CPDR	20	fluticasone-salmeterol AEPB 100		10	
fluoxetine hcl SOLN	20	MCG/ACT-50 MCG/ACT, 250		FOSAMAX TABS 70 MG	
FLUOXETINE HCL TABS (fluoxetine		MCG/ACT-50 MCG/ACT, 500		(alendronate sodium)	67
hcl)	20	fluticasone-salmeterol AERO	14	fosamprenavir calcium TABS	42
fluoxetine hcl TABS 10 MG	20	fluvastatin sodium CAPS	27	fosfomycin tromethamine	31
fluoxetine hcl TABS 20 MG, 60 MG	20	fluvastatin sodium TB24	27	fosinopril sodium &	
fluphenazine hcl CONC	41	fluvoxamine maleate CP24 100 MG		hydrochlorothiazide	30
fluphenazine hcl ELIX	41	20	fosinopril sodium	28	
fluphenazine hcl TABS	41	fluvoxamine maleate CP24 150 MG		FOSRENOL PACK	72
flurazepam hcl 15 MG	77	20	FRAGMIN SOLN 95000 UNIT/3.8ML		
flurazepam hcl 30 MG	77	fluvoxamine maleate TABS 100 MG .	20	15	
flurbiprofen sodium	98	20	FRAGMIN SOSY 10000 UNIT/ML .15		
flurbiprofen TABS	5	fluvoxamine maleate TABS 25 MG,		FRAGMIN SOSY 12500 UNIT/0.5ML,	
		50 MG	20	15000 UNIT/0.6ML	15
		FLUZONE HIGH-DOSE SUSY ...	109	FRAGMIN SOSY 18000 UNT/0.72ML	
				.....	15
		FML FORTE SUSP	97	FRAGMIN SOSY 2500 UNIT/0.2ML,	
		FML LIQUIFILM SUSP		5000 UNIT/0.2ML	15

FRAGMIN SOSY 7500 UNIT/0.3ML 15	GATTEX .....72	GLUCAGON EMERGENCY .....22
FREESTYLE INSULINX TEST STRP.....65	gefitinib .....34	GLUCOTROL XL TB24 (glipizide) .23
FREESTYLE LITE KIT .....82	GELFILM .....98	glutamine (sickle cell) .....76
FREESTYLE LITE TEST STRP ...65	gemfibrozil TABS .....27	glyburide micronized 1.5 MG, 3 MG, 6 MG .....23
FREESTYLE PRECISION NEO SYSTEM KIT .....82	GENERESS FE (norethindrone & ethinyl estradiol-fe) .....52	glyburide TABS .....23
FREESTYLE PRECISION NEO TEST STRP .....65	gentamicin sulfate (ophth) SOLN ..96	glyburide-metformin .....21
FREESTYLE TEST STRP .....65	gentamicin sulfate (topical) CREA .58	GLYCATE TABS .....107
frovatriptan succinate .....87	gentamicin sulfate (topical) OINT ..58	glycopyrrolate SOLN PO 1 MG/5ML . 107
furosemide SOLN PO 8 MG/ML, 10 MG/ML .....67	GENVOYA .....42	glycopyrrolate TABS 1 MG, 2 MG 107
furosemide TABS .....67	GEODON 20 MG, 40 MG (ziprasidone hcl) .....40	GLYCOPYRROLATE TABS .....107
FUZEON SOLR .....42	GEODON 60 MG, 80 MG (ziprasidone hcl) .....40	GLYNASE (glyburide micronized) 23
FYCOMPA SUSP .....16	GILOTRIF .....34	GLYXAMBI .....21
FYCOMPA TABS 2 MG .....16	GILPHEX TR TABS 10 MG-388 MG . 54	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ...78
FYCOMPA TABS 4 MG .....16	GILTUSS COUGH & COLD TABS 54	gransitron hcl TABS .....24
FYCOMPA TABS 6 MG .....16	GILTUSS SINUS & CONGESTION TABS .....54	griseofulvin microsize SUSP .....25
FYCOMPA TABS 8 MG, 10 MG, 12 MG .....16	glatiramer acetate SOSY 20 MG/ML . 102	griseofulvin microsize TABS .....25
gabapentin CAPS .....17	glatiramer acetate SOSY 40 MG/ML . 102	griseofulvin ultramicrosize .....25
gabapentin SOLN .....17	GLENMAX PEB LIQD .....54	guaifenesin TABS 400 MG .....55
gabapentin TABS 600 MG, 800 MG 17	GLEOSTINE 10 MG, 40 MG, 100 MG.....32	guaifenesin-codeine SOLN .....54
GALAFOLD .....68	glimepiride 1 MG, 2 MG, 4 MG ....23	guanfacine hcl (adhd) .....1
galantamine hydrobromide CP24 100	glipizide TABS .....23	guanfacine hcl .....29
galantamine hydrobromide SOLN 100	glipizide TB24 .....23	GUM BASE (GELATIN) .....100
galantamine hydrobromide TABS 100	glipizide-metformin hcl .....21	GYZOLE-1 .....109
GALZIN .....89	GLOBAL EASY GLIDE INSULIN SYR .....84	HADLIMA PUSHTOUCH SOAJ ....3
gatifloxacin (ophth) .....96		HADLIMA SOSY .....3
		HAEGARDA SOLR SC .....75
		HALCION 0.25 MG (triazolam) ....77

halobetasol propionate CREA	63	HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	3	hydrocodone bitartrate CP12	8
halobetasol propionate OINT	63	HUMIRA (2 SYRINGE) PSKT	3	hydrocodone bitartrate T24A	8
haloperidol lactate CONC	40	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	hydrocodone bitartrate-homatropine methylbromide SOLN	54
haloperidol TABS	40	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	hydrocodone polistirex-chlorpheniramine polistirex SUER	54
HELIDAC THERAPY	108	HUMIRA-PED<40KG CROHNS STARTER PSKT	4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	9
HEMANGEOL SOLN PO	45	HUMIRA-PED>/=40KG CROHNS START PSKT	4	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	9
HEMLIBRA	74	HUMIRA-PED>/=40KG UC STARTER AJKT	4	hydrocodone-acetaminophen TABS 300 MG-7.5 MG	9
HEMOFIL M SOLR 1700 UNIT	74	HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	9
HUMALOG JUNIOR KWIKPEN SOPN	22	HUMIRA-PSORIASIS/UVEIT STARTER AJKT	4	hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG	9
HUMALOG KWIKPEN SOPN 100 UNIT/ML	22	HUMULIN 70/30 KWIKPEN SUPN 23		hydrocodone-ibuprofen 5 MG-200 MG	9
HUMALOG KWIKPEN SOPN 200 UNIT/ML	22	HUMULIN 70/30 SUSP	23	hydrocortisone (intrarectal)	11
HUMALOG MIX 50/50 KWIKPEN SUPN	22	HUMULIN N KWIKPEN SUPN	23	hydrocortisone (rectal) EX 2.5 % ..	11
HUMALOG MIX 50/50 SUSP	22	HUMULIN N SUSP	23	hydrocortisone (topical) CREA 2.5 % ..	
HUMALOG MIX 75/25 KWIKPEN SUPN	22	HUMULIN R SOLN IJ	23	hydrocortisone (topical) SC 63 ..	
HUMALOG MIX 75/25 SUSP	22	HUMULIN R U-500		hydrocortisone (topical) LOTN 2 % ..	
HUMALOG SOCT	22	(CONCENTRATED) SOLN SC	23	63	
HUMALOG SOLN IJ	22	HUMULIN R U-500 KWIKPEN SOPN SC	23	hydrocortisone (topical) LOTN 2.5 % ..	
HUMATE-P SOLR	74	HYCAMTIN CAPS	39	63	
HUMATIN	2	HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	54	hydrocortisone (topical) OINT 2.5 % ..	
HUMATROPE CART IJ	68	HYDREA (hydroxyurea)	38	63	
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	3	hydrochlorothiazide CAPS	67	hydrocortisone (topical) SOLN 2.5 % ..	
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	3	hydrochlorothiazide TABS	67	63	
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	3	hydrocortisone butyrate CREA	63		
		hydrocortisone butyrate hydrophilic lipo base	63		

hydrocortisone butyrate LOTN	63	IBRANCE CAPS	36	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate)	87
hydrocortisone butyrate OINT	63	IBRANCE TABS	36	IMITREX TABS (sumatriptan succinate)	87
hydrocortisone butyrate SOLN	63	ibuprofen TABS 400 MG, 600 MG, 800 MG	5	IMODIUM A-D CAPS (loperamide hcl)	24
hydrocortisone TABS	53			IMPAVIDO	31
hydrocortisone valerate CREA	63	icatibant acetate SOSY	75	IMURAN TABS (azathioprine)	89
hydrocortisone valerate OINT	63	ICLUSIG	36	INBRIJA CAPS	39
hydrocortisone w/acetic acid	99	icosapent ethyl	26	IN-CHECK DIAL FLOW TRAINER DEVI	85
hydromorphone hcl LIQD	8	IDELVION	74	IN-CHECK INSPIRATORY FLOW MTR DEVI	85
hydromorphone hcl TABS	8	IDHIFA	36	INCRELEX	68
hydromorphone hcl TB24 32 MG ...	8	ILEVRO	98	INCRUSE ELLIPTA	13
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	8	imatinib mesylate TABS 100 MG ..	36	indapamide TABS 1.25 MG, 2.5 MG .	
hydroxychloroquine sulfate 200 MG 32		imatinib mesylate TABS 400 MG ..	36	INDERAL LA CP24 (propranolol hcl) .	
hydroxyurea	38	IMBRUICA CAPS 140 MG	36	45	
hydroxyzine hcl SYRP	11	IMBRUICA CAPS 70 MG	36	INDERAL XL	45
hydroxyzine hcl TABS	11	IMBRUICA SUSP	36	indomethacin CAPS 25 MG, 50 MG 5	
hydroxyzine pamoate CAPS	11	IMBRUICA TABS	36	indomethacin CPCR	5
hyoscyamine sulfate SUBL 0.125 MG	107	imipramine hcl TABS 10 MG, 25 MG .		indomethacin SUPP	5
hyoscyamine sulfate TABS 0.125 MG	107	21		indomethacin SUSP	5
hyoscyamine sulfate TB12 0.375 MG 107		imipramine hcl TABS 50 MG	21	INGREZZA CAPS 40 MG	101
hyoscyamine sulfate TBDP 0.125 MG	107	imipramine pamoate	21	INGREZZA CAPS 60 MG	101
HYPERSAL NEBU (sodium chloride (inhalant))	55	imiquimod 5 %	64	INGREZZA CAPS 80 MG	101
HYPERSAL NEBU	55	IMITREX 20 MG/ACT (sumatriptan)		INGREZZA CPPK	101
HYSINGLA ER T24A	8	87		INGREZZA CPSP	101
HYZAAR (losartan potassium & hydrochlorothiazide)	30	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (sumatriptan succinate) .		INLYTA	33
ibandronate sodium TABS	67	87		INNOPRAN XL	45
		IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (sumatriptan succinate)	87	INQOVI	35

INREBIC	36	ISOPTO ATROPINE SOLN	96	JANUMET TABS	21
INSPIRACHAMBER/LARGE DEVI	85	ISORDIL TITRADOSE TABS 5 MG (isosorbide dinitrate)	11	JANUMET XR TB24 1000 MG-100 MG	21
INSPIRACHAMBER/MEDIUM DEVI . 85		isosorbide dinitrate TABS 40 MG ..	11	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	21
INSPIRACHAMBER/MOUTHPIECE DEVI	85	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	11	JANUVIA	22
INSPIRACHAMBER/SMALL DEVI	86	isosorbide dinitrate-hydralazine hcl 46		JARDIANCE	23
INSPIREASE MISC	86	isosorbide mononitrate TABS	11	JIVI 4000 UNIT	74
INSPRA (eplerenone)	31	ISOSORBIDE MONONITRATE TABS	11	JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	74
INSULIN LISPRO PROT & LISPRO SUPN	23	isosorbide mononitrate TB24	11	JULUCA	42
INTELENCE (etravirine)	42	isotretinoin 10 MG, 25 MG	57	JUXTAPID 10 MG, 20 MG, 30 MG	27
INTELENCE 25 MG	42	isotretinoin 20 MG	57	JUXTAPID 5 MG	27
INTRAROSA	109	isotretinoin 30 MG	57	JYNARQUE TBPK	69
INTUNIV (guanfacine hcl (adhd))	1	isotretinoin 35 MG, 40 MG	57	KALETRA SOLN (lopinavir-ritonavir) . 42	
INVEGA (paliperidone)	40	isradipine CAPS	45	KALETRA TABS (lopinavir-ritonavir) . 42	
iodine strong (lugol's)	88	ISTALOL SOLN (timolol maleate (ophth))	95	KALYDECO PACK	105
idoquinol-hydrocortisone in aloe vehicle	58	itraconazole CAPS	25	KALYDECO TABS	105
IOPIDINE	96	itraconazole SOLN	25	KAMELEON LUBRICATED MISC	.80
ipratropium bromide (nasal)	94	ivabradine hcl TABS	48	KCENTRA	74
ipratropium bromide SOLN 0.02 %	13	ivermectin (pediculicide)	65	KENALOG AERS (triamcinolone acetonide (topical))	63
ipratropium-albuterol SOLN	14	ivermectin (rosacea)	65	KEPPRA SOLN PO 100 MG/ML (levetiracetam)	17
irbesartan	28	ivermectin	11	KEPPRA TABS 1000 MG (levetiracetam)	17
irbesartan-hydrochlorothiazide	30	IXINITY SOLR	74	KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)	17
IRESSA (gefitinib)	34	JADENU SPRINKLE PACK (deferasirox)	24	KEPPRA XR TB24 (levetiracetam) 17	
ISENTRESS CHEW	42	JADENU TABS (deferasirox)	24	ketoconazole (topical) CREA	58
ISENTRESS HD TABS	42	JAKAFI	36	ketoconazole (topical) FOAM	58
ISENTRESS TABS	42	JALYN (dutasteride-tamsulosin hcl) . 72			
isoniazid SYRP	32				
isoniazid TABS	32				

ketoconazole (topical) SHAM 2 %	.58	KLARITY-A	96	lactulose SOLN	78
ketoconazole	25	KLARON (sulfacetamide sodium (acne))	57	LAGEVRIO	44
KETONE TEST STRP	66	KLEAR GUMMY BASE	100	LAMICTAL CHEW (lamotrigine) ...	17
ketoprofen CP24	5	KLONOPIN TABS (clonazepam) ..	16	LAMICTAL ODT KIT (lamotrigine) .	17
ketorolac tromethamine (ophth) ...	98	KLOXXADO LIQD	24	LAMICTAL ODT TBDP (lamotrigine) .	17
ketorolac tromethamine TABS	5	KOATE SOLR	74	LAMICTAL TABS (lamotrigine) ...	17
KETOSTIX STRP	66	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	74	LAMICTAL XR KIT	17
KEVZARA SOAJ	4	KOGENATE FS KIT	74	lamivudine (hbv) TABS	43
KEVZARA SOSY	4	KOSELUGO	37	lamivudine SOLN	42
KIMONO COLORS DEVI	80	KOVALTRY	74	lamivudine TABS	42
KIMONO MAXX-LARGE FLARE MISC	80	K-PHOS NO 2	72	lamivudine-zidovudine	42
KIMONO MICRO THIN MISC	80	K-PHOS TABS (potassium phosphate monobasic)	88	lamotrigine CHEW	17
KIMONO MICRO THIN PLUS MISC .	80	K-PHOS-NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	88	lamotrigine KIT 25 MG	17
KIMONO MISC	81	KRINTAFEL	32	lamotrigine KIT	17
KIMONO PLUS MISC	80	K-TAB TBCR 10 MEQ (potassium chloride)	89	lamotrigine TABS	17
KIMONO PS MISC	80	KUVAN PACK (sapropterin dihydrochloride)	68	lamotrigine TB24 25 MG	17
KIMONO PS PLUS MISC	80	KUVAN TABS (sapropterin dihydrochloride)	68	lamotrigine TB24 300 MG	17
KIMONO SENSATION MISC	81	K-Y ME & YOU EXTRA		lamotrigine TBDP	17
KIMONO SENSATION PLUS MISC	80	LUBRICATED DEVI	81	LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)	46
KIMONO SPECIAL DEVI	81	K-Y ME & YOU INTENSE DEVI ...	81	lansoprazole CPDR	108
KISQALI (200 MG DOSE)	36	labetalol hcl TABS 100 MG, 200 MG, 300 MG	44	lansoprazole TBDD 15 MG	108
KISQALI (400 MG DOSE)	36	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	17	lansoprazole TBDD 30 MG	108
KISQALI (600 MG DOSE)	36	lacosamide TABS	17	lanthanum carbonate CHEW 1000 MG	72
KISQALI FEMARA (200 MG DOSE)	35	lactulose (encephalopathy)	71	lanthanum carbonate CHEW 500 MG	72
KISQALI FEMARA (400 MG DOSE)	35	lactulose SOLN	78	lanthanum carbonate CHEW 750 MG	72

LANTUS SOLN	23	levetiracetam TABS 250 MG, 500 MG, 750 MG	17	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	106
LANTUS SOLOSTAR SOPN	23	levetiracetam TB24	17		
lapatinib ditosylate	37	LEVETIRACETAM TB3D	17		
LASIX TABS (furosemide)	67	levobunolol hcl 0.5 %	95	LEVSIN TABS (hyoscyamine sulfate)	107
LASTACRAFT	98	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	68	LEVSIN/SL SUBL (hyoscyamine sulfate)	107
LATANOPROST SOLN	99	levocarnitine (metabolic modifiers)		LEXAPRO TABS 10 MG, 20 MG (escitalopram oxalate)	20
leflunomide 10 MG	5	TABS	68	LEXAPRO TABS 5 MG (escitalopram oxalate)	20
leflunomide 20 MG	5	levofloxacin (ophth) 1.5 %	96	LEXIVA TABS (fosamprenavir calcium)	42
lenalidomide	89	levofloxacin SOLN PO	70	LIBRAX (chlordiazepoxide hcl-clidinium bromide)	107
LENVIMA (10 MG DAILY DOSE) ..	33	levofloxacin TABS	70	lidocaine hcl (mouth-throat) 2 % ..	90
LENVIMA (12 MG DAILY DOSE) ..	33	levonorgestrel & eth estradiol TABS		lidocaine PTCH 5 %	64
LENVIMA (14 MG DAILY DOSE) ..	33	52		lidocaine-prilocaine CREA	64
LENVIMA (18 MG DAILY DOSE) ..	33	levonorgestrel (emergency oc) 1.5 MG	53	LIDODERM PTCH (lidocaine)	64
LENVIMA (20 MG DAILY DOSE) ..	33	levonorgestrel-eth estradiol		linezolid SUSR	31
LENVIMA (24 MG DAILY DOSE) ..	33	(triphasic)	52	linezolid TABS	31
LENVIMA (4 MG DAILY DOSE) ..	33	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	52	LINZESS	71
LENVIMA (8 MG DAILY DOSE) ..	33	levonorgestrel-ethinyl estradiol (continuous)	52	liothyronine sodium TABS 25 MCG, 50 MCG	106
LESCOL XL TB24 (fluvastatin sodium)	27	levonorgestrel-ethinyl estradiol-iron		liothyronine sodium TABS 5 MCG	
LETAIRIS (ambrisentan)	47	52	106	106	
letrozole	34	levorphanol tartrate TABS	8	LIPITOR TABS (atorvastatin calcium)	27
leucovorin calcium TABS	38	levothyroxine sodium CAPS 125 MCG	106	LIPOFEN CAPS (fenofibrate)	27
LEUKERAN	32	106	liraglutide	22	
levalbuterol hcl	14	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	106	lisdexamphetamine dimesylate CAPS 1	
levalbuterol tartrate	14	levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	106	lisdexamphetamine dimesylate CHEW .	1
LEVIBID TB12 (hyoscyamine sulfate) 107		106			
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	17				
levetiracetam TABS 1000 MG	17				

lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	30	LOPROX SUSP (ciclopirox olamine) . 58	LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium)	16	
lisinopril & hydrochlorothiazide 25 MG-20 MG	30	lorazepam CONC	12	LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium)	16
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	28	lorazepam TABS	12	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ...	16
lisinopril TABS 40 MG	28	LORBRENA	37	loxapine succinate	40
lithium	40	losartan potassium & hydrochlorothiazide	30	lubiprostone	71
lithium carbonate CAPS 150 MG, 600 MG	40	losartan potassium	28	LUMAKRAS 120 MG, 240 MG	37
lithium carbonate CAPS 300 MG ..	40	LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	52	LUMAKRAS 320 MG	37
lithium carbonate TABS	40	LOTEMAX OINT	97	LUMIGAN SOLN 0.01 %	99
lithium carbonate TBCR	40	LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl)	28	LUNESTA (eszopiclone)	77
LITHOBID TBCR (lithium carbonate) . 40		LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) ..	30	LUPRON DEPOT (1-MONTH) KIT IM	34
LITHOSTAT	73	loteprednol etabonate GEL	97	LUPRON DEPOT-PED (1-MONTH) 7.5 MG	68
LO LOESTRIN FE TABS	52	loteprednol etabonate SUSP 0.2 %		lurasidone hcl	40
LOCOID LIPOCREAM	63	97		LYNPARZA TABS	37
LODINE TABS (etodolac)	5	loteprednol etabonate SUSP 0.5 %		LYRICA CAPS 225 MG, 300 MG (pregabalin)	17
lofexidine hcl	100	97		LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin)	17
LOHIST-DM SYRP	54	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) ..		LYRICA SOLN (pregabalin)	17
LOKELMA	90	30		LYSODREN	34
LOMOTIL TABS (diphenoxylate w/ atropine)	24	lovastatin TABS 10 MG, 20 MG ...	27	MACROBID (nitrofurantoin monohyd macro)	31
LONSURF	35	lovastatin TABS 40 MG	27	MACRODANTIN (nitrofurantoin macrocrystal)	32
loperamide hcl CAPS	24	LOVAZA (omega-3-acid ethyl esters)		mafenide acetate PACK	61
LOPID TABS (gemfibrozil)	27	.....	26	MALARONE (atovaquone-proguanil hcl)	32
lopinavir-ritonavir SOLN	42	LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)	15	malathion	65
lopinavir-ritonavir TABS	42	LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium)	16	maraviroc TABS	42
LOPRESSOR TABS (metoprolol tartrate)	44	LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium)	16		
LOPROX SHAM (ciclopirox)	58				

MAR-COF BP	54	(methylprednisolone)	53	MENOSTAR PTWK	70
MAR-COF CG EXPECTORANT LIQD	54	MEDROL TABS	53	meperidine hcl SOLN PO 50 MG/5ML	8
MARINOL CAPS 2.5 MG, 5 MG (dronabinol)	25	MEDROL TBPK (methylprednisolone)	53	meperidine hcl TABS 50 MG	8
MARPLAN	19	medroxyprogesterone acetate 10 MG	100	mercaptopurine SUSP 2000 MG/100ML	33
MATULANE	38	medroxyprogesterone acetate 2.5 MG, 5 MG	100	mercaptopurine TABS	33
MAVYRET TABS	43	mefenamic acid CAPS	5	mesalamine CP24	71
MAXALT TABS 10 MG (rizatriptan benzoate)	87	mefloquine hcl	32	mesalamine CPCR	71
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	87	megestrol acetate (appetite)	100	mesalamine CPDR	71
MAXIDEX SUSP OP	97	megestrol acetate SUSP	34	mesalamine ENEM	71
MAXITROL OINT (neomycin-polymyxin-dexameth)	97	megestrol acetate TABS	34	mesalamine SUPP	71
MAXITROL SUSP (neomycin-polymyxin-dexameth)	97	MEKINIST SOLR	37	mesalamine TBEC 1.2 GM	71
MAXI-TUSS PE MAX LIQD	54	MEKINIST TABS	37	mesalamine TBEC 800 MG	71
MAXX MISC	81	MEKTOVI	37	mesna TABS	38
MAXX PLUS MISC	81	meloxicam CAPS 10 MG	5	MESNEX TABS	39
MAXZIDE TABS (triamterene & hydrochlorothiazide)	67	meloxicam CAPS 5 MG	5	MESTINON TABS (pyridostigmine bromide)	32
MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	66	meloxicam TABS 15 MG	5	METADATE CD CPCR (methylphenidate hcl)	2
MAYZENT STARTER PACK TBPK 0.25 MG	102	meloxicam TABS 7.5 MG	5	metaxalone 800 MG	93
MAYZENT TABS 0.25 MG	102	melphalan	32	metformin hcl SOLN	22
MAYZENT TABS 1 MG	102	memantine hcl CP24	100	metformin hcl TABS 500 MG, 850 MG, 1000 MG	22
MAYZENT TABS 2 MG	102	memantine hcl SOLN 2 MG/ML ..	101	metformin hcl TB24 500 MG, 750 MG	22
meclizine hcl CHEW	24	memantine hcl TABS 10 MG	101	methadone hcl CONC	8
meclizine hcl TABS 50 MG	24	memantine hcl TABS 5 MG	101	methadone hcl SOLN PO	8
meclofenamate sodium CAPS	5	memantine hcl TABS	101	methadone hcl TABS	8
MEDROL TABS 4 MG, 8 MG, 16 MG		memantine hcl-donepezil hcl CP24 100	55	methadone hcl TBSO	8
		M-END PE LIQD	55	METHADOSE CONC (methadone hcl)	8
		MENEST 0.3 MG, 0.625 MG, 1.25 MG	70		
		MENEST 2.5 MG	70		

METHADOSE SUGAR-FREE CONC (methadone hcl)	8	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 72 MG	2	metyrosine	28
methamphetamine hcl	1	methylphenidate hcl TBCR 20 MG ..	2	mexiletine hcl	12
methazolamide TABS	66	methylphenidate hcl TBCR 54 MG ..	2	MG217 PSORIASIS MULTI-SYMPTOM OINT	64
methenamine hippurate	32	methylphenidate PTCH	2	MIACALCIN IJ (calcitonin (salmon))	
methenamine mandelate	32	methylprednisolone TABS	53	67	
methimazole TABS	106	methylprednisolone TBPK	53	MICARDIS 20 MG, 40 MG (telmisartan)	28
methocarbamol TABS 500 MG, 750 MG	93	methyltestosterone CAPS	10	MICARDIS 80 MG (telmisartan) ...	28
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	33	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	71	MICARDIS HCT (telmisartan- hydrochlorothiazide)	30
methotrexate sodium TABS 2.5 MG 33		metoclopramide hcl TABS	71	MICROCHAMBER DEVI	86
methoxsalen rapid	60	metoclopramide hcl TBDP	71	MICROCHAMBER MISC	86
methscopolamine bromide	107	metolazone	67	MICROSPACER MISC	86
methsuximide	19	METOPIRONE	65	midazolam hcl SYRP	77
methyldopa TABS	29	metoprolol & hydrochlorothiazide TABS	30	midodrine hcl	110
methylergonovine maleate TABS ..	99	metoprolol succinate TB24	44	MIFEPREX (mifepristone)	69
METHYLIN SOLN (methylphenidate hcl)	2	metoprolol tartrate TABS	44	mifepristone	69
methylphenidate hcl CHEW	2	METROCREAM CREA (metronidazole (topical))	65	miglitol	21
methylphenidate hcl CP24 60 MG ..	2	METROGEL GEL 1 % (metronidazole (topical))	65	miglustat	76
methylphenidate hcl CP24	2	METROLOTION LOTN (metronidazole (topical))	65	MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	52
methylphenidate hcl CPCR	2	metronidazole (topical) CREA	65	MINIPRESS CAPS (prazosin hcl) .	29
methylphenidate hcl SOLN	2	metronidazole (topical) GEL 0.75 %		MINIVELLE PTTW (estradiol)	70
methylphenidate hcl TABS 20 MG ..	2	65		minocycline hcl CAPS	105
methylphenidate hcl TABS 5 MG, 10 MG	2	metronidazole (topical) GEL 1 % ..	65	minocycline hcl TABS 50 MG, 100 MG	106
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	2	metronidazole (topical) LOTN	65	minocycline hcl TABS 75 MG	106
methylphenidate hcl TB24 36 MG ..	2	metronidazole CAPS	31	minoxidil 2.5 MG, 10 MG	31
methylphenidate hcl TBCR 10 MG ..	2	metronidazole TABS 250 MG, 500		MIRALAX POWD (polyethylene glycol 3350)	78
methylphenidate hcl TBCR 10 MG ..	2	MG	31	MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	52

mirtazapine TABS	19	MS CONTIN TBCR (morphine sulfate)	8	NALFON TABS 600 MG	5
mirtazapine TBDP	19	MUCINEX D TB12 (pseudoephedrine-guaifenesin) ..	55	naloxone hcl LIQD	24
misoprostol	108	MUCOTROL WAFR	90	naloxone hcl SOSY 2 MG/2ML ..	24
modafinil	2	MULPLETA	76	naltrexone hcl	24
MODERNA COVID-19 VAC 6M-11Y SUSY	109	MULTIVITAMIN + FLUORIDE CHEW 0.5 MG, 1 MG	91	NAMENDA TABS 10 MG (memantine hcl)	101
moexipril hcl	28	MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG	91	NAMENDA TABS 5 MG (memantine hcl)	101
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	43	MULTIVITAMIN/FLUORIDE SOLN 91		NAMENDA TITRATION PAK TABS (memantine hcl)	101
mometasone furoate (nasal) SUSP 95		MULTIVITAMIN/FLUORIDE SOLN 91		NAMENDA XR CP24 (memantine hcl)	101
mometasone furoate CREA	63	MULTI-VIT-FLOR CHEW 0.5 MG, 1 MG	91	NAMZARIC C4PK	101
mometasone furoate OINT	63	mupirocin OINT	58	NAMZARIC CP24 (memantine hcl-donepezil hcl)	101
mometasone furoate SOLN	63	MYALEPT	68	NAMZARIC CP24 7 MG-10 MG ..	101
montelukast sodium CHEW	13	MYAMBUTOL TABS 400 MG (ethambutol hcl)	32	NAPROSYN SUSP (naproxen)	5
montelukast sodium PACK	13	mycophenolate mofetil CAPS	89	NAPROSYN TABS 500 MG (naproxen)	5
montelukast sodium TABS	13	mycophenolate mofetil SUSR	89	naproxen sodium TABS 275 MG, 550 MG	5
MONUROL (fosfomycin tromethamine)	32	mycophenolate mofetil TABS	89	naproxen SUSP	5
morphine sulfate beads	8	mycophenolate sodium	89	naproxen TABS	5
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	8	MYDRIACYL SOLN (tropicamide) ..	96	naratriptan hcl	87
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	8	MYLERAN TABS	32	NARCAN LIQD (naloxone hcl)	24
morphine sulfate SUPP	8	MYSOLINE (primidone)	17	NARDIL (phenelzine sulfate)	19
morphine sulfate TABS	8	MYTESI	23	NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal)) ..	95
morphine sulfate TBCR	8	nabumetone 500 MG	5	NASONEX 24HR SUSP (mometasone furoate (nasal)) ..	95
MOVANTIK	71	nabumetone 750 MG	5	NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG ..	92
moxifloxacin hcl (ophth) SOLN OP 96		nadolol TABS 20 MG, 40 MG, 80 MG	45		
moxifloxacin hcl TABS	70	naftifine hcl CREA 1 %	58		
MRESVIA	109	naftifine hcl CREA 2 %	58		
		naftifine hcl GEL 2 %	58		

NATACYN	96	NEUPRO	39	nifedipine TB24 30 MG, 60 MG	45
NATAZIA	52	NEURONTIN CAPS (gabapentin) .	17	nifedipine TB24	45
nateglinide	23	NEURONTIN SOLN (gabapentin) .	17	NILANDRON (nilutamide)	34
NATPARA	67	NEURONTIN TABS (gabapentin) .	17	nilutamide	34
NAYZILAM	16	NEVANAC	98	nimodipine CAPS	45
nebivolol hcl	44	nevirapine SUSP	42	nimodipine SOLN	45
NEBULIZER CUP/TUBING DEVI .	86	nevirapine TABS	42	NINJACOF-XG LIQD	55
NEBUSAL NEBU	55	nevirapine TB24	42	NINLARO	37
NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	92	NEXAVAR (sorafenib tosylate) ...	37	nisoldipine	46
neomycin sulfate TABS	2	NEXICLON XR TB24 (clonidine) ..	29	nitazoxanide TABS	31
neomycin-bacitracin zn-polymyxin	96	NEXTSTELLIS	52	nitisinone CAPS	68
neomycin-polymy-dexameth OINT	97	niacin (antihyperlipidemic) TABS ..	27	NITRO-BID OINT	11
neomycin-polymy-dexameth SUSP	97	niacin (antihyperlipidemic) TBCR ..	28	NITRO-DUR PT24 (nitroglycerin) ..	11
neomycin-polymyxin-gramicidin	96	nicardipine hcl CAPS	45	NITRO-DUR PT24	11
neomycin-polymyxin-hc (ophth)	97	NICODERM CQ PT24 TD (nicotine) ..	104	nitrofurantoin	32
neomycin-polymyxin-hc (otic) SOLN	99	NICORETTE GUM (nicotine polacrilex)	105	nitrofurantoin macrocrystal	32
neomycin-polymyxin-hc (otic) SUSP	99	NICORETTE LOZG (nicotine polacrilex)	105	nitrofurantoin monohyd macro	32
NEORAL CAPS (cyclosporine modified (for microemulsion))	89	NICORETTE MINI LOZG (nicotine polacrilex)	104	nitroglycerin (intra-anal)	11
NEORAL SOLN (cyclosporine modified (for microemulsion))	90	NICORETTE STARTER KIT GUM (nicotine polacrilex)	105	nitroglycerin PT24	11
NEOTUSS PLUS LIQD	55	NICOTINE KIT	105	nitroglycerin SOLN TL 0.4 MG/SPRAY	11
NERLYNX	37	nicotine polacrilex GUM	105	nitroglycerin SUBL	11
NESTABS	92	nicotine polacrilex LOZG	105	NITROLINGUAL SOLN TL (nitroglycerin)	11
NESTABS DHA	92	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	105	NITROSTAT SUBL (nitroglycerin)	11
NESTABS ONE	92	NICOTROL INHA	105	NIVA THYROID TABS	106
		NICOTROL NS SOLN	105	nizatidine CAPS	107
		nifedipine CAPS	45	NORDITROPIN FLEXPRO SOPN ..	68
				norelgestromin-ethinyl estradiol ..	52
				norethrin acet & estrad-fe CAPS ..	52
				norethrin acet & estrad-fe CHEW ..	52

norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	52	NUCALA SOAJ	13	OB COMPLETE PREMIER	92	
norethindrone & ethinyl estradiol-fe		NUCALA SOLR	13	OB COMPLETE/DHA	92	
norethindrone (contraceptive)	53	NUCALA SOSY 100 MG/ML	13	OBIZUR	75	
norethindrone acet & eth estra TABS		NUCALA SOSY 40 MG/0.4ML	13	OBSTETRIX DHA MISC	92	
52		NUDEXTA	102	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	92	
norethindrone acetate TABS	100	NUPLAZID CAPS	40	OCALIVA 10 MG	70	
norethindrone acetate-ethinyl estradiol	70	NUPLAZID TABS 10 MG	40	OCALIVA 5 MG	70	
norethindrone acetate-ethinyl estradiol-fe	52	NUVARING (etonogestrel-ethinyl estradiol)	53	octreotide acetate SOLN	69	
norgestimate-ethinyl estradiol (triphasic)	52	NUVESSA	109	octreotide acetate SOSY	69	
norgestimate-ethinyl estradiol	52	NUVIGIL (armodafinil)	2	OCUFLOX (ofloxacin (ophth))	96	
NORPACE CR CP12	12	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT		ODEFSEY	42	
NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl)	21	75	NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	75	ODOMZO	34
NORTHERA (droxidopa)	110	NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT	75	OFEV	105	
nortriptyline hcl CAPS	21	NUWIQ SOLR 2500 UNIT, 3000 UNIT, 4000 UNIT	75	ofloxacin (ophth)	97	
nortriptyline hcl SOLN	21	NYSTATIN (nystatin (mouth-throat))	90	ofloxacin (otic)	99	
NORVASC TABS 2.5 MG (amlodipine besylate)	46	nystatin (mouth-throat)	90	ofloxacin 300 MG	70	
NORVASC TABS 5 MG, 10 MG (amlodipine besylate)	46	nystatin (topical) CREA	58	ofloxacin 400 MG	70	
NORVIR PACK	42	nystatin (topical) OINT	58	olanzapine TABS 15 MG, 20 MG ..	40	
NORVIR TABS (ritonavir)	42	nystatin (topical) POWD EX	59	olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	40	
NOVAVAX COVID-19 VACCINE SUSY	109	nystatin TABS	25	olanzapine TBDP	40	
NOVOEIGHT	75	nystatin-triamcinolone CREA	59	olanzapine-fluoxetine hcl	101	
NOVOSEVEN RT	75	nystatin-triamcinolone OINT	59	olmesartan medoxomil 40 MG	28	
NP THYROID TABS	106	NYVEPRIA	76	olmesartan medoxomil 5 MG, 20 MG ..	28	
NUBEQA	34	OB COMPLETE ONE	92	olmesartan medoxomil-amlodipine-hydrochlorothiazide	30	
		OB COMPLETE PETITE	92	olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG ..		

30	OPTICHAMBER DIAMOND DEVI	.86	MG/0.4ML, 20 MG/0.4ML, 22.5	
olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	30	OPTICHAMBER DIAMOND MISC	.86	
olopatadine hcl (nasal)	94	OPTICHAMBER DIAMOND-LG MASK DEVI .....	.86
olopatadine hcl 0.1 %	98	OPTICHAMBER DIAMOND-MD MASK MISC .....	.86
olopatadine hcl 0.2 %	98	OPTICHAMBER DIAMOND-SM MASK MISC .....	.86
OMBRA TABLE TOP COMPRESSOR DEVI	86	OPTIONS GYNOL II CONTRACEPTIVE GEL	109	
omega-3-acid ethyl esters	26	ORACIT	72	
omeprazole CPDR 20 MG, 40 MG 108		ORAL CITRATE	72	
omeprazole magnesium CPDR ..	108	ORAVIG	90	
OMNIFLEX DIAPHRAGM	81	ORENITRAM MONTH 1 TEPK	47	
ondansetron hcl SOLN PO 4 MG/5ML	24	ORENITRAM MONTH 2 TEPK	47	
ondansetron hcl TABS 4 MG, 8 MG 24		ORENITRAM MONTH 3 TEPK	47	
ondansetron TBDP 4 MG, 8 MG ..	24	ORENITRAM TBCR	47	
ONE FLOW SPIROMETER DEVI .	86	ORFADIN CAPS (nitisinone)	68	
ONETOUCH ULTRA 2 KIT	82	ORFADIN SUSP	68	
ONETOUCH ULTRA BLUE TEST STRP	66	ORIAHNN	70	
ONETOUCH ULTRA STRP	66	ORKAMBI PACK	105	
ONETOUCH ULTRA TEST STRP .	66	ORKAMBI TABS	105	
ONETOUCH VERIO FLEX SYSTEM KIT	82	orlistat	1	
ONETOUCH VERIO REFLECT KIT		orphenadrine citrate TB12	93	
82	oseltamivir phosphate CAPS	44		
ONETOUCH VERIO STRP	66	oseltamivir phosphate SUSR	44	
ONUREG TABS	33	OSMOPREP .....	.78
OPILL	53	OSPHENA .....	.68
OPSUMIT	47	OTEZLA TABS .....	.5
		OTEZLA TBPK .....	.5
		OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5		
			MG/0.4ML, 20 MG/0.4ML, 22.5	
			MG/0.4ML, 25 MG/0.4ML	3
			OVACE PLUS WASH LIQD (sulfacetamide sodium)	61
			OVACE WASH LIQD (sulfacetamide sodium)	61
			oxaprozin TABS	5
			OXAYDO TABS 5 MG8
			oxazepam CAPS 10 MG, 15 MG ..	12
			oxazepam CAPS 30 MG	12
			oxcarbazepine SUSP	17
			oxcarbazepine TABS 150 MG ..	17
			oxcarbazepine TABS 300 MG ..	17
			oxcarbazepine TABS 600 MG ..	17
			oxcarbazepine TB24 150 MG, 300 MG	17
			oxcarbazepine TB24 600 MG	18
			oxiconazole nitrate CREA59
			OXISTAT LOTN59
			oxybutynin chloride TABS 5 MG ..	108
			oxybutynin chloride TB24	108
			oxycodone hcl CAPS8
			oxycodone hcl CONC 100 MG/5ML	8
			oxycodone hcl SOLN8
			oxycodone hcl TABS 30 MG8
			oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG8
			oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ..	.9
			oxycodone w/ acetaminophen TABS 325 MG-2.5 MG9
			oxycodone w/ acetaminophen TABS 325 MG-5 MG9

OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	9	mesylate)	39	penicillin v potassium TABS	99
oxymorphone hcl TABS 10 MG	8	paromomycin sulfate	2	pentamidine isethionate IN	31
oxymorphone hcl TABS 5 MG	8	paroxetine hcl SUSP	20	PENTASA CPCR 250 MG	71
oxymorphone hcl TB12	8	paroxetine hcl TABS	20	PENTASA CPCR 500 MG	71
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	22	paroxetine hcl TB24	20	pentazocine w/ naloxone hcl	10
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	22	PATADAY 0.1 % (olopatadine hcl)	98	pentoxifylline	75
OZEMPIC (2 MG/DOSE) SOPN	22	PATADAY 0.2 % (olopatadine hcl)	98	PEPCID TABS 40 MG (famotidine)	107
paliperidone	40	PATADAY 0.7 %	98	PERCO CET TABS 325 MG-10 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen)	9
PALYNZIQ	69	PAXIL CR TB24 (paroxetine hcl)	20	PERCO CET TABS 325 MG-2.5 MG (oxycodone w/ acetaminophen)	9
PAMELOR CAPS (nortriptyline hcl)	21	PAXIL SUSP (paroxetine hcl)	20	PERCO CET TABS 325 MG-5 MG (oxycodone w/ acetaminophen)	9
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	66	PAXIL TABS (paroxetine hcl)	20	perindopril erbumine	28
PANRETIN	59	PAXLOVID (150/100)	43	permethrin CREA	65
pantoprazole sodium PACK	108	PAXLOVID (300/100)	43	perphenazine TABS	41
pantoprazole sodium TBEC	108	pazopanib hcl	37	perphenazine-amitriptyline	101
PARI MANUAL INTERRUPTER DEVI	86	PEDIAPRED SOLN (prednisolone sodium phosphate)	53	phenelzine sulfate	19
PARI TREK S COMBO PACK DEVI	86	pediatric multivitamins w/fl CHEW 0.5 MG, 1 MG	91	phenobarbital ELIX	77
paricalcitol CAPS 1 MCG, 2 MCG	69	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	78	phenobarbital TABS	77
paricalcitol CAPS 4 MCG	69	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM	78	phenoxybenzamine hcl	28
PARLODEL CAPS (bromocriptine mesylate)	39	78	phentermine hcl CAPS	1	
PARLODEL TABS (bromocriptine		peg 3350-potassium chloride-sod bicarbonate-sod chloride	78	phenylephrine hcl (mydriatic) SOLN 10 %	96
		PEGASYS SOLN	43	phenylephrine hcl (mydriatic) SOLN 2.5 %	96
		PEG-PREP	78	PHENYLEPHRINE HCL SOLN (phenylephrine hcl (mydriatic))	96
		penicillamine CAPS	89	phenytoin CHEW	19
		penicillamine TABS	89	phenytoin sodium extended 100 MG, 200 MG, 300 MG	19
		penicillin v potassium SOLR	99		

phenytoin SUSP	19	PLEGRIDY STARTER PACK SOSY SC	102	potassium chloride microencapsulated crystals er	89
PHEXXI	109	PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur) ..	57	potassium chloride PACK PO 20 MEQ	89
phytonadione TABS 5 MG	110	PLEXION CREA (sulfacetamide sodium w/ sulfur)	57	potassium chloride SOLN PO 10 %, 20 %, 10 %	89
PIFELTRO	42	PLEXION LOTN (sulfacetamide sodium w/ sulfur)	57	potassium chloride TBCR 20 MEQ 89	
pilocarpine hcl (oral) 5 MG	90	PNV-DHA+DOCUSATE	92	potassium chloride TBCR 8 MEQ, 10 MEQ	89
pilocarpine hcl (oral) 7.5 MG	90	PNV-OMEGA	92	potassium citrate (alkalinizer) TBCR .72	
pilocarpine hcl SOLN 1 %, 2 %, 4 % .96		POCKET CHAMBER DEVI	86	potassium citrate-citric acid SOLN .72	
pimecrolimus	64	POCKET SPACER DEVI	86	potassium iodide (expectorant) SOLN	55
pimozide	102	PODOCON-25 SOLN	64	POVIDONE-IODINE	97
pindolol TABS	45	podofilox GEL	64	PRALUENT SOAJ	28
pioglitazone hcl 15 MG	23	podofilox SOLN	64	pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	39
pioglitazone hcl 30 MG, 45 MG	23	POLY HUB NEEDLE	84	pramipexole dihydrochloride TABS 1 MG	39
pioglitazone hcl-glimepiride	22	polyethylene glycol 3350 POWD ..	78	pramipexole dihydrochloride TABS 1.5 MG	39
pioglitazone hcl-metformin hcl TABS .22		polymyxin b-trimethoprim	97	pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG	39
PIQRAY (200 MG DAILY DOSE) ..37		POLYTRIM (polymyxin b-trimethoprim)	97	pramipexole dihydrochloride TB24 3 MG	39
PIQRAY (250 MG DAILY DOSE) ..37		POLY-VI-FLOR CHEW 0.5 MG, 1 MG	91	PRAMOSONE LOTN	63
PIQRAY (300 MG DAILY DOSE) ..37		POLY-VI-FLOR SUSP	91	PRAMOSONE OINT 1 %-1 %	63
pirfenidone CAPS	105	POLY-VI-FLOR/IRON CHEW	91	PRAMOSONE OINT 2.5 %-1 %	63
pirfenidone TABS	105	POLY-VI-FLOR/IRON SUSP	91	prasugrel hcl	76
piroxicam CAPS 10 MG	5	POMALYST	35	pravastatin sodium 10 MG, 20 MG, 80 MG	27
piroxicam CAPS 20 MG	5	posaconazole SUSP	25	pravastatin sodium 40 MG	27
PLAN B ONE-STEP (levonorgestrel (emergency oc))	53	posaconazole TBEC	25		
PLAVIX 75 MG (clopidogrel bisulfate)	76	pot & sod citrates w/citric ac SOLN 72			
PLEGRIDY SOAJ	102	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	88		
PLEGRIDY SOSY IM	102	potassium chloride CPCR	89		
PLEGRIDY SOSY SC	102				
PLEGRIDY STARTER PACK SOAJ .102					

praziquantel	11	PRENAISSANCE PLUS CAPS	92	primaquine phosphate TABS	32
prazosin hcl CAPS	29	PRENATAL 19 CHEW	92	primidone 50 MG, 250 MG	18
PRECISION XTRA BLOOD GLUCOSE STRP	66	PRENATAL 19 TABS	92	PRISTIQ (desvenlafaxine succinate) 21	
PRECISION XTRA KETONE	66	PRENATAL+DHA MISC	92	PRO COMFORT SPACER ADULT MISC	86
PRED MILD	97	PRENATAL-U CAPS	92	PRO COMFORT SPACER CHILD MISC	86
PREDNISOLONE SODIUM PHOSPHATE	97	PRENATE	92	PRO COMFORT SPACER INFANT DEVI	86
prednisolone sodium phosphate SOLN 25 MG/5ML	53	PRENATE AM	92	PROAIR RESPICLICK AEPB	14
prednisolone sodium phosphate SOLN	53	PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	92	probenecid	73
prednisolone sodium phosphate TBDP	53	PRENATE ENHANCE	92	PROCARDIA XL TB24 (nifedipine) 46	
PREDNISOLONE-MOXIFLOXACIN SOLN	97	PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT- 13 MCG-155 MG-50 MG-300 MG- 150 MCG-10 UNIT-40 MG-600 MCG- 18 MG	93	PROCARE SPACER/ADULT MASK DEVI	86
PREDNISONE INTENSOL CONC ..	53	PRENATE PIXIE	93	PROCARE SPACER/CHILD MASK DEVI	86
prednisone SOLN	53	PRENATE RESTORE	93	PROCHAMBER VHC DEVI	86
prednisone TABS	54	PREPIDIL GEL	99	prochlorperazine	41
prednisone TBPK	54	PREVACID 24HR CPDR (lansoprazole)	108	prochlorperazine maleate TABS ..	41
pregabalin CAPS 225 MG, 300 MG 18		PREVACID CPDR 30 MG (lansoprazole)	108	PROCTOFOAM HC FOAM EX ..	11
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	18	PREVIDENT SOLN (sodium fluoride (dental))	90	PROSYSBI CPDR	72
pregabalin SOLN	18	PREZCOBIX	42	PROSYSBI PACK	72
PREMARIN	110	PREZISTA SUSP	42	PROFILNINE	75
PREMARIN TABS	70	PREZISTA TABS (darunavir)	42	progesterone CAPS	100
PREMESISRX	92	PREZISTA TABS 75 MG, 150 MG	42	PROGRAF PACK	90
PREMPHASE	70	PROLATE TABS	9	PROLIA SOSY	67
PREMPRO	70	PRIFTIN	32	PROMACTA PACK 12.5 MG	76
PRENA 1 TRUE	92	PRILOSEC PACK	108	PROMACTA PACK 25 MG	76
PRENA1 PEARL	92	PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)	32	PROMACTA TABS	76

promethazine & phenylephrine SYRP	55	protriptyline hcl	21	pyrazinamide	32
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	26	PROVERA 10 MG (medroxyprogesterone acetate) ..	100	pyridostigmine bromide SOLN PO ..	32
promethazine hcl SUPP 12.5 MG, 25 MG	26	PROVERA 5 MG (medroxyprogesterone acetate) ..	100	pyridostigmine bromide TABS 60 MG	32
promethazine hcl TABS 12.5 MG ..	26	PROVIDA OB	93	pyridostigmine bromide TBCR	32
promethazine hcl TABS 25 MG ..	26	PROVIGIL (modafinil)	2	QBRELIS SOLN	28
promethazine hcl TABS 50 MG ..	26	PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl)	20	QINLOCK	37
promethazine w/codeine SOLN ..	55	PROZAC CAPS 40 MG (fluoxetine hcl)	20	QSYMIA	1
promethazine w/codeine SYRP ..	55	PSE-DEXCHLORPHEN-CHLOPHEDIANOL	55	QUAKE DEVI	86
promethazine-dm SYRP	55	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	55	QUALAQUIN CAPS (quinine sulfate) ..	32
PROMETRIUM CAPS (progesterone)	100	propafenone hcl CP12	12	QUARTETTE (levonorgestrel-ethinyl estradiol (91-day))	52
propafenone hcl TABS 150 MG ..	12	propafenone hcl TABS 150 MG ..	12	quazepam	77
propafenone hcl TABS 225 MG, 300 MG	12	pseudoephedrine-guaifenesin TB12 600 MG-60 MG	55	QUESTRAN LIGHT POWD (cholestyramine light)	26
proparacaine hcl	97	PULMICORT FLEXHALER AEPB 180 MCG/ACT	14	QUESTRAN PACK (cholestyramine)	27
propranolol hcl CP24	45	PULMICORT FLEXHALER AEPB 90 MCG/ACT	14	QUESTRAN POWD (cholestyramine)	27
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	45	PULMICORT SUSP 0.25 MG/2ML (budesonide (inhalation))	14	quetiapine fumarate TABS 200 MG ..	40
propranolol hcl TABS	45	PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation))	14	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	40
propylthiouracil	106	PULMOZYME	105	quetiapine fumarate TABS 300 MG, 400 MG	40
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	55	PURE COMFORT 3-BALL BREATHE EX DEVI	86	quetiapine fumarate TB24	41
PROSCAR (finasteride)	73	PURE COMFORT SPACER CHAMBER DEVI	86	QUFLORA FE PEDIATRIC LIQD ..	91
PROTONIX TBEC (pantoprazole sodium)	108	PURIXAN SUSP 2000 MG/100ML (mercaptopurine)	33	QUFLORA PEDIATRIC CHEW 0.5 MG, 1 MG	91
PROTOPIC OINT 0.03 % (tacrolimus (topical))	64	QUILLICHEW ER CHER 20 MG, 40 MG	2	QUFLORA PEDIATRIC SOLN	91
PROTOPIC OINT 0.1 % (tacrolimus (topical))	64	QUILLICHEW ER CHER 30 MG	2		

QUILLIVANT XR SRER	2	TEXTURED DEVI	81	RESTORIL 15 MG (temazepam) ..	77
quinapril hcl	28	REALITY LATEX/ULTRA THIN DEVI		RESTORIL 22.5 MG, 30 MG	
quinapril-hydrochlorothiazide 12.5	81			(temazepam)	77
MG-10 MG, 12.5 MG-20 MG	30	REBIF REBIDOSE SOAJ	102	RESTORIL 7.5 MG (temazepam) .	77
quinapril-hydrochlorothiazide 25 MG-		REBIF REBIDOSE TITRATION		RETACRIT 2000 UNIT/ML, 3000	
20 MG	30	PACK SOAJ	102	UNIT/ML, 4000 UNIT/ML, 10000	
quinidine gluconate TBCR	12	REBIF SOSY	102	UNIT/ML, 40000 UNIT/ML	77
quinine sulfate CAPS 324 MG	32	REBIF TITRATION PACK SOSY .	102	RETACRIT 20000 UNIT/ML	77
QVAR REDIHALER 80 MCG/ACT .	14	REBINYN 3000 UNIT	75	RETEVMO CAPS	37
RABEPRAZOLE SODIUM CPSP	108	REBINYN 500 UNIT, 1000 UNIT,		RETIN-A CREA (tretinoin)	57
rabeprazole sodium TBEC	108	2000 UNIT	75	RETIN-A GEL (tretinoin)	57
RADICAVA ORS STARTER KIT		RECOMBINATE SOLR	75	RETIN-A MICRO (tretinoin	
SUSP	95	REGLAN TABS (metoclopramide hcl)		microsphere)	57
RADICAVA ORS SUSP	95	.....	71	RETIN-A MICRO PUMP 0.04 %, 0.1	
raloxifene hcl	68	REGRANEX	65	% (tretinoin microsphere)	57
ramelteon	77	RELENZA DISKHALER	44	RETROVIR CAPS (zidovudine) ...	42
ramipril CAPS	28	RELEXXII TBCR 72 MG	2	RETROVIR SYRP (zidovudine) ...	42
ranolazine TB12 1000 MG	11	RELION INSULIN SYRINGE	84	REXULTI	41
ranolazine TB12 500 MG	11	RELNATE DHA CAPS	93	REYATAZ CAPS 200 MG, 300 MG	
RAPAFLO 4 MG (silodosin)	73	RELPAX (eletriptan hydrobromide)		(atazanavir sulfate)	42
RAPAFLO 8 MG (silodosin)	73	87		REYATAZ PACK	42
rasagiline mesylate	40	RELYVRIOS	95	RHOFADE	65
RASUVO SOAJ 20 MG/0.4ML	3	REMERON SOLTAB TBDP		RIASTAP	75
RASUVO SOAJ 7.5 MG/0.15ML, 10		(mirtazapine)	19	RIDAURA	4
MG/0.2ML, 12.5 MG/0.25ML, 15		REMERON TABS 15 MG, 30 MG		rifabutin	32
MG/0.3ML, 17.5 MG/0.35ML, 22.5		(mirtazapine)	19	rifampin CAPS	32
MG/0.45ML, 25 MG/0.5ML, 30		REVELLA PACK 0.8 GM (sevelamer		RILUTEK TABS (riluzole)	95
MG/0.6ML	3	carbonate)	72	riluzole TABS	95
RAZADYNE ER CP24 (galantamine		REVELLA PACK 2.4 GM (sevelamer		rimantadine hydrochloride TABS ..	44
hydrobromide)	101	carbonate)	72	RINVOQ LQ SOLN	3
REALITY LATEX CONDOMS MISC .		REVELLA TABS (sevelamer		RINVOQ TB24	3
81		carbonate)	72	risedronate sodium TABS 150 MG	67
REALITY LATEX/ULTRA		repaglinide	23		

risedronate sodium TABS 35 MG	.67	(calcitriol)	69	RYVENT TABS	26
risedronate sodium TABS 5 MG, 30 MG	67	ROCALTROL CAPS 0.5 MCG (calcitriol)	69	SABRIL PACK (vigabatrin)	19
RISPERDAL SOLN (risperidone) ..40		ROCALTROL SOLN PO (calcitriol) 69		SABRIL TABS (vigabatrin)	19
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone)	40	roflumilast	13	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ...52	
RISPERDAL TABS 3 MG (risperidone)	40	ropinirole hydrochloride TABS	39	SALAGEN 5 MG (pilocarpine hcl (oral))	90
risperidone SOLN	40	ropinirole hydrochloride TB24 12 MG 39		SALAGEN 7.5 MG (pilocarpine hcl (oral))	90
risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	40	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG	39	SALICYLIC ACID OINT	64
risperidone TABS 3 MG	40	rosuvastatin calcium TABS	27	salicylic acid SHAM 6 %	64
risperidone TBDP 0.25 MG	40	ROXICODONE TABS 15 MG (oxycodone hcl)	8	salicylic acid SOLN 26 %	64
risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	40	ROXICODONE TABS 30 MG (oxycodone hcl)	8	SALIMEZ CREA	64
RITALIN LA CP24 (methylphenidate hcl)	2	ROZEREM (ramelteon)	77	salsalate	7
RITALIN TABS 20 MG (methylphenidate hcl)	2	ROZLYTREK CAPS	37	SALYCIM CREA	64
RITALIN TABS 5 MG, 10 MG (methylphenidate hcl)	2	ROZLYTREK PACK	37	SANCUSO PTCH	24
RITEFLO DEVI	86	RUBRACA	37	SANDIMMUNE CAPS (cyclosporine) 90	
ritonavir TABS	42	rufinamide SUSP	18	SANDIMMUNE SOLN PO 100 MG/ML	90
rivaroxaban TABS 2.5 MG	15	rufinamide TABS 200 MG	18	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (octreotide acetate)	69
rivastigmine	101	rufinamide TABS 400 MG	18	SANTYL OINT	64
rivastigmine tartrate CAPS	101	RUKOBIA	42	sapropterin dihydrochloride PACK .69	
RIXUBIS SOLR	75	RYBELSUS (FORMULATION R2) TABS 1.5 MG, 4 MG, 9 MG	22	sapropterin dihydrochloride TABS .69	
rizatriptan benzoate TABS	87	RYBELSUS TABS	22	SAVELLA TABS	101
rizatriptan benzoate TBDP	87	RYDAPT	37	SAVELLA TITRATION PACK MISC 101	
ROBINUL TABS (glycopyrrolate) .107		RYDEX	55	saxagliptin hcl	22
ROBINUL-FORTE TABS (glycopyrrolate)	107	RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	39	saxagliptin-metformin hcl	22
ROCALTROL CAPS 0.25 MCG		RYTARY CPCR 95 MG-23.75 MG	39	SAXENDA	1
				scopolamine	24

SEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	52	sevelamer carbonate PACK 2.4 GM . 72	65
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	93	sevelamer carbonate TABS sevelamer hcl 400 MG sevelamer hcl 800 MG	72 72 72
SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	93	SFROWASA ENEM SIGNIFOR	71 69
SELECT-OB+DHA MISC	93	SIKLOS TABS 100 MG SIKLOS TABS 1000 MG	76 76
selegiline hcl CAPS	40	sildenafil citrate (pulmonary hypertension) SUSR	47
selegiline hcl TABS	40	sildenafil citrate (pulmonary hypertension) TABS	47
selenium sulfide LOTN 2.5 %	61	sildenafil citrate	46
SELZENTRY SOLN	42	silodosin 4 MG	73
SELZENTRY TABS (maraviroc) ...	42	silodosin 8 MG	73
SE-NATAL 19 CHEW	93	SILVADENE (silver sulfadiazine) .	61
SE-NATAL 19 TABS	93	silver sulfadiazine	61
SEREVENT DISKUS	14	simvastatin TABS	27
SEROQUEL TABS 200 MG (quetiapine fumarate)	41	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	39
SEROQUEL TABS 25 MG, 50 MG, 100 MG (quetiapine fumarate)	41	SINGULAIR CHEW (montelukast sodium)	13
SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate)	41	SINGULAIR PACK (montelukast sodium)	13
SEROQUEL XR TB24 (quetiapine fumarate)	41	SINGULAIR TABS (montelukast sodium)	13
SEROSTIM SC 4 MG, 5 MG, 6 MG		sirolimus SOLN	90
68		sirolimus TABS	90
SERTRALINE HCL CAPS	20	SITAVIG TABS BU	44
sertraline hcl CONC	20	SIVEXTRO TABS	31
sertraline hcl TABS	20	SKLICE (ivermectin (pediculicide))	
sevelamer carbonate PACK 0.8 GM . 72		SKYRIZI PEN SOAJ	60
		SKYRIZI SOCT	71
		SKYRIZI SOSY	60
		SLYND	53
		sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %	55
		sodium fluoride (dental) SOLN 0.2 % 90	
		sodium fluoride CHEW 0.25 MG, 0.5 MG	88
		sodium fluoride CHEW 1 MG, 2.2 MG	88
		sodium fluoride SOLN	88
		sodium fluoride TABS 0.5 MG	88
		sodium fluoride TABS 1 MG	88
		SODIUM OXYBATE SOLN	100
		sodium phenylbutyrate POWD	69
		sodium phenylbutyrate TABS	69
		sodium polystyrene sulfonate POWD 90	
		SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	61
		sodium sulfate-potassium sulfate-magnesium sulfate	78
		solifenacin succinate TABS 10 MG 109	
		solifenacin succinate TABS 5 MG 109	
		SOLTAMOX SOLN	34
		SOLUVITA ACD WITH FLUORIDE SOLN	91
		SOLUVITA SOLN	88

SOLUVITA WITH FLUORIDE SOLN .	STIVARGA	37	9.8 %-4.8 %	58
91	STRATTERA 10 MG, 18 MG, 25 MG,		sulfacetamide sod-prednisolone	
SOMA TABS (carisoprodol)	40 MG (atomoxetine hcl)	1	SOLN	97
SOMAVERT	STRATTERA 60 MG, 80 MG, 100		SULFACETAMIDE-SULFUR IN	
SOOLANTRA (ivermectin (rosacea))	MG (atomoxetine hcl)	1	UREA EMUL	58
.....65	STRENSIQ	69	sulfadiazine TABS	105
sorafenib tosylate	STRIBILD	42	sulfamethoxazole-trimethoprim SUSP	
SORILUX FOAM	STRIVERDI RESPIMAT	14	.....31	
sotalol hcl (afib/afl)	STROMECTOL (ivermectin)	11	sulfamethoxazole-trimethoprim TABS	
sotalol hcl TABS	SUBOXONE FILM SL 0.5 MG-2 MG,		.....31	
SPEEDY SWAB COVID-19/FLU	1 MG-4 MG, 2 MG-8 MG		SULFAMYLYON CREA	61
HOME	(buprenorphine hcl-naloxone hcl		sulfasalazine TABS	71
spinosad	dihydrate)	10	sulfasalazine TBEC	71
SPIRIVA RESPIMAT AERS 1.25	SUBOXONE FILM SL 3 MG-12 MG		sulindac TABS 150 MG	5
MCG/ACT	(buprenorphine hcl-naloxone hcl		sulindac TABS 200 MG	5
SPIRIVA RESPIMAT AERS 2.5	dihydrate)	10	sumatriptan 20 MG/ACT	87
MCG/ACT	SUBSYS LIQD	8	sumatriptan 5 MG/ACT	87
SPIRO PD DEVI	sucralfate SUSP	107	sumatriptan succinate SOAJ 4	
spironolactone & hydrochlorothiazide	sucralfate TABS	107	MG/0.5ML	87
.....67	sulconazole nitrate CREA	59	sumatriptan succinate SOAJ 6	
spironolactone TABS	sulconazole nitrate SOLN	59	MG/0.5ML	87
SPORANOX CAPS (itraconazole) .25	sulfacetamide sodium (acne)	57	sumatriptan succinate SOCT 4	
SPRAVATO (56 MG DOSE)	sulfacetamide sodium (ophth) OINT		MG/0.5ML	87
SPRAVATO (84 MG DOSE)	97		sumatriptan succinate SOCT 6	
SPRITAM TB3D	sulfacetamide sodium (ophth) SOLN .		MG/0.5ML	88
SPRYCEL (dasatinib)	97		sumatriptan succinate SOLN 6	
SSKI SOLN (potassium iodide	sulfacetamide sodium LIQD	61	MG/0.5ML	88
(expectorant))	sulfacetamide sodium w/ sulfur		sumatriptan succinate TABS	88
55	CREA 9.8 %-4.8 %	57	sunitinib malate 12.5 MG, 37.5 MG,	
STELARA SOLN 45 MG/0.5ML ...	sulfacetamide sodium w/ sulfur LIQD		50 MG	37
60	9.8 %-4.8 %	57	sunitinib malate 25 MG	37
STELARA SOSY 45 MG/0.5ML ...	sulfacetamide sodium w/ sulfur LOTN		SUPRAX CAPS (cefixime)	48
60	10 %-5 %	58	SUPRAX CHEW	48
STIOLTO RESPIMAT	sulfacetamide sodium w/ sulfur LOTN			

SUPRAX SUSR 200 MG/5ML (cefixime)	48	TABLOID	33	TAZORAC CREA (tazarotene)	60
SUPRAX SUSR 500 MG/5ML	48	TABRECTA	38	TAZORAC GEL (tazarotene)	60
SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate)	78	tacrolimus (topical) OINT 0.03 % ..	64	TAZVERIK	38
SUSTIVA CAPS (efavirenz)	43	tacrolimus (topical) OINT 0.1 % ...	64	TECHLITE INSULIN SYRINGE ...	84
SYMBICORT (budesonide- formoterol fumarate dihydrate)	14	tacrolimus CAPS	90	TEGRETOL SUSP (carbamazepine) .	
SYMDEKO	105	tadalafil (pulmonary hypertension) TABS	47	18	
SYMFI (efavirenz-lamivudine- tenofovir disoproxil fumarate)	43	tadalafil 2.5 MG	46	TEGRETOL TABS (carbamazepine) .	
SYMFI LO (efavirenz-lamivudine- tenofovir disoproxil fumarate)	43	TAFINLAR CAPS	38	18	
SYMTUZA	43	TAFINLAR TBSO	38	TEGRETOL-XR TB12 100 MG (carbamazepine)	18
SYNALAR CREA (fluocinolone acetonide)	63	tafluprost	99	TEGRETOL-XR TB12 200 MG (carbamazepine)	18
SYNALAR OINT (fluocinolone acetonide)	63	TAGRISSO	34	TEGRETOL-XR TB12 400 MG (carbamazepine)	18
SYNALAR SOLN (fluocinolone acetonide)	63	TALZENNA	38	TEGSEDI	105
SYNAREL	68	TAMIFLU CAPS (oseltamivir phosphate)	44	TEKTURNA (aliskiren fumarate) ..	31
SYNJARDY TABS	22	TAMIFLU SUSR (oseltamivir phosphate)	44	telmisartan 20 MG, 40 MG	29
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	22	tamoxifen citrate TABS	34	telmisartan 80 MG	28
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	22	tamsulosin hcl	73	telmisartan-amlodipine	30
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)	106	TARCEVA (erlotinib hcl)	34	telmisartan-hydrochlorothiazide ..	30
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)	106	TARGETIN (bexarotene)	38	temazepam 15 MG	77
SYPRINE (trientine hcl)	89	TASIGNA	38	temazepam 22.5 MG, 30 MG	77
		TASMAR (tolcapone)	39	temazepam 7.5 MG	77
		TAVALISSE 100 MG	75	temozolomide CAPS	32
		TAVALISSE 150 MG	75	tenofovir disoproxil fumarate TABS	
		TAYTULLA CAPS (norethrin acet & estradiol-fe)	52	43	
		tazarotene CREA	60	TENORETIC 100 (atenolol & chlorthalidone)	30
		TAZAROTENE FOAM	58	TENORETIC 50 (atenolol & chlorthalidone)	30
		tazarotene GEL	60	TENORMIN TABS (atenolol)	44
				terazosin hcl 1 MG, 2 MG, 5 MG ..	29
				terazosin hcl 10 MG	29

terbinafine hcl TABS	25	THRESHOLD PEP DEVI	86	TOBRADEX ST SUSP	97
terbutaline sulfate TABS	14	THRIVITE RX TABS	93	TOBRADEX SUSP (tobramycin-dexamethasone)	97
terconazole vaginal CREA	109	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	106	tobramycin (ophth) SOLN	97
terconazole vaginal SUPP	109	tiagabine hcl	19	tobramycin NEBU	2
teriflunomide	102	TIAZAC (diltiazem hcl extended release beads)	46	tobramycin-dexamethasone SUSP	97
teriparatide SOPN	67	TIBSOVO	38	TOBREX OINT	97
TESTIM GEL TD (testosterone) ...	10	timolol	95	TODAY SPONGE MISC	109
testosterone cypionate SOLN IM ..	10	timolol maleate (ophth) SOLG	95	tolcapone	39
testosterone enanthate SOLN IM ..	10	timolol maleate (ophth) SOLN	95	tolterodine tartrate CP24	109
testosterone GEL TD 1 %, 50 MG/5GM	10	timolol maleate TABS 10 MG	45	tolterodine tartrate TABS	109
testosterone GEL TD 1 %	10	timolol maleate TABS 5 MG, 20 MG	45	TOPAMAX SPRINKLE CPSP (topiramate)	18
testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 1.62 %	10	TIMOPTIC SOLN (timolol maleate (ophth))	95	TOPAMAX TABS 100 MG (topiramate)	18
testosterone GEL TD 10 MG/ACT ..	10	TIMOPTIC-XE SOLG (timolol maleate (ophth))	95	TOPAMAX TABS 200 MG (topiramate)	18
tetrabenazine	101	tinidazole	31	TOPAMAX TABS 25 MG (topiramate)	18
tetracaine hcl (ophth)	97	tiopronin TABS	73	TOPAMAX TABS 50 MG (topiramate)	18
tetracycline hcl CAPS	106	tiopronin TBEC	73	TOPICORT CREA (desoximetasone)	63
THALITONE	67	tiotropium bromide monohydrate		TOPICORT GEL (desoximetasone)	63
THALOMID	89	CAPS	13	TOPICORT OINT 0.25 % (desoximetasone)	63
THEO-24 CP24	15	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	106	topiramate CP24 200 MG	18
theophylline ELIX	15	TIVICAY TABS 50 MG	43	topiramate CP24 25 MG, 50 MG, 100 MG	18
theophylline SOLN	15	tizanidine hcl CAPS	93	topiramate CPSP 15 MG, 25 MG	18
theophylline TB12 300 MG	15	tizanidine hcl TABS 2 MG	93	topiramate CS24 100 MG, 150 MG, 200 MG	18
theophylline TB12 450 MG	15	tizanidine hcl TABS 4 MG	93		
theophylline TB24	15	TOBI NEBU (tobramycin)	2		
thioridazine hcl 10 MG, 25 MG, 100 MG	41	TOBI PODHALER CAPS	2		
thioridazine hcl 50 MG	41	TOBRADEX OINT	97		
thiothixene	41				

topiramate CS24 25 MG, 50 MG ..	18	TRANSDERM-SCOP (scopolamine) 25	triamcinolone acetonide (topical) LOTN	63	
topiramate TABS 100 MG	18	tranylcypromine sulfate	19	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	63
topiramate TABS 200 MG	18	TRAVATAN Z SOLN (travoprost) ..	99	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	67
topiramate TABS 25 MG	18	travoprost SOLN	99	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	67
topiramate TABS 50 MG	18	trazodone hcl TABS	20	triamterene & hydrochlorothiazide TABS 50 MG-75 MG	67
TOPROL XL TB24 (metoprolol succinate)	44	TRECATOR	32	triamterene CAPS	67
toremifene citrate	34	TRELEGY ELLIPTA	14	triazolam 0.125 MG	77
torsemide TABS 100 MG	67	TREMFYA SOAJ 100 MG/ML	61	triazolam 0.25 MG	77
torsemide TABS 5 MG, 10 MG, 20 MG	67	TREMFYA SOAJ 200 MG/2ML	60	TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide)	30
TOUJEO MAX SOLOSTAR SOPN 23		TREMFYA SOSY 100 MG/ML	61	TRICOR TABS 145 MG (fenofibrate) ..	27
TOUJEO SOLOSTAR SOPN	23	TREMFYA SOSY 200 MG/2ML	61	TRICOR TABS 48 MG (fenofibrate) ..	27
TOVIAZ (fesoterodine fumarate) ..	109	TRESIBA FLEXTOUCH SOPN	23	TRIDESILON CREA 0.05 % (desonide)	64
TPOXX (TECOVIRIMAT CAP 200 MG)	44	TRESIBA SOLN	23	trientine hcl 250 MG	89
TPOXX CAPS	44	tretinoin (chemotherapy)	38	trientine hcl 500 MG	89
TRACLEER TABS 125 MG (bosentan)	47	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	58	trifluoperazine hcl TABS	41
TRACLEER TABS 62.5 MG (bosentan)	47	tretinoin GEL 0.01 %, 0.025 %	58	trifluridine	97
TRACLEER TBSO	47	tretinoin GEL 0.05 %	58	trihexyphenidyl hcl SOLN	39
tramadol hcl TABS 100 MG	8	tretinoin microsphere 0.04 %, 0.1 %	58	trihexyphenidyl hcl TABS	39
tramadol hcl TABS 50 MG	8	tretinoin microsphere 0.08 %	58	TRIJARDY XR	22
tramadol hcl TB24 100 MG	8	TRETEN	75	TRIKAFTA TBPK 100 MG-50 MG	105
tramadol hcl TB24 200 MG	8	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	33	TRIKAFTA TBPK 50 MG-25 MG	105
tramadol hcl TB24 300 MG	8	triamicinolone acetonide (mouth)	90	TRIKAFTA THPK	105
tramadol-acetaminophen	9	triamicinolone acetonide (nasal) AERO	95	TRILEPTAL SUSP (oxcarbazepine)	
trandolapril	28	triamicinolone acetonide (topical)	63		
trandolapril-verapamil hcl	30	triamicinolone acetonide (topical) CREA	63		
tranexamic acid TABS	77				

18	TRUSTEX COLOR CONDOMS + LUBE MISC	81	TUSNEL C SYRP	55	
TRILEPTAL TABS 150 MG (oxcarbazepine)	18	TRUSTEX LUB/RIBBED/STUDDED MISC	81	TUSNEL PEDIATRIC LIQD 50 MG/5ML-5 MG/5ML-15 MG/5ML ..	55
TRILEPTAL TABS 300 MG (oxcarbazepine)	18	TRUSTEX LUB/SPERMICIDE EX ST MISC	81	TUSNEL TABS	55
TRILEPTAL TABS 600 MG (oxcarbazepine)	18	TRUSTEX LUB/SPERMICIDE XL MISC	81	TWIRLA	52
TRILIPIX 135 MG (choline fenofibrate)	27	TRUSTEX LUBRICATED EX LARGE MISC	81	TYBLUME CHEW	52
TRILIPIX 45 MG (choline fenofibrate)	27	TRUSTEX LUBRICATED EXTRA ST MISC	81	TYBOST	43
trimethobenzamide hcl CAPS	25	TRUSTEX LUBRICATED MISC ..	82	TYKERB (lapatinib ditosylate)	38
trimethoprim TABS	31	TRUSTEX LUBRICATED/SPERMICIDE MISC 81		TYMLOS	67
trimipramine maleate CAPS	21			TYVASO DPI INSTITUTIONAL KIT POWD	47
TRINATAL RX 1 TABS	93			TYVASO DPI MAINTENANCE KIT POWD	47
TRINELLIX	20	TRUSTEX NATURAL CONDOMS + LUBE MISC	82	TYVASO DPI TITRATION KIT POWD	47
TRISTART DHA	93	TRUSTEX NON-LUBRICATED MISC	82	TYVASO REFILL KIT SOLN IN ...	47
TRIUMEQ PD TBSO	43			TYVASO SOLN IN	47
TRIUMEQ TABS	43	TRUSTEX RIA LUB/SPERMICIDE MISC	82	TYVASO STARTER KIT SOLN IN	47
TROJAN ENZ MISC	81			UBRELVY	86
TROJAN MAGNUM MISC	81	TRUSTEX RIA LUBRICATED MISC . 82		UDENYCA ONBODY SOSY	77
TROJAN ULTRA THIN MISC	81	TRUSTEX RIA NON-LUBRICATED MISC	82	UDENYCA SOAJ	77
TROJAN ULTRA THIN/SPERMICIDAL MISC	81	TRUSTEX-NONOXYNOL- 9/RIB/STUD MISC	82	UDENYCA SOSY	77
TROJAN-ENZ LUBRICATED MISC 81		TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate)	43	ULORIC 40 MG (febuxostat)	73
TROJAN-ENZ/SPERMICIDAL MISC . 81				ULORIC 80 MG (febuxostat)	73
tropicamide SOLN	96	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)	43	ULTRAVATE LOTN	64
trospium chloride CP24	109			UPTRAVI TABS 200 MCG	48
trospium chloride TABS	109			UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	48
TRUE COVER DEVI	81			UPTRAVI TITRATION TBPK	48
TRULICITY	22	TUKYSA	33	UROCIT-K 10 TBCR (potassium citrate (alkalinizer))	72
TRURALIO 125 MG					

UROCIT-K 15 TBCR (potassium citrate (alkalinizer))	72	VALTREX 1 GM (valacyclovir hcl) .	44	venlafaxine hcl TABS	21
UROCIT-K 5 TBCR (potassium citrate (alkalinizer))	72	VALTREX 500 MG (valacyclovir hcl) .	44	venlafaxine hcl TB24 225 MG	21
UROXATRAL (alfuzosin hcl)	73	VANACOF	55	venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	21
URSO 250 TABS (ursodiol)	70	VANCOCIN CAPS (vancomycin hcl) .	31	VENTAVIS IN	47
URSO FORTE TABS (ursodiol) ...	71	vancomycin hcl CAPS	31	verapamil hcl CP24 100 MG, 200 MG, 300 MG	46
ursodiol CAPS	71	VANDAZOLE	109	verapamil hcl CP24 120 MG, 240 MG	46
ursodiol TABS	71	VANOS CREA (fluocinonide)	64	verapamil hcl CP24 180 MG	46
VAGIFEM TABS (estradiol vaginal) 110		varenicline tartrate TABS	105	verapamil hcl CP24 360 MG	46
valacyclovir hcl 1 GM	44	VARUBI (180 MG DOSE) TBPK ..	25	verapamil hcl TABS	46
valacyclovir hcl 500 MG	44	VASCEPA (icosapent ethyl)	26	verapamil hcl TBCR 120 MG	46
VALCHLOR	59	VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide)	30	verapamil hcl TBCR 180 MG, 240 MG	46
VALCYTE SOLR (valganciclovir hcl) . 43		VASOTEC TABS (enalapril maleate) .	28	VEREGEN	58
VALCYTE TABS (valganciclovir hcl) . 43		VCF VAGINAL CONTRACEPTIVE FILM	109	VERELAN CP24 120 MG, 240 MG (verapamil hcl)	46
valganciclovir hcl SOLR	43	VCF VAGINAL CONTRACEPTIVE FOAM	109	VERELAN CP24 180 MG (verapamil hcl)	46
valganciclovir hcl TABS	43	VCF VAGINAL CONTRACEPTIVE GEL	109	VERSACLOZ SUSP	41
VALIUM TABS 10 MG (diazepam) 12		VECAMYL	30	VERSAPAP DEVI	86
VALIUM TABS 2 MG, 5 MG (diazepam)	12	VECTICAL (calcitriol (topical))	61	VERSAPAP W/UNIVERSAL TUBING DEVI	86
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	19	VEMLIDY	43	VERZENIO	38
valproic acid CAPS	19	VENCLEXTA STARTING PACK TBPK	33	VESICARE TABS 10 MG (solifenacin succinate)	109
valsartan TABS 160 MG	29	VENCLEXTA TABS 10 MG	33	VESICARE TABS 5 MG (solifenacin succinate)	109
valsartan TABS 40 MG, 80 MG, 320 MG	29	VENCLEXTA TABS 100 MG	33	VFEND TABS (voriconazole)	25
valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	30	VENCLEXTA TABS 50 MG	33	VIAGRA (sildenafil citrate)	46
valsartan-hydrochlorothiazide 25 MG-160 MG	30	venlafaxine hcl CP24 150 MG	21	VIBERZI	71
		venlafaxine hcl CP24 37.5 MG, 75 MG	21	VIBRAMYCIN CAPS (doxycycline	

hyclate)	106	VITAMEDMD ONE RX/QUATREFOLIC	93	VYTORIN (ezetimibe-simvastatin) 26	
VIBRAMYCIN SUSR (doxycycline (monohydrate))	106	VITAMINS ACD-FLUORIDE SOLN 91		VYVANSE CHEW 1	
vigabatrin PACK	19	VITAPEARL	93	warfarin sodium TABS 15	
vigabatrin TABS	19	VITATRUE	93	WELLBUTRIN SR TB12 (bupropion hcl) 19	
VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	97	VITRAKVI CAPS	38	WELLBUTRIN XL TB24 (bupropion hcl) 19	
VIIBRYD STARTER PACK KIT ..	20	VITRAKVI SOLN	38	WESCAP-C DHA 93	
VIIBRYD TABS 10 MG, 40 MG (vilazodone hcl)	20	VIVA DHA CAPS	93	WESNATE DHA CAPS 93	
VIIBRYD TABS 20 MG (vilazodone hcl)	20	VIVELLE-DOT PTTW (estradiol) ..	70	WESTGEL DHA 93	
vilazodone hcl TABS 10 MG, 40 MG .	20	VIZIMPRO	34	WIDE-SEAL DIAPHRAGM 60 82	
vilazodone hcl TABS 20 MG	20	VOGELXO GEL TD (testosterone) 10	10	WIDE-SEAL DIAPHRAGM 65 82	
VIMPAT SOLN PO 10 MG/ML (lacosamide)	18	VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ..	59	WIDE-SEAL DIAPHRAGM 70 82	
VIMPAT TABS (lacosamide)	18	VONVENDI	75	WIDE-SEAL DIAPHRAGM 75 82	
VINATE DHA RF	93	voriconazole SUSR	25	WIDE-SEAL DIAPHRAGM 80 82	
VINATE ONE TABS	93	voriconazole TABS	25	WIDE-SEAL DIAPHRAGM 85 82	
VIRACEPT TABS	43	VORTEX HOLD CHMBR/MASK/CHILD DEVI ..	86	WIDE-SEAL DIAPHRAGM 90 82	
VIREAD POWD	43	VORTEX HOLD CHMBR/MASK/TODDLER DEVI ..	86	WIDE-SEAL DIAPHRAGM 95 82	
VIREAD TABS (tenofovir disoproxil fumarate)	43	VORTEX VALVE CHAMBER-PEDI MASK DEVI	86	WILATE KIT	75
VIREAD TABS 150 MG, 200 MG,		VORTEX VALVED HOLDING CHAMBER DEVI	86	XALATAN SOLN (latanoprost) 99	
250 MG	43	VOSEVI	44	XALKORI CAPS	38
VIRT-NATE DHA CAPS	93	VOTRIENT (pazopanib hcl)	38	XALKORI CPSP	38
VISTARIL CAPS (hydroxyzine pamoate)	11	VRAYLAR CAPS	40	XANAX TABS (alprazolam) 12	
VISTOGARD	24	VRAYLAR CPPK	40	XANAX XR TB24 (alprazolam) 12	
VITAFOL GUMMIES	93	VYNDAMAX	48	XARELTO STARTER PACK TBPK 15	
VITAFOL-NANO	93	VYNDAQEL	48	XARELTO SUSR	15
VITAFOL-ONE CAPS	93	VYTONE 1.9 %-1 % (iodoquinol-hydrocortisone in aloe vehicle) ..	59	XARELTO TABS 10 MG	15
				XARELTO TABS 15 MG, 20 MG ..	15
				XARELTO TABS 2.5 MG (rivaroxaban)	15

XATMEP SOLN PO	33	XTANDI TABS	34	ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide) ..	30
XELJANZ SOLN	3	XYNTHA	75	ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (lisinopril) ..	28
XELJANZ TABS	3	XYNTHA SOLOFUSE	75	ZESTRIL TABS 40 MG (lisinopril) ..	28
XELJANZ XR TB24	3	XYREM SOLN	100	ZETIA (ezetimibe)	27
XENICAL (orlistat)	1	YASMIN 28 (drospirenone-ethinyl estradiol)	52	ZIAC (bisoprolol & hydrochlorothiazide)	30
XERAC AC	65	YAZ (drospirenone-ethinyl estradiol) 52		ZIAGEN SOLN (abacavir sulfate) ..	43
XERMELO	72	YONSA	34	ZIAGEN TABS (abacavir sulfate) ..	43
XHANCE EXHU	95	zaleplon	77	zidovudine CAPS	43
XIFAXAN 200 MG	31	ZANAFLEX CAPS (tizanidine hcl) ..	93	zidovudine SYRP	43
XIFAXAN 550 MG	31	ZANAFLEX TABS 4 MG (tizanidine hcl)	93	zidovudine TABS	43
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	22	ZARONTIN CAPS (ethosuximide) ..	19	zileuton TB12	13
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	22	ZARONTIN SOLN (ethosuximide) ..	19	ZIOPTAN (tafluprost)	99
XOPENEX (levalbuterol hcl)	15	ZARXIO	77	ziprasidone hcl 20 MG, 40 MG ..	40
XOPENEX CONCENTRATE (levalbuterol hcl)	15	ZAVESCA (miglustat)	76	ziprasidone hcl 60 MG, 80 MG ..	40
XOSPATA	38	ZEJULA TABS	38	ZIRGAN GEL	97
XPOVIO (100 MG ONCE WEEKLY) 50 MG	35	ZELAPAR TBDP	40	ZITHROMAX PACK	79
XPOVIO (40 MG ONCE WEEKLY) 40 MG	35	ZELBORAF	38	ZITHROMAX SUSR (azithromycin) 79	
XPOVIO (40 MG TWICE WEEKLY) 40 MG	35	ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)	69	ZITHROMAX TABS 250 MG (azithromycin)	79
XPOVIO (60 MG ONCE WEEKLY) 60 MG	35	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	66	ZITHROMAX TABS 500 MG (azithromycin)	79
XPOVIO (60 MG TWICE WEEKLY) .	35	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide)	30	ZITHROMAX TRI-PAK TABS (azithromycin)	79
XPOVIO (80 MG ONCE WEEKLY) 40 MG	35			ZITHROMAX Z-PAK TABS (azithromycin)	79
XPOVIO (80 MG TWICE WEEKLY) .	35			ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	27
XTANDI CAPS	34			ZOLINZA	38
				zolmitriptan SOLN	88

zolmitriptan TABS	88	ZYTIGA (abiraterone acetate)	34
zolmitriptan TBDP	88	ZYVOX SUSR (linezolid)	31
ZOLOFT CONC (sertraline hcl)	20	ZYVOX TABS (linezolid)	31
ZOLOFT TABS (sertraline hcl)	20		
zolpidem tartrate TABS	77		
zolpidem tartrate TBCR	77		
ZOMIG SOLN (zolmitriptan)	88		
ZONEGRAN CAPS 100 MG (zonisamide)	18		
ZONEGRAN CAPS 25 MG (zonisamide)	18		
zonisamide CAPS 100 MG	18		
zonisamide CAPS 25 MG, 50 MG .	18		
ZORBTIVE SC	68		
ZORTRESS (everolimus (immunosuppressant))	90		
ZOVIRAX CREA (acyclovir topical)			
61			
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