

California

Essential Drug List

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 All previous versions are no longer in effect.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

For California Individual & Family Plans:

https://ifp.healthnetcalifornia.com/Pharmacy_Information/drug_lists.html

For Small Business Group:

https://www.healthnet.com/portal/shopping/content/iwc/shopping/groups/small/drug_lists.action

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

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

California Individual & Family Plans (off-Exchange)

If you have questions about your pharmacy coverage call Customer Service at [1-800-839-2172](tel:1-800-839-2172)

California Individual & Family Plans (on-Exchange)

If you have questions about your pharmacy coverage call Customer Service at [1-888-926-4988](tel:1-888-926-4988)

Hours of Operation

8:00am – 7:00pm Monday through Friday

8:00am – 5:00pm Saturday

Small Business Group

If you have questions about your pharmacy coverage call Customer Service at [1-800-361-3366](tel:1-800-361-3366)

Hours of Operation

8:00am – 6:00pm Monday through Friday

Updated December 1, 2019



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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

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

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

How do I find a drug in the Drug List?

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

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.

Therapeutic category: The drugs are grouped into therapeutic categories. The categories may be grouped the class to which the drug belongs. If you know what therapeutic category your drug is in look through the list to find the category. Then look under the category 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:

DERMATOLOGICALS
Antifungals - Topical
ALEVAZOL (<i>clotrimazole (topical)</i>) OINT 1 %

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

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

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

Generic Drug Example: *terbutaline sulfate tabs*

If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand drug will be listed after the generic name in parentheses and regular typeface with the first letter of each word capitalized.

Generic Drug Marketed Under A 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/Plan	Benefit Phase	Maximum Cost Share	Days Supply
Oral Cancer Drugs Only	Deductible met	\$200	30 days
All Other (non-oral cancer) Drugs	Deductible met	\$250	30 days
Bronze Plan Members	Deductible met	\$500	30 days

Below is a description for each tier.

<i>Tier</i>	<i>Description</i>
1	Drugs in this tier include generic drugs and low-cost preferred brand drugs.
2	Drugs in this tier are higher cost generic drugs and preferred brand drugs
3	Drugs in this tier are non-preferred brand drugs, brand drugs with generic equivalents on a lower tier, or drugs that have a preferred alternative at a lower tier.
4 or SP	Tier 4 or Specialty Drugs include drugs that are made using biotechnology, drugs that must be distributed through a specialty pharmacy, drugs that require special training for self-administration, or drugs that require regular monitoring of care by a pharmacy, and drugs that cost more than six hundred dollars for a one-month supply.
GP	Generic drugs are preferred. To get a brand drug that has a generic 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 for coverage details.

NF	The NF next to a drug (including brands with a generic available) means the drug is not covered on Health Net’s Formulary. Your doctor must request authorization from Health Net and show medical necessity for the drug to be covered.
PV	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.

Are there any limits on my drug coverage?

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

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.
AC	Anti-cancer	These oral cancer drugs are subject to a maximum \$200 copayment for a one-month supply, after any deductible has been met, per state law (or \$600 maximum for a three-month supply through mail order).
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons: <ul style="list-style-type: none"> • The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies or prescribers, or • Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.
PA	Prior Authorization	This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you don’t get approval, we may not cover the drug
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.
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 with the exception of some insulins, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.

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.
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How often does the Drug List change?

The formulary will be updated with changes on a monthly basis. 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 or by phone at the phone number shown on your Health Net ID card or by fax at 1-800-314-6223. Once your doctor’s request is received, we will notify your doctor of our decision within 72 hours. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved and the health insurer may not deny the request thereafter.

If your doctor believe 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.

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

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 an exception is made, one or more preferred drugs must be tried before progressing to a drug that is subject to step therapy. You or your doctor can request an exception if your health may be harmed by waiting. 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 second step drug without trying a first step drug, an exception to coverage may be requested by the prescriber. A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to enrolled in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage when medically necessary.

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 Specialty (Tier 4) 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.

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. Coverage is subject to limitations and restrictions. Prior authorization or step therapy may be required for some other FDA-approved prescription contraceptive drugs, devices, or products prescribed by your doctor.

What blood glucose supplies covered?

Specific brands of blood glucose monitors, blood glucose testing strips, lancets, ketone testing strips, pen delivery systems for injecting insulin and insulin needles and syringes are covered on the drug list. A prescription from your doctor is required to obtain these from a pharmacy. Insulin pumps and all related necessary supplies, podiatric devices to prevent or treat diabetes-related complications and visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin are covered under the medical benefit.

What drugs are under my medical benefit?

Drugs that are not considered self-injectable and are administered by your doctor will be covered under your medical benefit. If your doctor does not have the drug, your doctor will give you instructions on where you can receive the drug. Certain drugs that are self-administered are covered under your pharmacy benefit. Refer to your *Evidence of Coverage* or *Certificate of Insurance* 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 [<https://IFP.healthnetcalifornia.com>] 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 CVS Caremark Mail Order Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis for a chronic or long-

term medical condition. Specialty drugs are not available through mail order.

To use the mail order pharmacy, your doctor must provide a new prescription that allows up to a 90-day supply of each drug. Mail order forms are available on our website at [https://IFP.healthnetcalifornia.com/Pharmacy_Information.html/] 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.

Definitions

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

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

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

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

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 italicized lowercase letters.

Medically Necessary: Is health care benefits 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 aren't 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 not covered paid by the Member.

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS 3.75MG-3.75MG-3.75MG-3.75MG, 1.875MG-1.875MG-1.875MG-1.875MG (Use Amphetamine-Dextroamphetamine)	NF	QL(90 ea per fill retail)
ADDERALL TABS 5MG-5MG-5MG-5MG, 2.5MG-2.5MG-2.5MG-2.5MG, 7.5MG-7.5MG-7.5MG-7.5MG, 1.25MG-1.25MG-1.25MG-1.25MG, 3.125MG-3.125MG-3.125MG-3.125MG (Use Amphetamine-Dextroamphetamine)	NF	
ADDERALL XR CP24 (Use Amphetamine-Dextroamphetamine)	NF	QL(2 ea daily,90 day(s) limit)
amphetamine-dextroamphetamine cp24 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 6.25mg-6.25mg-6.25mg-6.25mg	1	QL(2 ea daily,90 day(s) limit)
amphetamine-dextroamphetamine tabs 3.75mg-3.75mg-3.75mg-3.75mg, 1.875mg-1.875mg-1.875mg-1.875mg	1	QL(90 ea per fill retail)
amphetamine-dextroamphetamine tabs 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.125mg-3.125mg-3.125mg-3.125mg	1	

Drug Name	Drug Tier	Requirements/ Limits
DESOXYN TABS (Use Methamphetamine HCl)	NF	PA;
DEXEDRINE CP24 (Use Dextroamphetamine Sulfate)	NF	
dextroamphetamine sulfate cp24	1	
dextroamphetamine sulfate soln	1	
dextroamphetamine sulfate tabs	1	
methamphetamine hcl tabs	2	PA;
PROCENTRA SOLN (Use Dextroamphetamine Sulfate)	NF	
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	QL(1 ea daily)
VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	Limited to 1 per day;QL(1 ea daily)
ZENZEDI TABS 2.5 MG, 7.5 MG	3	
Analeptics		
caffeine citrate soln	1	
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (Use Phentermine HCl)	NF	PA
ADIPEX-P TABS (Use Phentermine HCl)	NF	PA
BENZPHETAMINE HCL TABS 25 MG	3	PA
benzphetamine hcl tabs 50 mg	1	PA
DIETHYLPROPION HCL ER TB24	3	PA
diethylpropion hcl tabs 25 mg	1	PA
DIETHYLPROPION HCL TABS 25 MG (Use Diethylpropion HCl)	NF	PA
diethylpropion hcl tb24 75 mg	1	PA

1=Preferred Generics 2=Preferred Brands/High Cost Generics 3=Non-Preferred Brands
 SP/4=Specialty Drugs GP=Generic Preferred NF=Non-Formulary PV=Preventive Drugs
 AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
 LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
LOMAIRA TABS	3	PA
<i>phentermine hcl caps</i>	1	PA
<i>phentermine hcl tabs</i>	1	PA
PHENTERMINE HYDROCHLORIDE CAPS	3	PA
QSYMIA CP24	3	PA; QL(1 ea daily)
REGIMEX TABS (Use Benzphetamine HCl)	NF	PA
Anti-Obesity Agents		
BELVIQ TABS	3	PA
CONTRAVE TB12	3	PA
SAXENDA SOPN	3	PA; QL(0.5 ml daily)
XENICAL CAPS	3	PA
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL(2 ea daily)
<i>atomoxetine hcl caps 60 mg, 80 mg, 100 mg</i>	1	QL(1 ea daily)
<i>clonidine hcl (adhd) tb12</i>	1	QL(4 ea daily)
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily)
INTUNIV TB24 (Use Guanfacine HCl (ADHD))	NF	QL(1 ea daily)
KAPVAY TB12 (Use Clonidine HCl (ADHD))	NF	QL(4 ea daily)
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG (Use Atomoxetine HCl)	NF	QL(2 ea daily)
STRATTERA CAPS 60 MG, 80 MG, 100 MG (Use Atomoxetine HCl)	NF	QL(1 ea daily)
Stimulants - Misc.		
<i>armodafinil tabs</i>	1	PA
CONCERTA TBCR 18 MG, 27 MG, 36 MG (Use Methylphenidate HCl)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CONCERTA TBCR 54 MG (Use Methylphenidate HCl)	NF	QL(2 ea daily)
DAYTRANA PTCH	3	QL(1 ea daily)
<i>dexmethylphenidate hcl cp24 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg</i>	1	QL(2 ea daily)
FOCALIN TABS (Use Dexmethylphenidate HCl)	NF	QL(2 ea daily)
FOCALIN XR CP24 (Use Dexmethylphenidate HCl)	NF	QL(1 ea daily)
METHYLIN SOLN (Use Methylphenidate HCl)	NF	
<i>methylphenidate hcl chew 5 mg, 10 mg, 2.5 mg</i>	1	
<i>methylphenidate hcl cp24 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL(1 ea daily)
<i>methylphenidate hcl cp24 60 mg</i>	1	QL(1 ea daily, 90 ea per fill retail)
<i>methylphenidate hcl cpcr 10 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl cpcr 20 mg, 30 mg</i>	1	QL(2 ea daily)
<i>methylphenidate hcl soln 5 mg/5ml, 10 mg/5ml</i>	1	
<i>methylphenidate hcl tabs 20 mg</i>	1	QL(3 ea daily)
<i>methylphenidate hcl tabs 5 mg, 10 mg</i>	1	
<i>methylphenidate hcl tb24 18 mg, 27 mg, 54 mg</i>	1	QL(1 ea daily, 90 day(s) limit)
<i>methylphenidate hcl tb24 36 mg</i>	1	QL(2 ea daily, 90 day(s) limit)
<i>methylphenidate hcl tbcr 10 mg, 20 mg</i>	1	QL(1 ea daily, 90 ea per fill retail)
<i>methylphenidate hcl tbcr 18 mg, 27 mg, 36 mg</i>	1	QL(1 ea daily)

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 LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tbc 54 mg</i>	1	QL(2 ea daily)
<i>modafinil tabs</i>	2	ST; QL(1 ea daily)
NUVIGIL TABS (<i>Use Armodafinil</i>)	NF	PA
PROVIGIL TABS (<i>Use Modafinil</i>)	NF	ST; QL(1 ea daily)
QUILLIVANT XR SUSR	3	PA; QL(12 ml daily)
RITALIN LA CP24 (<i>Use Methylphenidate HCl</i>)	NF	QL(1 ea daily)
RITALIN TABS 20 MG (<i>Use Methylphenidate HCl</i>)	NF	QL(3 ea daily)
RITALIN TABS 5 MG, 10 MG (<i>Use Methylphenidate HCl</i>)	NF	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE SUSP	SP	PA
BETHKIS NEBU	SP	PA; LA
KITABIS PAK NEBU (<i>Use Tobramycin</i>)	NF	
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
STREPTOMYCIN SULFATE SOLR	SP	PA
TOBI NEBU (<i>Use Tobramycin</i>)	NF	
TOBI PODHALER CAPS	SP	PA
<i>tobramycin nebu</i>	2	PA
TOBRAMYCIN NEBU (<i>Use Tobramycin</i>)	NF	
TOBRAMYCIN SULFATE SOLN 10 MG/ML	SP	PA
<i>tobramycin sulfate soln 40 mg/ml, 80 mg/2ml</i>	SP	PA

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 40 MG/0.8ML	SP	PA; LA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML,	SP	PA
HUMIRA PEN PNKT 40 MG/0.4ML	SP	PA
HUMIRA PEN PNKT 40 MG/0.8ML	SP	PA; LA
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	SP	PA; LA
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	SP	PA
HUMIRA PEN-PS/UV STARTER PNKT	SP	PA; LA
HUMIRA PEN-PS/UV STARTER PNKT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;SP
HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	SP	PA
HUMIRA PSKT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	SP	PA; LA
SIMPONI SOAJ	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
SIMPONI SOSY	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
Antirheumatic - Enzyme Inhibitors		

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Drug Name	Drug Tier	Requirements/Limits
RINVOQ TB24	SP	PA
XELJANZ TABS 10 MG	SP	PA
XELJANZ TABS 5 MG	SP	PA; QL(2 ea daily); SP
XELJANZ XR TB24	SP	PA; QL(1 ea daily); SP
Antirheumatic Antimetabolites		
METHOTREXATE TABS	3	
OTREXUP SOAJ 10 MG/0.4ML	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
OTREXUP SOAJ 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML, 12.5 MG/0.4ML, 17.5 MG/0.4ML, 22.5 MG/0.4ML	SP	PA; LA
RASUVO SOAJ 10 MG/0.2ML, 15 MG/0.3ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML, 12.5 MG/0.25ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
RASUVO SOAJ 20 MG/0.4ML	SP	PA; LA
Gold Compounds		
RIDAURA CAPS	2	
Interleukin-1 Blockers		
ARCALYST SOLR	SP	PA
Interleukin-6 Receptor Inhibitors		
KEVZARA SOSY	SP	PA; SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS (<i>Use Naproxen Sodium</i>)	NF	
ARTHROTEC 50 TBEC (<i>Use Diclofenac w/ Misoprostol</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
ARTHROTEC 75 TBEC (<i>Use Diclofenac w/ Misoprostol</i>)	NF	
CELEBREX CAPS 200 MG (<i>Use Celecoxib</i>)	NF	ST; QL(2 ea daily); AL(At least 60 yrs old)
CELEBREX CAPS 400 MG (<i>Use Celecoxib</i>)	NF	ST; QL(1 ea daily); AL(At least 60 yrs old)
CELEBREX CAPS 50 MG, 100 MG (<i>Use Celecoxib</i>)	NF	ST; AL(At least 60 yrs old)
<i>celecoxib caps 200 mg</i>	1	ST; QL(2 ea daily); AL(At least 60 yrs old)
<i>celecoxib caps 400 mg</i>	1	ST; QL(1 ea daily); AL(At least 60 yrs old)
<i>celecoxib caps 50 mg, 100 mg</i>	1	ST; AL(At least 60 yrs old)
DAYPRO TABS (<i>Use Oxaprozin</i>)	NF	
<i>diclofenac potassium tabs</i>	1	
<i>diclofenac sodium tb24</i>	1	
<i>diclofenac sodium tbec</i>	1	
<i>diclofenac w/ misoprostol tbec</i>	1	
<i>etodolac caps 200 mg, 300 mg</i>	1	
<i>etodolac tabs 400 mg, 500 mg</i>	1	
<i>etodolac tb24 400 mg, 500 mg, 600 mg</i>	1	QL(2 ea daily)
FELDENE CAPS 10 MG (<i>Use Piroxicam</i>)	NF	
FELDENE CAPS 20 MG (<i>Use Piroxicam</i>)	NF	QL(1 ea daily)
<i>fenoprofen calcium tabs</i>	1	
<i>flurbiprofen tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen tabs</i>	1	
INDOCIN SUPP RE 50 MG	3	
INDOCIN SUSP OR 25 MG/5ML	2	
<i>indomethacin caps</i>	1	
<i>indomethacin cpcr</i>	1	
<i>ketoprofen caps 50 mg, 75 mg</i>	1	
KETOPROFEN CAPS 75 MG	2	
<i>ketoprofen cp24 200 mg</i>	1	
<i>ketorolac tromethamine tabs</i>	1	QL(20 ea per fill retail)
LODINE TABS (Use Etodolac)	NF	
<i>meclofenamate sodium caps</i>	1	
<i>mefenamic acid caps</i>	1	
<i>meloxicam tabs 15 mg</i>	1	QL(1 ea daily)
<i>meloxicam tabs 7.5 mg</i>	1	QL(2 ea daily)
MOBIC TABS 15 MG (Use Meloxicam)	NF	QL(1 ea daily)
MOBIC TABS 7.5 MG (Use Meloxicam)	NF	QL(2 ea daily)
<i>nabumetone tabs 500 mg</i>	1	QL(4 ea daily)
<i>nabumetone tabs 750 mg</i>	1	QL(3 ea daily)
NALFON TABS (Use Fenoprofen Calcium)	NF	
NAPROSYN SUSP (Use Naproxen)	NF	
NAPROSYN TABS (Use Naproxen)	NF	
<i>naproxen sodium tabs 275 mg, 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps 10 mg</i>	1	
<i>piroxicam caps 20 mg</i>	1	QL(1 ea daily)
PONSTEL CAPS (Use Mefenamic Acid)	NF	
SPRIX SOLN	3	QL(1 ea daily,5 day(s) limit)
<i>sulindac tabs 150 mg</i>	1	QL(2 ea daily)
<i>sulindac tabs 200 mg</i>	1	
TIVORBEX CAPS	3	ST; QL(3 ea daily)
TOLMETIN SODIUM CAPS 400 MG	2	
<i>tolmetin sodium tabs 200 mg, 600 mg</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
OTEZLA TBPB	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
Pyrimidine Synthesis Inhibitors		
ARAVAL TABS 10 MG (Use Leflunomide)	NF	QL(2 ea daily)
ARAVAL TABS 20 MG (Use Leflunomide)	NF	QL(1 ea daily)
<i>leflunomide tabs 10 mg</i>	1	QL(2 ea daily)
<i>leflunomide tabs 20 mg</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	SP	PA; SP
ORENCIA SOSY	SP	PA
Soluble Tumor Necrosis Factor Receptor Agents		

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Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI SOCT	SP	PA
ENBREL SOLR	SP	PA; LA
ENBREL SOSY	SP	PA; LA
ENBREL SURECLICK SOAJ	SP	PA; LA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs</i>	1	
<i>butalbital-acetaminophen-caffeine caps</i>	1	
<i>butalbital-acetaminophen-caffeine tabs</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
DURAXIN CAPS	3	
ESGIC TABS (Use <i>Butalbital-Acetaminophen-Caffeine</i>)	NF	
FIORICET CAPS (Use <i>Butalbital-Acetaminophen-Caffeine</i>)	NF	
FIORINAL CAPS (Use <i>Butalbital-Aspirin-Caffeine</i>)	NF	
TENCON TABS	3	
Salicylates		
ASCRIPITIN TABS	PV	PV
<i>aspirin chew</i>	PV	PV
<i>aspirin tabs</i>	PV	PV
<i>aspirin tbec</i>	PV	PV
<i>choline & mag salicylate liqd</i>	1	
<i>diflunisal tabs</i>	1	
ECOTRIN REGULAR STRENGTH TBEC (Use <i>Aspirin</i>)	PV	PV

Drug Name	Drug Tier	Requirements/Limits
<i>salsalate tabs</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ABSTRAL SUBL	3	PA
ACTIQ LPOP 1600 MCG (Use <i>Fentanyl Citrate</i>)	NF	PA; QL(4 ea daily)
ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (Use <i>Fentanyl Citrate</i>)	NF	PA
<i>codeine sulfate tabs</i>	1	
CONZIP CP24	3	
DEMEROL TABS (Use <i>Meperidine HCl</i>)	NF	
DILAUDID LIQD (Use <i>Hydromorphone HCl</i>)	NF	
DILAUDID TABS (Use <i>Hydromorphone HCl</i>)	NF	
DOLOPHINE TABS (Use <i>Methadone HCl</i>)	NF	QL(12 ea daily)
DURAGESIC PT72 (Use <i>Fentanyl</i>)	NF	Limit 15 per month;QL(0.5 ea daily)
EMBEDA CPR	3	PA
EXALGO T24A 32 MG (Use <i>Hydromorphone HCl</i>)	NF	QL(2 ea daily)
EXALGO T24A 8 MG, 12 MG, 16 MG (Use <i>Hydromorphone HCl</i>)	NF	QL(4 ea daily)
<i>fentanyl citrate lpop bu 1600 mcg</i>	2	PA; QL(4 ea daily)
<i>fentanyl citrate lpop bu 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg</i>	2	PA
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	1	Limit 15 per month;QL(0.5 ea daily)
<i>fentanyl pt72 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	1	PA; Limit 15 patches per month;QL(0.5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl t24a 32 mg</i>	1	QL(2 ea daily)
<i>hydromorphone hcl t24a 8 mg, 12 mg, 16 mg</i>	1	QL(4 ea daily)
<i>hydromorphone hcl tabs 2 mg, 4 mg, 8 mg</i>	1	
KADIAN CP24 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG, 100 MG (Use Morphine Sulfate)	NF	QL(2 ea daily)
KADIAN CP24 200 MG	3	QL(2 ea daily)
LAZANDA SOLN	3	PA
<i>levorphanol tartrate tabs 2 mg</i>	1	PA
LEVORPHANOL TARTRATE TABS 3 MG	2	PA
<i>meperidine hcl soln 50 mg/5ml</i>	1	
MEPERIDINE HCL TABS 50 MG, 100 MG	2	
<i>meperidine hcl tabs 50 mg, 100 mg</i>	1	
<i>methadone hcl conc 10 mg/ml</i>	1	
<i>methadone hcl soln 5 mg/5ml, 10 mg/5ml</i>	1	
<i>methadone hcl tabs 5 mg, 10 mg</i>	1	QL(12 ea daily)
<i>methadone hcl tbso 40 mg</i>	1	
<i>morphine sulfate cp24 or 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg, 100 mg</i>	1	QL(2 ea daily)
MORPHINE SULFATE ER CP24	2	QL(1 ea daily)
<i>morphine sulfate soln or 10 mg/5ml</i>	1	
<i>morphine sulfate soln or 20 mg/ml, 20 mg/5ml, 100 mg/5ml</i>	1	Not available through mail order
<i>morphine sulfate supp re 10 mg, 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
MORPHINE SULFATE SUPP RE 30 MG	3	
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	1	
MORPHINE SULFATE TABS OR 15 MG, 30 MG (Use Morphine Sulfate)	NF	
<i>morphine sulfate tbcr or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	1	QL(3 ea daily)
MS CONTIN TBCR (Use Morphine Sulfate)	NF	QL(3 ea daily)
NUCYNTA ER TB12	2	QL(2 ea daily)
NUCYNTA TABS	2	QL(6 ea daily)
OPANA ER (CRUSH RESISTANT) T12A	2	QL(2 ea daily)
OPANA TABS 10 MG (Use Oxymorphone HCl)	NF	QL(8 ea daily)
OPANA TABS 5 MG (Use Oxymorphone HCl)	NF	
OXAYDO TABA 7.5 MG	3	QL(4 ea daily)
<i>oxycodone hcl caps 5 mg</i>	1	
<i>oxycodone hcl conc 100 mg/5ml</i>	1	
<i>oxycodone hcl soln 5 mg/5ml</i>	1	
<i>oxycodone hcl tabs 30 mg</i>	1	QL(4 ea daily)
<i>oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg</i>	1	
<i>oxymorphone hcl tabs 10 mg</i>	1	QL(8 ea daily)
<i>oxymorphone hcl tabs 5 mg</i>	1	
OXYMORPHONE HYDROCHLORIDE ER TB12	3	QL(2 ea daily)
OXYMORPHONE HYDROCHLORIDEER TB12	3	QL(2 ea daily)
ROXICODONE TABS 30 MG (Use Oxycodone HCl)	NF	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
ROXICODONE TABS 5 MG, 15 MG (Use Oxycodone HCl)	NF	
SUBSYS LIQD 100 MCG	3	PA; QL(4 ea daily)
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG, 1600 MCG	3	PA
TRAMADOL HCL ER CP24	3	
<i>tramadol hcl tabs 50 mg</i>	1	QL(8 ea daily)
<i>tramadol hcl tb24 100 mg</i>	1	QL(3 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	1	
<i>tramadol hcl tb24 200 mg</i>	1	QL(1 ea daily)
ULTRAM TABS (Use Tramadol HCl)	NF	QL(8 ea daily)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	1	
<i>acetaminophen w/ codeine tabs 300mg-15mg, 300mg-30mg</i>	1	
<i>acetaminophen w/ codeine tabs 300mg-60mg</i>	1	QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine w/ codeine caps 300mg-50mg-40mg-30mg</i>	1	PA
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i>	1	
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	
FIORICET/CODEINE CAPS (Use Butalbital-Acetaminophen-Caffeine w/ Codeine)	NF	PA
FIORINAL/CODEINE #3 CAPS (Use Butalbital-Aspirin-Caffeine w/Cod)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml</i>	1	
<i>hydrocodone-acetaminophen tabs 5mg-300mg, 10mg-300mg, 2.5mg-325mg</i>	1	
<i>hydrocodone-acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	1	QL(240 ea per fill retail)
<i>hydrocodone-acetaminophen tabs 7.5mg-300mg</i>	1	QL(6 ea daily)
<i>hydrocodone-ibuprofen tabs 200mg-10mg</i>	1	Not available through mail order
<i>hydrocodone-ibuprofen tabs 200mg-5mg, 200mg-10mg, 200mg-7.5mg</i>	1	
LORTAB ELIX	3	
MEPERIDINE HCL/PROMETHAZINE HCL CAPS	3	
NALOCET TABS	3	
NORCO TABS (Use Hydrocodone-Acetaminophen)	NF	QL(240 ea per fill retail)
<i>oxycodone w/ acetaminophen tabs 10mg-325mg, 7.5mg-325mg</i>	1	QL(4 ea daily)
<i>oxycodone w/ acetaminophen tabs 2.5mg-325mg</i>	1	
<i>oxycodone w/ acetaminophen tabs 5mg-325mg</i>	1	QL(6 ea daily)
OXYCODONE/ACETAMINOPHEN SOLN	2	
OXYCODONE/IBUPROFEN TABS	3	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
PERCO CET TABS 10MG-325MG, 7.5MG-325MG (Use Oxycodone w/ Acetaminophen)	NF	QL(4 ea daily)
PERCO CET TABS 2.5MG-325MG (Use Oxycodone w/ Acetaminophen)	NF	
PERCO CET TABS 5MG-325MG (Use Oxycodone w/ Acetaminophen)	NF	QL(6 ea daily)
PRIMLEV TABS	3	
SYNALGOS-DC CAPS	3	
<i>tramadol-acetaminophen tabs</i>	1	QL(8 ea daily)
TYLENOL/CODEINE #3 TABS (Use Acetaminophen w/ Codeine)	NF	
TYLENOL/CODEINE #4 TABS (Use Acetaminophen w/ Codeine)	NF	QL(6 ea daily)
ULTRACET TABS (Use Tramadol-Acetaminophen)	NF	QL(8 ea daily)
XODOL TABS 5MG-300MG, 10MG-300MG (Use Hydrocodone-Acetaminophen)	NF	
XODOL TABS 7.5MG-300MG (Use Hydrocodone-Acetaminophen)	NF	QL(6 ea daily)
Opioid Partial Agonists		
<i>buprenorphine hcl subl 2 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl subl 8 mg</i>	1	QL(4 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 8mg-2mg, 2mg-0.5mg</i>	1	
<i>buprenorphine ptwk td 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr</i>	1	Limited to 4 patches per month;QL(4 ea per 28 days retail)

Drug Name	Drug Tier	Requirements/Limits
BUPRENORPHINE PTWK TD 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 7.5 MCG/HR	3	Limited to 4 patches per month;QL(4 ea per 28 days retail)
<i>butorphanol tartrate soln</i>	1	Limit 7.5mls per month;QL(0.25 ml daily)
BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (Use Buprenorphine)	NF	Limited to 4 patches per month;QL(4 ea per 28 days retail)
BUTRANS PTWK 7.5 MCG/HR	3	Limited to 4 patches per month;QL(4 ea per 28 days retail)
<i>pentazocine w/ naloxone tabs</i>	1	
PROBUPHINE IMPLANT KIT IMPL	SP	PA; SP
SUBLOCADE SOSY	SP	PA; SP
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
OXANDRIN TABS 10 MG (Use Oxandrolone)	NF	QL(2 ea daily)
OXANDRIN TABS 2.5 MG (Use Oxandrolone)	NF	
<i>oxandrolone tabs 10 mg</i>	2	QL(2 ea daily)
<i>oxandrolone tabs 2.5 mg</i>	2	
Androgens		
ANDRODERM PT24	3	ST; QL(60 ea per fill retail, 120 ea per fill mail)
ANDROGEL GEL 40.5 MG/2.5GM, 20.25 MG/1.25GM (Use Testosterone)	NF	Limited to 300 gms per month;QL(10 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
ANDROGEL GEL 50 MG/5GM, 25 MG/2.5GM (Use Testosterone)	NF	QL(10 gm daily)
ANDROGEL PUMP GEL (Use Testosterone)	NF	Limited to 300 gms per month;QL(10 gm daily)
<i>danazol caps</i>	1	
FORTESTA GEL (Use Testosterone)	NF	QL(4 gm daily)
METHITEST TABS	2	
<i>methyltestosterone caps</i>	1	
METHYLTESTOSTERONE CAPS	1	
STRIANT MISC	3	QL(2 ea daily)
TESTIM GEL (Use Testosterone)	3	PA; QL(10 gm daily)
<i>testosterone gel 1 %</i>	3	PA; QL(10 gm daily)
<i>testosterone gel 1 %, 1.62 %, 50 mg/5gm, 25 mg/2.5gm, 40.5 mg/2.5gm, 20.25 mg/1.25gm</i>	1	Limited to 300 gms per month;QL(10 gm daily)
<i>testosterone gel 1 %, 50 mg/5gm, 25 mg/2.5gm</i>	1	QL(10 gm daily)
<i>testosterone gel 10 mg/act</i>	1	QL(4 gm daily)
<i>testosterone gel 25 mg/2.5gm</i>	1	1.5 GM/50 ML;QL(10 gm daily)
<i>testosterone gel 50 mg/5gm</i>	1	Limit 300gms per month;QL(10 gm daily)
<i>testosterone soln 30 mg/act</i>	1	QL(6 ml daily)
TESTRED CAPS (Use Methyltestosterone)	NF	
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		

Drug Name	Drug Tier	Requirements/Limits
CORTENEMA ENEM (Use Hydrocortisone (Intrarectal))	NF	QL(60 ml daily)
CORTIFOAM FOAM	2	
<i>hydrocortisone (intrarectal) enem</i>	1	QL(60 ml daily)
UCERIS FOAM RE 2 MG/ACT	3	PA
Rectal Combinations		
ANALPRAM-HC LOTN	3	
PROCTOFOAM HC FOAM	2	
Rectal Steroids		
ANUSOL-HC CREA (Use Hydrocortisone (Rectal))	NF	
<i>hydrocortisone (rectal) crea</i>	1	
Vasodilating Agents		
RECTIV OINT	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole tabs</i>	1	
ALBENZA TABS (Use Albendazole)	NF	
BENZNIDAZOLE TABS	2	AL(At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE TABS (Use Praziquantel)	NF	
<i>ivermectin tabs</i>	1	
<i>praziquantel tabs</i>	1	
STROMEKTOL TABS (Use Ivermectin)	NF	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL CAPS (Use Metronidazole)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
FLAGYL TABS (<i>Use Metronidazole</i>)	NF	
<i>metronidazole caps</i>	1	
<i>metronidazole tabs</i>	1	
NEBUPENT SOLR	2	
PRIMSOL SOLN	3	
TINDAMAX TABS (<i>Use Tinidazole</i>)	NF	
<i>tinidazole tabs 250 mg</i>	1	PA
<i>tinidazole tabs 500 mg</i>	1	
<i>trimethoprim tabs</i>	1	
TRIMPEX SOLN	3	
XIFAXAN TABS 200 MG	3	PA; QL(9 ea per fill retail)
XIFAXAN TABS 550 MG	3	PA; QL(2 ea daily)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	NF	
BACTRIM TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	NF	
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
ALINIA TABS	3	
<i>atovaquone susp</i>	2	
MEPRON SUSP (<i>Use Atovaquone</i>)	NF	
Carbapenems		
DORIBAX SOLR	SP	PA

Drug Name	Drug Tier	Requirements/ Limits
DORIPENEM SOLR	SP	PA
<i>ertapenem sodium solr</i>	SP	PA
<i>imipenem-cilastatin solr</i>	2	PA
IMIPENEM/CILASTATIN SOLR	SP	PA
INVANZ SOLR IJ (<i>Use Ertapenem Sodium</i>)	SP	PA
INVANZ SOLR IV	SP	PA
<i>meropenem solr</i>	SP	PA
MERREM SOLR (<i>Use Meropenem</i>)	SP	PA
PRIMAXIN IV SOLR (<i>Use Imipenem-Cilastatin</i>)	SP	PA
Glycopeptides		
VANCOGIN CAPS (<i>Use Vancomycin HCl</i>)	NF	
VANCOGIN HCL CAPS (<i>Use Vancomycin HCl</i>)	NF	PA
<i>vancomycin hcl caps 125 mg</i>	1	PA
<i>vancomycin hcl caps 250 mg</i>	1	
Leprostatics		
<i>dapsone tabs 100 mg</i>	1	QL(4 ea daily)
<i>dapsone tabs 25 mg</i>	1	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (<i>Use Clindamycin HCl</i>)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (<i>Use Clindamycin Palmitate Hydrochloride</i>)	NF	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	
Monobactams		

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Drug Name	Drug Tier	Requirements/Limits
CAYSTON SOLR	SP	PA
Oxazolidinones		
<i>linezolid susr 100 mg/5ml</i>	1	QL(210 ml per 90 days retail)
<i>linezolid tabs 600 mg</i>	1	QL(20 ea per 90 days retail)
SIVEXTRO TABS	2	QL(6 ea per 90 days retail)
ZYVOX SUSR 100 MG/5ML (Use Linezolid)	NF	QL(210 ml per 90 days retail)
ZYVOX TABS 600 MG (Use Linezolid)	NF	QL(20 ea per 90 days retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG (Use Ranolazine)	NF	
RANEXA TB12 500 MG (Use Ranolazine)	NF	QL(4 ea daily)
<i>ranolazine tb12 1000 mg</i>	1	
<i>ranolazine tb12 500 mg</i>	1	QL(4 ea daily)
Nitrates		
DILATRATE SR CPCR	3	
GONITRO PACK	3	PA
ISORDIL TITRADOSE TABS 40 MG	2	
ISORDIL TITRADOSE TABS 5 MG (Use Isosorbide Dinitrate)	NF	
ISOSORBIDE DINITRATE ER TBCR	2	
ISOSORBIDE DINITRATE TABS 30 MG	2	
<i>isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate tabs</i>	1	
<i>isosorbide mononitrate tb24</i>	1	
NITRO-BID OINT	2	

Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use Nitroglycerin)	NF	QL(1 ea daily)
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR	2	QL(1 ea daily)
<i>nitroglycerin aers tl 400 mcg/spray</i>	1	
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	QL(1 ea daily)
<i>nitroglycerin soln tl 0.4 mg/spray</i>	1	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
NITROLINGUAL PUMPSPRAY SOLN (Use Nitroglycerin)	NF	
NITROMIST AERS	3	
NITROSTAT SUBL (Use Nitroglycerin)	NF	
ANTIANKXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl tabs</i>	1	
HYDROXYZINE HCL SOLN IM 25 MG/ML	SP	PA
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
HYDROXYZINE HYDROCHLORIDE SOLN	SP	PA
<i>hydroxyzine pamoate caps</i>	1	
<i>meprobamate tabs</i>	1	
VISTARIL CAPS (Use Hydroxyzine Pamoate)	NF	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
ATIVAN TABS (Use Lorazepam)	SP	PA
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam soln 5 mg/5ml</i>	1	
<i>diazepam tabs 10 mg</i>	1	QL(4 ea daily)
<i>diazepam tabs 2 mg, 5 mg</i>	1	
<i>lorazepam conc</i>	1	
<i>lorazepam tabs</i>	1	
OXAZEPAM CAPS 10 MG, 15 MG	2	
<i>oxazepam caps 10 mg, 15 mg</i>	1	
<i>oxazepam caps 30 mg</i>	1	QL(2 ea daily)
OXAZEPAM CAPS 30 MG	2	QL(2 ea daily)
TRANXENE T TABS (Use Clorazepate Dipotassium)	NF	
VALIUM TABS 10 MG (Use Diazepam)	NF	QL(4 ea daily)
VALIUM TABS 2 MG, 5 MG (Use Diazepam)	NF	
XANAX TABS (Use Alprazolam)	NF	
XANAX XR TB24 (Use Alprazolam)	NF	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (Use Disopyramide Phosphate)	NF	

Drug Name	Drug Tier	Requirements/Limits
NORPACE CR CP12 100 MG	2	
NORPACE CR CP12 150 MG	3	
<i>quinidine gluconate tbcr</i>	1	
QUINIDINE SULFATE TABS	2	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone hcl tabs 150 mg</i>	1	QL(6 ea daily)
<i>propafenone hcl tabs 225 mg, 300 mg</i>	1	QL(3 ea daily)
RYTHMOL SR CP12 (Use Propafenone HCl)	NF	
Antiarrhythmics Type III		
<i>amiodarone hcl tabs</i>	1	
<i>dofetilide caps</i>	1	
MULTAQ TABS	2	
TIKOSYN CAPS (Use Dofetilide)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	
Antiasthmatic - Monoclonal Antibodies		
XOLAIR SOSY	SP	PA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	2	Limit 2 inhalers per month;QL(0.86 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
INCRUSE ELLIPTA AEPB	2	QL(1 ea daily)
<i>ipratropium bromide soln</i>	1	
SEEBRI NEOHALER CAPS	3	QL(2 ea daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month;QL(0.14 3 gm daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month;QL(0.14 gm daily)
TUDORZA PRESSAIR AEPB	2	Limit 1 inhaler per month;QL(1 ea per fill retail,3 ea per fill mail)
Leukotriene Modulators		
ACCOLATE TABS 10 MG (Use Zafirlukast)	NF	
ACCOLATE TABS 20 MG (Use Zafirlukast)	NF	QL(2 ea daily)
<i>montelukast sodium chew</i>	1	QL(1 ea daily)
<i>montelukast sodium pack</i>	1	QL(1 ea daily)
<i>montelukast sodium tabs</i>	1	QL(1 ea daily)
SINGULAIR CHEW (Use Montelukast Sodium)	NF	QL(1 ea daily)
SINGULAIR PACK (Use Montelukast Sodium)	NF	QL(1 ea daily)
SINGULAIR TABS (Use Montelukast Sodium)	NF	QL(1 ea daily)
<i>zafirlukast tabs 10 mg</i>	1	
<i>zafirlukast tabs 20 mg</i>	1	QL(2 ea daily)
<i>zileuton tb12</i>	1	ST
ZYFLO CR TB12 (Use Zileuton)	NF	ST
ZYFLO TABS	3	ST

Drug Name	Drug Tier	Requirements/Limits
Steroid Inhalants		
AEROSPAN AERS	2	Limit 2 inhalers per month;QL(0.6 gm daily)
ALVESCO AERS	3	Limit 2 inhalers per month;QL(0.41 gm daily)
ARMONAIR RESPICLICK 113 AEPB	3	QL(0.04 ea daily)
ARMONAIR RESPICLICK 232 AEPB	3	QL(0.04 ea daily)
ARMONAIR RESPICLICK 55 AEPB	3	QL(0.04 ea daily)
ARNUITY ELLIPTA AEPB	2	QL(1 ea daily)
ASMANEX HFA AERO	2	Limit 1 inhaler per month;QL(0.44 gm daily)
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	QL(1 ea per fill retail,3 ea per fill mail)
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	QL(1 ea per fill retail,3 ea per fill mail)
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	QL(1 ea per fill retail,3 ea per fill mail)
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	QL(1 ea per fill retail,3 ea per fill mail)
ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	QL(1 ea per fill retail,3 ea per fill mail)
<i>budesonide (inhalation) susp 0.25 mg/2ml</i>	2	QL(8 ml daily)
<i>budesonide (inhalation) susp 0.5 mg/2ml</i>	2	QL(4 ml daily)
<i>budesonide (inhalation) susp 1 mg/2ml</i>	1	QL(2 ml daily)
FLOVENT DISKUS AEPB 100 MCG/BLIST	2	QL(20 ea daily)
FLOVENT DISKUS AEPB 250 MCG/BLIST	2	QL(8 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
FLOVENT DISKUS AEPB 50 MCG/BLIST	2	QL(40 ea daily)
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT	2	Limit 2 inhalers per month;QL(0.8 gm daily)
FLOVENT HFA AERO 44 MCG/ACT	2	Limit 1 inhaler per month;QL(0.36 gm daily)
PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month;QL(1 ea per fill retail,3 ea per fill mail)
PULMICORT SUSP 0.25 MG/2ML (Use Budesonide (Inhalation))	NF	QL(8 ml daily)
PULMICORT SUSP 0.5 MG/2ML (Use Budesonide (Inhalation))	NF	QL(4 ml daily)
PULMICORT SUSP 1 MG/2ML (Use Budesonide (Inhalation))	NF	QL(2 ml daily)
QVAR AERS 40 MCG/ACT	2	Limit 3 Inhalers per month - 7.3g pkg, Limit 2 Inhalers per month-8.7g pkg;QL(0.58 gm daily)
QVAR AERS 80 MCG/ACT	2	Limit 2 inhalers per month;QL(0.29 gm daily)
QVAR REDIHALER AERB 40 MCG/ACT	2	Limit 1 inhaler per month;QL(0.36 gm daily)
QVAR REDIHALER AERB 80 MCG/ACT	2	Limit 2 Inhalers per month;QL(0.72 gm daily)
Sympathomimetics		
ADVAIR DISKUS AEPB (Use Fluticasone-Salmeterol)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ADVAIR HFA AERO	2	Limit 1 inhaler per month;QL(0.4 gm daily)
ALBUTEROL SULFATE ER TB12	3	QL(2 ea daily)
<i>albuterol sulfate nebu</i>	1	
<i>albuterol sulfate syrp</i>	1	
<i>albuterol sulfate tabs</i>	1	
ANORO ELLIPTA AEPB	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS	3	QL(1 ea daily)
BEVESPI AEROSPHERE AERO	3	QL(0.36 gm daily)
BREO ELLIPTA AEPB	2	QL(2 ea daily)
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month;QL(0.16 gm daily)
DULERA AERO	2	Limit 1 inhaler per month;QL(0.45 gm daily)
FLUTICASONE PROPIONATE/SALMETEROL AEPB	2	QL(0.04 ea daily)
<i>fluticasone-salmeterol aepb</i>	1	QL(2 ea daily)
<i>ipratropium-albuterol soln</i>	1	
<i>levalbuterol hcl nebu</i>	1	
<i>levalbuterol tartrate aero</i>	1	QL(0.6 gm daily)
<i>metaproterenol sulfate syrp</i>	1	
<i>metaproterenol sulfate tabs</i>	1	
PROAIR HFA AERS	3	Limit 2 inhalers per month;QL(0.57 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month;QL(0.07 ea daily)
PROVENTIL HFA AERS	2	QL(0.47 gm daily)
SEREVENT DISKUS AEPB	2	QL(2 ea daily)
STIOLTO RESPIMAT AERS	2	Limit 1 inhaler per month;QL(0.14 gm daily)
STRIVERDI RESPIMAT AERS	2	Limit 1 inhaler per month;QL(0.14 gm daily)
SYMBICORT AERO	2	Limit 1 inhaler per month;QL(0.34 gm daily)
<i>terbutaline sulfate tabs</i>	1	
TRELEGY ELLIPTA AEPB	2	QL(2 ea daily)
UTIBRON NEOHALER CAPS	3	QL(2 ea daily)
VENTOLIN HFA AERS	3	QL(0.72 gm daily)
VENTOLIN HFA AERS	3	QL(0.64 gm daily)
VENTOLIN HFA AERS	3	Limit 2 inhalers per month;QL(0.6 gm daily)
XOPENEX CONCENTRATE NEBU (Use <i>Levalbuterol HCl</i>)	NF	
XOPENEX HFA AERO (Use <i>Levalbuterol Tartrate</i>)	NF	QL(0.6 gm daily)
XOPENEX NEBU (Use <i>Levalbuterol HCl</i>)	NF	
Xanthines		
ELIXOPHYLLIN ELIX	3	
THEO-24 CP24	2	
THEOCHRON TB12	3	

Drug Name	Drug Tier	Requirements/Limits
THEOPHYLLINE ER TB12	3	QL(1 ea daily)
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tb12 100 mg, 200 mg</i>	1	
<i>theophylline tb12 300 mg, 450 mg</i>	1	QL(1 ea daily)
<i>theophylline tb24 400 mg, 600 mg</i>	1	QL(1 ea daily)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (Use <i>Warfarin Sodium</i>)	NF	
<i>warfarin sodium tabs</i>	1	
Direct Factor Xa Inhibitors		
BEVYXXA CAPS	3	QL(42 ea per 42 days retail)
ELIQUIS STARTER PACK TABS	2	
ELIQUIS TABS 2.5 MG	2	QL(2 ea daily)
ELIQUIS TABS 5 MG	2	
SAVAYSA TABS	3	
XARELTO STARTER PACK TBPK	2	
XARELTO TABS 10 MG, 15 MG, 2.5 MG	2	
XARELTO TABS 20 MG	2	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 2.5 MG/0.5ML (Use <i>Fondaparinux Sodium</i>)	SP	PA; QL(4 ml per 90 days retail,4 ml per 90 days mail)
ARIXTRA SOLN 5 MG/0.4ML, 10 MG/0.8ML, 7.5 MG/0.6ML (Use <i>Fondaparinux Sodium</i>)	SP	PA
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	2	PA; QL(0.1 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 120 mg/0.8ml</i>	2	QL(4 ml per 7 days retail)
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	SP	PA; QL(4 ml per 90 days retail, 4 ml per 90 days mail)
<i>fondaparinux sodium soln 5 mg/0.4ml, 10 mg/0.8ml, 7.5 mg/0.6ml</i>	SP	PA
FRAGMIN SOLN 10000 UNIT/ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 95000 UNIT/3.8ML	SP	PA
FRAGMIN SOLN 2500 UNIT/0.2ML	SP	
<i>heparin sodium (porcine) soln</i>	SP	PA
LOVENOX SOLN IJ 300 MG/3ML (<i>Use Enoxaparin Sodium</i>)	NF	
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML, 120 MG/0.8ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(4 ml per 7 days retail)
Thrombin Inhibitors		
IPRIVASK SOLR	SP	PA; LA
PRADAXA CAPS	3	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	3	
FYCOMPA TABS	3	
Anticonvulsants - Benzodiazepines		
<i>clobazam susp 2.5 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>clobazam tabs 10 mg</i>	1	QL(1 ea daily)
<i>clobazam tabs 20 mg</i>	1	QL(2 ea daily)
<i>clonazepam tabs</i>	1	
<i>clonazepam tbdp</i>	1	
DIASTAT ACUDIAL GEL (<i>Use Diazepam (Anticonvulsant)</i>)	NF	Limit 4 per month; QL(0.14 ea daily)
DIASTAT PEDIATRIC GEL (<i>Use Diazepam (Anticonvulsant)</i>)	NF	Limit 4 per month; QL(0.14 ea daily)
<i>diazepam (anticonvulsant) gel</i>	1	QL(0.14 ea daily)
KLONOPIN TABS (<i>Use Clonazepam</i>)	NF	
ONFI SUSP 2.5 MG/ML (<i>Use Clobazam</i>)	NF	
ONFI TABS 10 MG (<i>Use Clobazam</i>)	NF	QL(1 ea daily)
ONFI TABS 20 MG (<i>Use Clobazam</i>)	NF	QL(2 ea daily)
Anticonvulsants - Misc.		
APTIOM TABS	3	PA; QL(2 ea daily)
BANZEL SUSP 40 MG/ML	3	
BANZEL TABS 200 MG	3	
BANZEL TABS 400 MG	3	QL(8 ea daily)
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine cp12 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
<i>carbamazepine tb12 100 mg</i>	1	
<i>carbamazepine tb12 200 mg</i>	1	QL(8 ea daily)
<i>carbamazepine tb12 400 mg</i>	1	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
CARBATROL CP12 (<i>Use Carbamazepine</i>)	3	
DIACOMIT CAPS 250 MG	SP	PA; QL(12 ea daily)
DIACOMIT CAPS 500 MG	SP	PA; QL(6 ea daily)
DIACOMIT PACK 250 MG	SP	PA; QL(12 ea daily)
DIACOMIT PACK 500 MG	SP	PA; QL(6 ea daily)
EPIDIOLEX SOLN	SP	PA
<i>gabapentin caps</i>	1	
<i>gabapentin soln</i>	1	
<i>gabapentin tabs</i>	1	
KEPPRA SOLN 100 MG/ML (<i>Use Levetiracetam</i>)	3	
KEPPRA TABS 250 MG, 500 MG, 750 MG, 1000 MG (<i>Use Levetiracetam</i>)	3	QL(6 ea daily)
KEPPRA XR TB24 (<i>Use Levetiracetam</i>)	3	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>Use Lamotrigine</i>)	3	
LAMICTAL ODT KIT	3	PA
LAMICTAL ODT TBDP 25 MG, 50 MG, 100 MG, 200 MG (<i>Use Lamotrigine</i>)	3	PA
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>Use Lamotrigine</i>)	NF	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>Use Lamotrigine</i>)	NF	
LAMICTAL STARTER/TAKING VALPROATE KIT (<i>Use Lamotrigine</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL TABS (<i>Use Lamotrigine</i>)	3	
LAMICTAL XR KIT	3	PA
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (<i>Use Lamotrigine</i>)	3	PA; QL(1 ea daily)
LAMICTAL XR TB24 250 MG (<i>Use Lamotrigine</i>)	3	PA
LAMICTAL XR TB24 300 MG (<i>Use Lamotrigine</i>)	3	QL(2 ea daily)
<i>lamotrigine chew 5 mg, 25 mg</i>	1	
<i>lamotrigine kit</i>	1	PA
<i>lamotrigine kit 25 mg</i>	1	
<i>lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg</i>	1	
<i>lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg</i>	1	PA; QL(1 ea daily)
<i>lamotrigine tb24 250 mg</i>	1	PA
<i>lamotrigine tb24 300 mg</i>	1	QL(2 ea daily)
<i>lamotrigine tbdp 25 mg, 50 mg, 100 mg, 200 mg</i>	1	PA
<i>levetiracetam soln 100 mg/ml, 500 mg/5ml</i>	1	
<i>levetiracetam tabs 250 mg, 500 mg, 750 mg, 1000 mg</i>	1	QL(6 ea daily)
<i>levetiracetam tb24 500 mg, 750 mg</i>	1	QL(4 ea daily)
LYRICA CAPS 225 MG, 300 MG (<i>Use Pregabalin</i>)	3	PA; QL(2 ea daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>Use Pregabalin</i>)	3	PA; QL(3 ea daily)
LYRICA SOLN 20 MG/ML (<i>Use Pregabalin</i>)	3	PA
MYSOLINE TABS (<i>Use Primidone</i>)	3	
NEURONTIN CAPS (<i>Use Gabapentin</i>)	3	
NEURONTIN SOLN (<i>Use Gabapentin</i>)	3	

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Drug Name	Drug Tier	Requirements/Limits
NEURONTIN TABS (<i>Use Gabapentin</i>)	3	
<i>oxcarbazepine susp 60 mg/ml, 300 mg/5ml</i>	1	QL(40 ml daily)
<i>oxcarbazepine tabs 150 mg</i>	1	
<i>oxcarbazepine tabs 300 mg</i>	1	QL(8 ea daily)
<i>oxcarbazepine tabs 600 mg</i>	1	QL(4 ea daily)
OXTELLAR XR TB24 150 MG, 300 MG	3	ST
OXTELLAR XR TB24 600 MG	3	ST; QL(4 ea daily)
<i>pregabalin caps 225 mg, 300 mg</i>	1	PA; QL(2 ea daily)
<i>pregabalin caps 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i>	1	PA; QL(3 ea daily)
<i>pregabalin soln 20 mg/ml</i>	1	PA
<i>primidone tabs</i>	1	
QUDEXY XR CS24 100 MG, 150 MG, 200 MG	3	PA; QL(1 ea daily)
QUDEXY XR CS24 25 MG, 50 MG	3	PA; QL(2 ea daily)
TEGRETOL SUSP (<i>Use Carbamazepine</i>)	3	
TEGRETOL TABS (<i>Use Carbamazepine</i>)	3	
TEGRETOL-XR TB12 100 MG (<i>Use Carbamazepine</i>)	3	
TEGRETOL-XR TB12 200 MG (<i>Use Carbamazepine</i>)	NF	QL(8 ea daily)
TEGRETOL-XR TB12 400 MG (<i>Use Carbamazepine</i>)	NF	QL(4 ea daily)
TOPAMAX SPRINKLE CPSP (<i>Use Topiramate</i>)	3	
TOPAMAX TABS 100 MG (<i>Use Topiramate</i>)	3	QL(4 ea daily)
TOPAMAX TABS 200 MG (<i>Use Topiramate</i>)	3	QL(2 ea daily)
TOPAMAX TABS 25 MG (<i>Use Topiramate</i>)	3	

Drug Name	Drug Tier	Requirements/Limits
TOPAMAX TABS 50 MG (<i>Use Topiramate</i>)	3	QL(8 ea daily)
<i>topiramate csp 15 mg, 25 mg</i>	1	
TOPIRAMATE ER CS24 100 MG, 150 MG, 200 MG	3	PA; QL(1 ea daily)
TOPIRAMATE ER CS24 25 MG, 50 MG	3	PA; QL(2 ea daily)
<i>topiramate tabs 100 mg</i>	1	QL(4 ea daily)
<i>topiramate tabs 200 mg</i>	1	QL(2 ea daily)
<i>topiramate tabs 25 mg</i>	1	
<i>topiramate tabs 50 mg</i>	1	QL(8 ea daily)
TRILEPTAL SUSP 300 MG/5ML (<i>Use Oxcarbazepine</i>)	3	QL(40 ml daily)
TRILEPTAL TABS 150 MG (<i>Use Oxcarbazepine</i>)	3	
TRILEPTAL TABS 300 MG (<i>Use Oxcarbazepine</i>)	3	QL(8 ea daily)
TRILEPTAL TABS 600 MG (<i>Use Oxcarbazepine</i>)	3	QL(4 ea daily)
TROKENDI XR CP24 200 MG	3	PA; QL(2 ea daily)
TROKENDI XR CP24 25 MG, 50 MG, 100 MG	3	PA
VIMPAT SOLN 10 MG/ML	2	QL(40 ml daily)
VIMPAT TABS 50 MG, 100 MG, 150 MG, 200 MG	2	
ZONEGRAN CAPS 100 MG (<i>Use Zonisamide</i>)	3	QL(6 ea daily)
ZONEGRAN CAPS 25 MG (<i>Use Zonisamide</i>)	3	
<i>zonisamide caps 100 mg</i>	1	QL(6 ea daily)
<i>zonisamide caps 25 mg, 50 mg</i>	1	
Carbamates		
<i>felbamate susp</i>	1	
<i>felbamate tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
FELBATOL SUSP 600 MG/5ML (Use Felbamate)	3	
FELBATOL TABS 400 MG, 600 MG (Use Felbamate)	NF	
GABA Modulators		
GABITRIL TABS (Use Tiagabine HCl)	3	
SABRIL PACK (Use Vigabatrin)	SP	QL(6 ea daily)
SABRIL TABS (Use Vigabatrin)	SP	
<i>tiagabine hcl tabs</i>	1	
<i>vigabatrin pack</i>	SP	QL(6 ea daily)
<i>vigabatrin tabs</i>	SP	
Hydantoins		
DILANTIN CAPS 100 MG (Use Phenytoin Sodium Extended)	3	
DILANTIN CAPS 30 MG	3	
DILANTIN INFATABS CHEW (Use Phenytoin)	3	
DILANTIN-125 SUSP (Use Phenytoin)	3	
PEGANONE TABS	3	
PHENYTEK CAPS (Use Phenytoin Sodium Extended)	NF	
<i>phenytoin chew</i>	1	
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin susp</i>	1	
Succinimides		
CELONTIN CAPS	3	
<i>ethosuximide caps</i>	1	
<i>ethosuximide soln</i>	1	
ZARONTIN CAPS (Use Ethosuximide)	3	

Drug Name	Drug Tier	Requirements/ Limits
ZARONTIN SOLN (Use Ethosuximide)	3	
Valproic Acid		
DEPAKENE CAPS 250 MG (Use Valproic Acid)	3	
DEPAKENE SOLN 250 MG/5ML (Use Valproate Sodium)	NF	
DEPAKOTE ER TB24 (Use Divalproex Sodium)	3	
DEPAKOTE SPRINKLES CSDR (Use Divalproex Sodium)	3	
DEPAKOTE TBEC (Use Divalproex Sodium)	3	
<i>divalproex sodium csdr</i>	1	
<i>divalproex sodium tb24</i>	1	
<i>divalproex sodium tbec</i>	1	
<i>valproate sodium soln</i>	1	
<i>valproic acid caps or</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs</i>	1	
<i>mirtazapine tbdp</i>	1	
REMERON SOLTAB TBDP (Use Mirtazapine)	NF	
REMERON TABS (Use Mirtazapine)	NF	
Antidepressants - Misc.		
<i>bupropion hcl tabs 75 mg, 100 mg</i>	1	
<i>bupropion hcl tb12 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl tb24 150 mg, 300 mg</i>	1	QL(1 ea daily)
BUPROPION HYDROCHLORIDE ER (XL) TB24	3	ST; QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
FORFIVO XL TB24	3	ST; QL(1 ea daily)
<i>maprotiline hcl tabs</i>	1	
WELLBUTRIN SR TB12 (Use Bupropion HCl)	NF	
WELLBUTRIN XL TB24 (Use Bupropion HCl)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	3	
NARDIL TABS (Use Phenelzine Sulfate)	NF	
PARNATE TABS (Use Tranylcypromine Sulfate)	NF	
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	2	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS (Use Citalopram Hydrobromide)	NF	QL(1 ea daily)
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate soln 5 mg/5ml</i>	1	
<i>escitalopram oxalate tabs 10 mg, 20 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate tabs 5 mg</i>	1	QL(2 ea daily)
FLUOXETINE DR CPDR	3	
<i>fluoxetine hcl caps 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl caps 40 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	QL(15 ml daily)
<i>fluoxetine hcl tabs 10 mg</i>	1	
<i>fluoxetine hcl tabs 20 mg, 60 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
FLUOXETINE HYDROCHLORIDE TABS (Use Fluoxetine HCl)	NF	QL(1 ea daily)
<i>fluvoxamine maleate cp24 100 mg</i>	2	QL(3 ea daily)
<i>fluvoxamine maleate cp24 150 mg</i>	2	
<i>fluvoxamine maleate tabs 100 mg</i>	1	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	1	
LEXAPRO TABS 10 MG, 20 MG (Use Escitalopram Oxalate)	NF	QL(1 ea daily)
LEXAPRO TABS 5 MG (Use Escitalopram Oxalate)	NF	QL(2 ea daily)
<i>paroxetine hcl tabs</i>	1	
<i>paroxetine hcl tb24</i>	1	
PAXIL CR TB24 (Use Paroxetine HCl)	NF	
PAXIL SUSP 10 MG/5ML	3	
PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG (Use Paroxetine HCl)	NF	
PROZAC CAPS 10 MG, 20 MG (Use Fluoxetine HCl)	NF	
PROZAC CAPS 40 MG (Use Fluoxetine HCl)	NF	QL(1 ea daily)
<i>sertraline hcl conc 20 mg/ml</i>	1	
<i>sertraline hcl tabs 25 mg, 50 mg, 100 mg</i>	1	QL(2 ea daily)
ZOLOFT CONC 20 MG/ML (Use Sertraline HCl)	NF	
ZOLOFT TABS 25 MG, 50 MG, 100 MG (Use Sertraline HCl)	NF	QL(2 ea daily)
Serotonin Modulators		
<i>nefazodone hcl tabs</i>	1	
NEFAZODONE HYDROCHLORIDE TABS	3	
<i>trazodone hcl tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TABS	3	ST; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	3	PA
VIIBRYD TABS 10 MG, 40 MG	3	ST
VIIBRYD TABS 20 MG	3	ST; QL(2 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (<i>Use Duloxetine HCl</i>)	NF	QL(2 ea daily)
DESVENLAFAXINE ER TB24 50 MG, 100 MG	3	ST; QL(1 ea daily)
<i>desvenlafaxine succinate tb24</i>	1	QL(1 ea daily)
<i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)
EFFEXOR XR CP24 (<i>Use Venlafaxine HCl</i>)	NF	QL(2 ea daily)
FETZIMA CP24 20 MG	3	ST; QL(2 ea daily)
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	ST; QL(1 ea daily)
FETZIMA TITRATION PACK C4PK	3	ST
KHEDEZLA TB24	3	ST; QL(1 ea daily)
PRISTIQ TB24 (<i>Use Desvenlafaxine Succinate</i>)	NF	QL(1 ea daily)
<i>venlafaxine hcl cp24 75 mg, 150 mg, 37.5 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i>	1	
<i>venlafaxine hcl tb24 225 mg</i>	1	
<i>venlafaxine hcl tb24 75 mg, 150 mg, 37.5 mg</i>	1	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	
AMOXAPINE TABS	2	
ANAFRANIL CAPS (<i>Use Clomipramine HCl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl caps</i>	2	
<i>desipramine hcl tabs</i>	1	
<i>doxepin hcl caps 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	
DOXEPIN HCL CAPS 150 MG	2	
<i>doxepin hcl conc 10 mg/ml</i>	1	
ELAVIL TABS (<i>Use Amitriptyline HCl</i>)	NF	
<i>imipramine hcl tabs 10 mg, 25 mg</i>	1	
<i>imipramine hcl tabs 50 mg</i>	1	QL(4 ea daily)
<i>imipramine pamoate caps</i>	1	
NORPRAMIN TABS (<i>Use Desipramine HCl</i>)	NF	
<i>nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
PAMELOR CAPS (<i>Use Nortriptyline HCl</i>)	NF	
<i>protriptyline hcl tabs</i>	1	
SURMONTIL CAPS (<i>Use Trimipramine Maleate</i>)	NF	
TOFRANIL TABS 10 MG, 25 MG (<i>Use Imipramine HCl</i>)	NF	
TOFRANIL TABS 50 MG (<i>Use Imipramine HCl</i>)	NF	QL(4 ea daily)
<i>trimipramine maleate caps</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs or 25 mg, 50 mg, 100 mg</i>	1	
GLYSET TABS (<i>Use Miglitol</i>)	NF	
<i>miglitol tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
PRECOSE TABS (<i>Use Acarbose</i>)	NF	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	PA
SYMLINPEN 60 SOPN	2	PA
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>Use Pioglitazone HCl-Metformin HCl</i>)	NF	
ACTOPLUS MET XR TB24	3	
ALOGLIPTIN/METFORMIN HCL TABS	3	
ALOGLIPTIN/PIOGLITAZONE TABS 12.5MG-30MG	3	QL(1 ea daily)
ALOGLIPTIN/PIOGLITAZONE TABS 25MG-15MG, 25MG-30MG, 25MG-45MG, 12.5MG-15MG, 12.5MG-45MG	3	
DUETACT TABS (<i>Use Pioglitazone HCl-Glimepiride</i>)	NF	
<i>glipizide-metformin hcl tabs</i>	1	
GLUCOVANCE TABS (<i>Use Glyburide-Metformin</i>)	NF	
<i>glyburide-metformin tabs</i>	1	
GLYXAMBI TABS	2	
INVOKAMET TABS	2	
INVOKAMET XR TB24	2	
JANUMET TABS 50MG-1000MG	2	
JANUMET TABS 50MG-500MG	2	QL(2 ea daily)
JANUMET XR TB24 100MG-1000MG	2	QL(1 ea daily)
JANUMET XR TB24 50MG-500MG, 50MG-1000MG	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
JENTADUETO TABS	2	
JENTADUETO XR TB24 2.5MG-1000MG	2	
JENTADUETO XR TB24 5MG-1000MG	2	QL(1 ea daily)
KAZANO TABS	3	
OSENI TABS 12.5MG-30MG	3	QL(1 ea daily)
OSENI TABS 25MG-15MG, 25MG-30MG, 25MG-45MG, 12.5MG-15MG, 12.5MG-45MG	3	
<i>pioglitazone hcl-glimepiride tabs</i>	1	
<i>pioglitazone hcl-metformin hcl tabs</i>	1	
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS	3	
SEGLUROMET TABS	3	
SYNJARDY TABS	2	
SYNJARDY XR TB24	2	
XIGDUO XR TB24 10MG-500MG, 10MG-1000MG	3	QL(1 ea daily)
XIGDUO XR TB24 5MG-500MG, 5MG-1000MG, 2.5MG-1000MG	3	QL(2 ea daily)
Biguanides		
GLUCOPHAGE TABS (<i>Use Metformin HCl</i>)	PV	Only Covered Ca On/Off Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic
GLUCOPHAGE XR TB24 (<i>Use Metformin HCl</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl tabs 500 mg, 850 mg, 1000 mg</i>	PV	Only Covered Ca On/Off Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic
<i>metformin hcl tb24 500 mg, 750 mg</i>	1	
METFORMIN HYDROCHLORIDE SOLN	3	
RIOMET SOLN	3	
Diabetic Other		
GLUCAGEN HYPOKIT SOLR	SP	PA
GLUCAGON EMERGENCY KIT KIT	2	QL(1 ea per fill retail, 2 ea per 30 days retail)
PROGLYCEM SUSP	3	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
ALOGLIPTIN TABS 12.5 MG, 6.25 MG	3	PA
ALOGLIPTIN TABS 25 MG	3	PA; QL(1 ea daily)
JANUVIA TABS 25 MG	2	
JANUVIA TABS 50 MG, 100 MG	2	QL(1 ea daily)
NESINA TABS 12.5 MG, 6.25 MG	3	PA
NESINA TABS 25 MG	3	PA; QL(1 ea daily)
TRADJENTA TABS	2	QL(1 ea daily)
Incretin Mimetic Agents (GLP-1 Receptor)		
OZEMPIC SOPN	2	PA
TANZEUM PEN	SP	PA
TRULICITY SOPN	2	PA
VICTOZA SOPN	2	PA

Drug Name	Drug Tier	Requirements/ Limits
Insulin Sensitizing Agents		
ACTOS TABS 15 MG (<i>Use Pioglitazone HCl</i>)	NF	
ACTOS TABS 30 MG, 45 MG (<i>Use Pioglitazone HCl</i>)	NF	QL(1 ea daily)
AVANDIA TABS	2	
<i>pioglitazone hcl tabs 15 mg</i>	1	
<i>pioglitazone hcl tabs 30 mg, 45 mg</i>	1	QL(1 ea daily)
Insulin		
AFREZZA POWD	3	QL(6 ea daily)
AFREZZA POWD	3	
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	3	QL(3 ea daily)
APIDRA SOLN	3	PA; Limit 45mls per month; QL(1.5 ml daily)
APIDRA SOLOSTAR SOPN	3	PA; Limit 45mls per month; QL(1.5 ml daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per month; QL(0.8 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
HUMALOG SOCT	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG SOLN	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	2	QL(1.5 ml daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN N SUSP	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN R SOLN	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R SOLN	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN R U-500 (CONCENTRATED) SOLN	2	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN	2	Limit 40mls per month;QL(1.34 ml daily)
LANTUS SOLN	2	Limit 45mls per month;QL(1.5 ml daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month;QL(1.5 ml daily)
LEVEMIR FLEXTOUCH SOPN	2	Limit 45mls per month;QL(1.5 ml daily)
LEVEMIR SOLN	2	Limit 45mls per month;QL(1.5 ml daily)
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month;QL(0.2 ml daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month;QL(0.15 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month;QL(1.5 ml daily)
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limited to 27 mls /month without prior authorization;QL(0.9 ml daily)
TRESIBA SOLN	2	
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	
PRANDIN TABS (Use Repaglinide)	NF	
<i>repaglinide tabs</i>	1	
STARLIX TABS (Use Nateglinide)	NF	
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	
INVOKANA TABS 100 MG	2	
INVOKANA TABS 300 MG	2	QL(1 ea daily)
JARDIANCE TABS 10 MG	2	
JARDIANCE TABS 25 MG	2	QL(1 ea daily)
STEGLATRO TABS	3	
Sulfonylureas		
AMARYL TABS (Use Glimepiride)	NF	
<i>chlorpropamide tabs</i>	1	
<i>glimepiride tabs</i>	1	
<i>glipizide tabs</i>	1	
<i>glipizide tb24</i>	1	
GLUCOTROL TABS (Use Glipizide)	NF	
GLUCOTROL XL TB24 (Use Glipizide)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>glyburide micronized tabs</i>	1	
<i>glyburide tabs 5 mg, 2.5 mg, 1.25 mg</i>	1	
GLYNASE TABS (<i>Use Glyburide Micronized</i>)	NF	
TOLAZAMIDE TABS 250 MG	2	
<i>tolazamide tabs 500 mg</i>	1	
<i>tolbutamide tabs</i>	1	

ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea

Antidiarrheal - Chloride Channel Antagonists

MYTESI TBEC	3	PA; QL(2 ea daily)
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Antiperistaltic Agents

<i>diphenoxylate w/ atropine liqd</i>	1	
<i>diphenoxylate w/ atropine tabs</i>	1	
IMODIUM A-D CAPS (<i>Use Loperamide HCl</i>)	NF	RX/OTC
LOMOTIL TABS (<i>Use Diphenoxylate w/ Atropine</i>)	NF	
<i>loperamide hcl caps</i>	1	RX/OTC
<i>opium tincture tinc</i>	2	QL(2.4 ml daily)
PAREGORIC TINC	3	

ANTIDOTES AND SPECIFIC ANTAGONISTS

Antidotes - Chelating Agents

CHEMET CAPS	3	
<i>deferasirox tabs</i>	SP	PA
<i>deferasirox tbso</i>	SP	PA
EXJADE TBDO (<i>Use Deferasirox</i>)	SP	PA
FERRIPROX SOLN 100 MG/ML	SP	PA

Drug Name	Drug Tier	Requirements/ Limits
FERRIPROX TABS 500 MG	SP	PA
JADENU SPRINKLE PACK	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 ;LA
JADENU TABS 180 MG	SP	PA
JADENU TABS 90 MG, 360 MG (<i>Use Deferasirox</i>)	SP	PA

Antidotes and Specific Antagonists

ANDEXXA SOLR	SP	PA
VISTOGARD PACK	SP	

Opioid Antagonists

EVZIO SOAJ	SP	PA
<i>naloxone hcl sosy</i>	1	
<i>naltrexone hcl tabs</i>	1	
NARCAN LIQD	2	QL(4 ea per 30 days retail)

ANTIEMETICS - Drugs to Treat Nausea and Vomiting

5-HT3 Receptor Antagonists

ANZEMET TABS	3	PA; Limit 2 per month;QL(0.07 ea daily)
<i>granisetron hcl tabs</i>	1	PA; Limit 2 tablets per day;QL(2 ea daily)
<i>ondansetron hcl soln 4 mg/5ml</i>	1	Limit 50mls per month;QL(1.67 ml daily)
<i>ondansetron hcl tabs 4 mg, 8 mg</i>	1	Limit 20 per month;QL(0.67 ea daily)
<i>ondansetron tbdp</i>	1	Limit 20 per month;QL(0.67 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
SANCUSO PTCH	3	PA; Limit 1 patch per month;QL(0.04 ea daily)
ZOFRAN ODT TBDP (Use Ondansetron)	NF	Limit 20 per month;QL(0.67 ea daily)
ZOFRAN SOLN 4 MG/5ML (Use Ondansetron HCl)	NF	Limit 50mls per month;QL(1.67 ml daily)
ZOFRAN TABS 4 MG, 8 MG (Use Ondansetron HCl)	NF	Limit 20 per month;QL(0.67 ea daily)
ZUPLENZ FILM	3	Limit 20 per month;QL(0.67 ea daily)
Antiemetics - Anticholinergic		
scopolamine pt72	1	
TIGAN CAPS (Use Trimethobenzamide HCl)	NF	
TRANSDERM SCOP PT72 (Use Scopolamine)	NF	
TRANSDERM-SCOP PT72 (Use Scopolamine)	NF	
trimethobenzamide hcl caps	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS	3	QL(2 ea per 28 days retail)
CESAMET CAPS	3	PA; QL(2 ea daily)
DICLEGIS TBEC (Use Doxylamine-Pyridoxine)	NF	QL(4 ea daily)
doxylamine-pyridoxine tbec	1	QL(4 ea daily)
dronabinol caps	2	PA
MARINOL CAPS (Use Dronabinol)	NF	PA
SYNDROS SOLN	SP	PA
Substance P/Neurokinin 1 (NK1) Receptor		
aprepitant caps	1	Limit 3 per month;QL(0.1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
aprepitant caps 40 mg	1	Limit 2 per month;QL(0.07 ea daily)
aprepitant caps 80 mg, 125 mg	1	Limit 1 per year;QL(0.04 ea daily)
EMEND CAPS 40 MG (Use Aprepitant)	NF	Limit 2 per month;QL(0.07 ea daily)
EMEND CAPS 80 MG, 125 MG (Use Aprepitant)	NF	Limit 1 per year;QL(0.04 ea daily)
EMEND SUSR 125 MG	3	QL(1 ea per 30 days retail)
EMEND TRIPACK CAPS (Use Aprepitant)	NF	Limit 3 per month;QL(0.1 ea daily)
VARUBI TABS	3	QL(4 ea per fill retail)

ANTIFUNGALS - Drugs to Treat Fungal Infections

Antifungals

ANCOBON CAPS (Use Flucytosine)	NF	
BIO-STATIN CAPS	3	
flucytosine caps	1	
GRIS-PEG TABS (Use Griseofulvin Ultramicrosize)	NF	
griseofulvin microsize susp	1	
griseofulvin microsize tabs	1	
griseofulvin ultramicrosize tabs	1	
LAMISIL TABS (Use Terbinafine HCl)	NF	QL(1 ea daily,90 ea per 365 days retail)
nystatin powd	1	
nystatin tabs	1	
terbinafine hcl tabs	1	QL(1 ea daily,90 ea per 365 days retail)

Imidazole-Related Antifungals

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Drug Name	Drug Tier	Requirements/Limits
CRESEMBA CAPS	3	Not available through mail order
DIFLUCAN SUSR (Use Fluconazole)	NF	
DIFLUCAN TABS (Use Fluconazole)	NF	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	
<i>itraconazole caps</i>	1	PA
<i>itraconazole soln</i>	1	PA
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP 40 MG/ML	3	
NOXAFIL TBEC 100 MG (Use Posaconazole)	NF	
ONMEL TABS	3	PA
<i>posaconazole tbec</i>	1	
SPORANOX CAPS (Use Itraconazole)	NF	PA
SPORANOX PULSEPAK CAPS (Use Itraconazole)	NF	PA
SPORANOX SOLN (Use Itraconazole)	NF	PA
VFEND SUSR 40 MG/ML (Use Voriconazole)	NF	
VFEND TABS 50 MG, 200 MG (Use Voriconazole)	NF	QL(2 ea daily)
<i>voriconazole susr 40 mg/ml</i>	1	
<i>voriconazole tabs 50 mg, 200 mg</i>	1	QL(2 ea daily)
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
BROMPHENIRAMINE TANNATE CHEW	3	
DEXCHLORPHENIRAMINE MALEATE SOLN	2	

Drug Name	Drug Tier	Requirements/Limits
RYCLOLA SOLN	2	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	
CARBINOXAMINE MALEATE TABS 6 MG	3	
CLEMASTINE FUMARATE TABS	2	
<i>diphenhydramine hcl soln</i>	SP	PA
RYVENT TABS	3	
Antihistamines - Non-Sedating		
CLARINEX TABS 5 MG (Use Desloratadine)	NF	PA; QL(1 ea daily)
DESLORATADINE ODT TBDP	3	PA
<i>desloratadine tabs</i>	1	PA; QL(1 ea daily)
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	1	PA; RX/OTC
<i>levocetirizine dihydrochloride tabs 5 mg</i>	1	QL(1 ea daily); RX/OTC
XYZAL ALLERGY 24HR CHILDRENS SOLN (Use Levocetirizine Dihydrochloride)	NF	PA; RX/OTC
XYZAL ALLERGY 24HR TABS (Use Levocetirizine Dihydrochloride)	NF	QL(1 ea daily); RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN (Use Promethazine HCl)	SP	PA
<i>promethazine hcl soln ij 25 mg/ml, 50 mg/ml</i>	SP	PA
<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	
<i>promethazine hcl supp re 25 mg, 12.5 mg</i>	2	
<i>promethazine hcl supp re 50 mg</i>	2	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl syrp or 6.25 mg/5ml</i>	1	
<i>promethazine hcl tabs or 12.5 mg</i>	1	
<i>promethazine hcl tabs or 25 mg</i>	1	QL(6 ea daily)
<i>promethazine hcl tabs or 50 mg</i>	1	QL(3 ea daily)
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp</i>	1	
<i>cyproheptadine hcl tabs</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	1	QL(1 ea daily)
<i>VYTORIN TABS (Use Ezetimibe-Simvastatin)</i>	NF	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>KYNAMRO SOSY</i>	SP	PA; Must use Caremark Specialty Pharmacy;LA
<i>LOVAZA CAPS (Use Omega-3-acid Ethyl Esters)</i>	NF	QL(4 ea daily)
<i>omega-3-acid ethyl esters caps</i>	1	QL(4 ea daily)
<i>VASCEPA CAPS</i>	3	ST
Bile Acid Sequestrants		
<i>cholestyramine light pack</i>	1	
<i>cholestyramine light powd</i>	1	
<i>cholestyramine pack or 4 gm</i>	1	
<i>cholestyramine powd or 4 gm/dose</i>	1	
<i>colesevelam hcl pack 3.75 gm</i>	1	QL(1 ea daily)
<i>colesevelam hcl tabs 625 mg</i>	1	QL(7 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>COLESTID FLAVORED GRAN (Use Colestipol HCl)</i>	NF	
<i>COLESTID FLAVORED PACK (Use Colestipol HCl)</i>	NF	
<i>COLESTID GRAN (Use Colestipol HCl)</i>	NF	
<i>COLESTID PACK (Use Colestipol HCl)</i>	NF	
<i>COLESTID TABS (Use Colestipol HCl)</i>	NF	
<i>colestipol hcl gran 5 gm</i>	1	
<i>colestipol hcl pack 5 gm</i>	2	
<i>colestipol hcl tabs 1 gm</i>	1	
<i>QUESTRAN LIGHT POWD (Use Cholestyramine Light)</i>	NF	
<i>QUESTRAN PACK (Use Cholestyramine)</i>	NF	
<i>QUESTRAN POWD (Use Cholestyramine)</i>	NF	
<i>WELCHOL PACK 3.75 GM (Use Colesevelam HCl)</i>	NF	QL(1 ea daily)
<i>WELCHOL TABS 625 MG (Use Colesevelam HCl)</i>	NF	QL(7 ea daily)
Fibric Acid Derivatives		
<i>ANTARA CAPS</i>	3	
<i>choline fenofibrate cpdr 135 mg</i>	1	QL(1 ea daily)
<i>choline fenofibrate cpdr 45 mg</i>	1	
<i>FENOFIBRATE CAPS 50 MG, 150 MG</i>	3	
<i>fenofibrate micronized caps 130 mg, 200 mg</i>	1	QL(1 ea daily)
<i>fenofibrate micronized caps 43 mg, 67 mg, 134 mg</i>	1	
<i>fenofibrate tabs 145 mg, 160 mg</i>	1	QL(1 ea daily)
<i>FENOFIBRATE TABS 160 MG</i>	2	QL(1 ea daily)
<i>fenofibrate tabs 48 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate tabs 54 mg</i>	1	QL(2 ea daily)
FENOFIBRIC ACID TABS	2	
FIBRICOR TABS 35 MG, 105 MG	2	
<i>gemfibrozil tabs</i>	1	
LIPOFEN CAPS	3	
LOPID TABS (<i>Use Gemfibrozil</i>)	NF	
TRICOR TABS 145 MG (<i>Use Fenofibrate</i>)	NF	QL(1 ea daily)
TRICOR TABS 48 MG (<i>Use Fenofibrate</i>)	NF	
TRIGLIDE TABS	2	QL(1 ea daily)
TRILIPIX CPDR 135 MG (<i>Use Choline Fenofibrate</i>)	NF	QL(1 ea daily)
TRILIPIX CPDR 45 MG (<i>Use Choline Fenofibrate</i>)	NF	
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (<i>Use Rosuvastatin Calcium</i>)	NF	QL(1 ea daily)
<i>fluvastatin sodium caps</i>	1	QL(1 ea daily)
<i>fluvastatin sodium tb24</i>	1	QL(1 ea daily)
LESCOL XL TB24 (<i>Use Fluvastatin Sodium</i>)	NF	QL(1 ea daily)
LIPITOR TABS (<i>Use Atorvastatin Calcium</i>)	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)
<i>lovastatin tabs</i>	1	\$0 copay for Generic only, age 40 to 75;PV
PRAVACHOL TABS (<i>Use Pravastatin Sodium</i>)	NF	\$0 copay for Generic only, age 40 to 75;QL(1 ea daily); PV

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tabs</i>	1	\$0 copay for Generic only, age 40 to 75;QL(1 ea daily); PV
<i>rosuvastatin calcium tabs</i>	1	QL(1 ea daily)
<i>simvastatin tabs</i>	1	QL(1 ea daily)
ZOCOR TABS (<i>Use Simvastatin</i>)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	
ZETIA TABS (<i>Use Ezetimibe</i>)	NF	
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS	SP	PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	1	
NIACOR TABS	1	
NIASPAN TBCR (<i>Use Niacin (Antihyperlipidemic)</i>)	NF	
Proprotein Convertase Subtilisin/Kexin Type 9		
PRALUENT SOAJ	SP	PA
REPATHA PUSHTRONEX SYSTEM SOCT	SP	PA; LA
REPATHA SOSY	SP	PA; LA
REPATHA SURECLICK SOAJ	SP	PA; SP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (<i>Use Quinapril HCl</i>)	NF	
ALTACE CAPS (<i>Use Ramipril</i>)	NF	QL(2 ea daily)
<i>benazepril hcl tabs</i>	1	
<i>captopril tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate tabs</i>	1	QL(2 ea daily)
<i>fosinopril sodium tabs</i>	1	
<i>lisinopril tabs 40 mg</i>	1	QL(2 ea daily)
<i>lisinopril tabs 5 mg, 10 mg, 20 mg, 30 mg, 2.5 mg</i>	1	
LOTENSIN TABS (Use Benazepril HCl)	NF	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS (Use Lisinopril)	NF	
QBRELIS SOLN	3	QL(5 ml daily)
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	QL(2 ea daily)
<i>trandolapril tabs</i>	1	
VASOTEC TABS (Use Enalapril Maleate)	NF	QL(2 ea daily)
ZESTRIL TABS 40 MG (Use Lisinopril)	NF	QL(2 ea daily)
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 2.5 MG (Use Lisinopril)	NF	
Agents for Pheochromocytoma		
DEMSER CAPS	3	
DIBENZYLINE CAPS (Use Phenoxybenzamine HCl)	NF	Not available through mail
<i>phenoxybenzamine hcl caps</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		
ATACAND TABS 32 MG (Use Candesartan Cilexetil)	NF	ST; QL(1 ea daily)
ATACAND TABS 4 MG, 8 MG, 16 MG (Use Candesartan Cilexetil)	NF	ST
AVAPRO TABS (Use Irbesartan)	NF	

Drug Name	Drug Tier	Requirements/Limits
BENICAR TABS 40 MG (Use Olmesartan Medoxomil)	NF	QL(1 ea daily)
BENICAR TABS 5 MG, 20 MG (Use Olmesartan Medoxomil)	NF	
<i>candesartan cilexetil tabs 32 mg</i>	1	ST; QL(1 ea daily)
<i>candesartan cilexetil tabs 4 mg, 8 mg, 16 mg</i>	1	ST
COZAAR TABS (Use Losartan Potassium)	NF	
DIOVAN TABS 160 MG (Use Valsartan)	NF	QL(2 ea daily)
DIOVAN TABS 40 MG, 80 MG, 320 MG (Use Valsartan)	NF	
EDARBI TABS 40 MG	3	
EDARBI TABS 80 MG	3	QL(1 ea daily)
EPROSARTAN MESYLATE TABS	3	
<i>irbesartan tabs</i>	1	
<i>losartan potassium tabs</i>	1	
MICARDIS TABS 20 MG, 40 MG (Use Telmisartan)	NF	
MICARDIS TABS 80 MG (Use Telmisartan)	NF	QL(1 ea daily)
<i>olmesartan medoxomil tabs 40 mg</i>	1	QL(1 ea daily)
<i>olmesartan medoxomil tabs 5 mg, 20 mg</i>	1	
<i>telmisartan tabs 20 mg, 40 mg</i>	1	
<i>telmisartan tabs 80 mg</i>	1	QL(1 ea daily)
<i>valsartan tabs 160 mg</i>	1	QL(2 ea daily)
<i>valsartan tabs 40 mg, 80 mg, 320 mg</i>	1	
Antiadrenergic Antihypertensives		
CARDURA TABS (Use Doxazosin Mesylate)	NF	

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Drug Name	Drug Tier	Requirements/Limits
CATAPRES TABS (Use Clonidine HCl)	NF	
<i>clonidine hcl tabs</i>	1	
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	
MINIPRESS CAPS (Use Prazosin HCl)	NF	
<i>prazosin hcl caps</i>	1	
<i>terazosin hcl caps 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl caps 10 mg</i>	1	QL(2 ea daily)
Antihypertensive Combinations		
ACCURETIC TABS 10MG-12.5MG, 20MG-12.5MG (Use Quinapril-Hydrochlorothiazide)	NF	
ACCURETIC TABS 20MG-25MG (Use Quinapril-Hydrochlorothiazide)	NF	QL(1 ea daily)
<i>amlodipine besylate-benazepril hcl caps 2.5mg-10mg</i>	1	
<i>amlodipine besylate-benazepril hcl caps 5mg-10mg, 5mg-20mg, 5mg-40mg, 10mg-20mg, 10mg-40mg</i>	1	QL(1 ea daily)
<i>amlodipine besylate-valsartan tabs 160mg-10mg</i>	1	QL(1 ea daily)
<i>amlodipine besylate-valsartan tabs 160mg-5mg, 320mg-5mg, 320mg-10mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	
ATACAND HCT TABS (Use Candesartan Cilexetil-Hydrochlorothiazide)	NF	
<i>atenolol & chlorthalidone tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
AVALIDE TABS (Use Irbesartan-Hydrochlorothiazide)	NF	
<i>benazepril & hydrochlorothiazide tabs</i>	1	
BENICAR HCT TABS 20MG-12.5MG (Use Olmesartan Medoxomil-Hydrochlorothiazide)	NF	
BENICAR HCT TABS 40MG-25MG, 40MG-12.5MG (Use Olmesartan Medoxomil-Hydrochlorothiazide)	NF	QL(1 ea daily)
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	
BYVALSON TABS	3	QL(1 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
<i>captopril & hydrochlorothiazide tabs</i>	1	
<i>clonidine & chlorthalidone tabs</i>	1	
CLORPRES TABS	3	
CORZIDE TABS 40MG-5MG	NF	
CORZIDE TABS 80MG-5MG	3	
DIOVAN HCT TABS 160MG-25MG (Use Valsartan-Hydrochlorothiazide)	NF	QL(1 ea daily)
DIOVAN HCT TABS 320MG-25MG, 80MG-12.5MG, 160MG-12.5MG, 320MG-12.5MG (Use Valsartan-Hydrochlorothiazide)	NF	
DUTOPROL TB24 25MG-12.5MG, 50MG-12.5MG, 100MG-12.5MG	3	
EDARBYCLOR TABS	3	QL(1 ea daily)
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
EXFORGE HCT TABS (Use Amlodipine-Valsartan-Hydrochlorothiazide)	NF	
EXFORGE TABS 160MG-10MG (Use Amlodipine Besylate-Valsartan)	NF	QL(1 ea daily)
EXFORGE TABS 160MG-5MG, 320MG-5MG, 320MG-10MG (Use Amlodipine Besylate-Valsartan)	NF	
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	
HYZAAR TABS (Use Losartan Potassium & Hydrochlorothiazide)	NF	
<i>irbesartan-hydrochlorothiazide tabs</i>	1	
<i>lisinopril & hydrochlorothiazide tabs 10mg-12.5mg, 20mg-12.5mg</i>	1	
<i>lisinopril & hydrochlorothiazide tabs 20mg-25mg</i>	1	QL(2 ea daily)
LOPRESSOR HCT TABS (Use Metoprolol & Hydrochlorothiazide)	NF	
<i>losartan potassium & hydrochlorothiazide tabs</i>	1	
LOTENSIN HCT TABS (Use Benazepril & Hydrochlorothiazide)	NF	
LOTREL CAPS (Use Amlodipine Besylate-Benazepril HCl)	NF	QL(1 ea daily)
<i>methyldopa & hydrochlorothiazide tabs</i>	1	
<i>metoprolol & hydrochlorothiazide tabs</i>	1	
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24	3	
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	3	

Drug Name	Drug Tier	Requirements/ Limits
MICARDIS HCT TABS (Use Telmisartan-Hydrochlorothiazide)	NF	
<i>moexipril-hydrochlorothiazide tabs</i>	1	
NADOLOL/BENDROFLUMETHIAZIDE TABS	3	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs 20mg-12.5mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tabs 40mg-25mg, 40mg-12.5mg</i>	1	QL(1 ea daily)
<i>propranolol & hydrochlorothiazide tabs</i>	1	
<i>quinapril-hydrochlorothiazide tabs 10mg-12.5mg, 20mg-12.5mg</i>	1	
<i>quinapril-hydrochlorothiazide tabs 20mg-25mg</i>	1	QL(1 ea daily)
TARKA TBCR (Use Trandolapril-Verapamil HCl)	NF	
TEKTURNA HCT TABS	3	ST
<i>telmisartan-amlodipine tabs</i>	1	
<i>telmisartan-hydrochlorothiazide tabs</i>	1	
TENORETIC 100 TABS (Use Atenolol & Chlorthalidone)	NF	
TENORETIC 50 TABS (Use Atenolol & Chlorthalidone)	NF	
<i>trandolapril-verapamil hcl tbc</i>	1	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	3	

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Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR TABS (<i>Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide</i>)	NF	ST
TWYNSTA TABS (<i>Use Telmisartan-Amlodipine</i>)	NF	
valsartan-hydrochlorothiazide tabs 160mg-25mg	1	QL(1 ea daily)
valsartan-hydrochlorothiazide tabs 320mg-25mg, 80mg-12.5mg, 160mg-12.5mg, 320mg-12.5mg	1	
VASERETIC TABS (<i>Use Enalapril Maleate & Hydrochlorothiazide</i>)	NF	
ZESTORETIC TABS 10MG-12.5MG, 20MG-12.5MG (<i>Use Lisinopril & Hydrochlorothiazide</i>)	NF	
ZESTORETIC TABS 20MG-25MG (<i>Use Lisinopril & Hydrochlorothiazide</i>)	NF	QL(2 ea daily)
ZIAC TABS (<i>Use Bisoprolol & Hydrochlorothiazide</i>)	NF	
Antihypertensives - Misc.		
VECAMYL TABS	3	
Direct Renin Inhibitors		
aliskiren fumarate tabs	1	ST
TEKTURNA TABS 150 MG, 300 MG	3	ST
TEKTURNA TABS 150 MG, 300 MG (<i>Use Aliskiren Fumarate</i>)	NF	ST
Selective Aldosterone Receptor Antagonists		
eplerenone tabs	1	
INSPRA TABS (<i>Use Eplerenone</i>)	NF	
Vasodilators		
hydralazine hcl tabs	1	

Drug Name	Drug Tier	Requirements/Limits
minoxidil tabs	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl tabs	1	
COARTEM TABS	2	Limit 24 doses per month;QL(0.8 ea daily)
MALARONE TABS (<i>Use Atovaquone-Proguanil HCl</i>)	NF	
Antimalarials		
CHLOROQUINE PHOSPHATE TABS 250 MG	2	
chloroquine phosphate tabs 500 mg	1	
DARAPRIM TABS	3	PA
hydroxychloroquine sulfate tabs	1	
KRINTAFEL TABS	2	QL(2 ea per 30 days retail)
MEFLOQUINE HCL TABS	2	QL(6 ea per fill retail,6 ea per fill mail)
PLAQUENIL TABS (<i>Use Hydroxychloroquine Sulfate</i>)	NF	
primaquine phosphate tabs	1	
PRIMAQUINE PHOSPHATE TABS (<i>Use Primaquine Phosphate</i>)	NF	
QUALAQUIN CAPS (<i>Use Quinine Sulfate</i>)	NF	PA; QL(2 ea daily)
quinine sulfate caps	1	PA; QL(2 ea daily)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS	SP	PA

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Drug Name	Drug Tier	Requirements/Limits
GUANIDINE HCL TABS	2	
MESTINON SOLN 60 MG/5ML (Use Pyridostigmine Bromide)	SP	PA
MESTINON TABS 60 MG (Use Pyridostigmine Bromide)	NF	
MESTINON TIMESPAN TBCR (Use Pyridostigmine Bromide)	NF	
<i>pyridostigmine bromide soln 60 mg/5ml</i>	SP	PA
<i>pyridostigmine bromide tabs 60 mg</i>	1	
<i>pyridostigmine bromide tbcr 180 mg</i>	1	
RUZURGI TABS	SP	PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	2	
RIFATER TABS	3	
Antimycobacterial Agents		
<i>cycloserine caps</i>	1	
<i>ethambutol hcl tabs</i>	1	
<i>isoniazid syrp</i>	1	
<i>isoniazid tabs</i>	1	
MYAMBUTOL TABS (Use Ethambutol HCl)	NF	
MYCOBUTIN CAPS (Use Rifabutin)	NF	
PASER PACK	3	
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
RIFADIN CAPS (Use Rifampin)	NF	
<i>rifampin caps</i>	1	
TRECTOR TABS	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR IV 50 MG (Use Melphalan HCl)	SP	PA; LA
ALKERAN TABS OR 2 MG (Use Melphalan)	NF	AC
<i>busulfan soln</i>	SP	PA
BUSULFEX SOLN (Use Busulfan)	SP	PA
<i>cyclophosphamide caps 25 mg</i>	1	
CYCLOPHOSPHAMIDE CAPS 25 MG (Use Cyclophosphamide)	NF	
<i>cyclophosphamide caps 50 mg</i>	1	AC
CYCLOPHOSPHAMIDE CAPS 50 MG (Use Cyclophosphamide)	NF	AC
GLEOSTINE CAPS 10 MG, 40 MG, 100 MG	2	AC
GLEOSTINE CAPS 5 MG	2	PA; AC
HEXALEN CAPS	2	AC
LEUKERAN TABS	2	AC
<i>melphalan hcl solr</i>	SP	PA; LA
<i>melphalan tabs</i>	1	AC
MYLERAN TABS	2	AC
TEMODAR CAPS (Use Temozolomide)	NF	AC
<i>temozolomide caps</i>	1	AC
Antimetabolites		

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Drug Name	Drug Tier	Requirements/Limits
<i>capecitabine tabs</i>	1	AC
<i>fludarabine phosphate solr</i>	SP	PA
<i>mercaptopurine tabs</i>	1	AC
<i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 250 mg/10ml</i>	SP	PA; LA
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	SP	PA; LA
<i>methotrexate sodium solr ij 1 gm</i>	SP	PA; LA
<i>methotrexate sodium tabs or 2.5 mg</i>	1	AC
PURIXAN SUSP	3	AL(Up to 13 yrs old); AC
TABLOID TABS	2	AC
TREXALL TABS	3	AC
XATMEP SOLN	SP	PA; AC
XELODA TABS (Use <i>Capecitabine</i>)	NF	AC
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	SP	PA; AC
VENCLEXTA TABS 10 MG	SP	PA; QL(2 ea daily); AC
VENCLEXTA TABS 100 MG	SP	PA; QL(4 ea daily); AC
VENCLEXTA TABS 50 MG	SP	PA; AC
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	SP	PA
ERIVEDGE CAPS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
ODOMZO CAPS	SP	AC
Antineoplastic - Hormonal and Related Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>abiraterone acetate tabs</i>	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
<i>anastrozole tabs or</i>	1	QL(1 ea daily); AC
ARIMIDEX TABS (Use <i>Anastrozole</i>)	NF	QL(1 ea daily); AC
AROMASIN TABS (Use <i>Exemestane</i>)	NF	AC
<i>bicalutamide tabs</i>	1	QL(1 ea daily); AC
CASODEX TABS (Use <i>Bicalutamide</i>)	NF	QL(1 ea daily); AC
ELIGARD KIT	3	PA
EMCYT CAPS	2	AC
ERLEADA TABS	SP	PA; AC
<i>exemestane tabs</i>	1	AC
FARESTON TABS (Use <i>Toremifene Citrate</i>)	NF	AC
FEMARA TABS (Use <i>Letrozole</i>)	NF	AC
<i>flutamide caps</i>	1	AC
<i>letrozole tabs</i>	1	AC
<i>leuprolide acetate kit</i>	1	PA
LYSODREN TABS	2	AC
<i>megestrol acetate susp</i>	1	AC
<i>megestrol acetate tabs</i>	1	AC
NILANDRON TABS (Use <i>Nilutamide</i>)	NF	AC
<i>nilutamide tabs</i>	1	AC
SOLTAMOX SOLN	PV	PV; AC
<i>tamoxifen citrate tabs</i>	PV	PV; AC

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Drug Name	Drug Tier	Requirements/ Limits
<i>toremifene citrate tabs</i>	1	AC
XTANDI CAPS	SP	PA; New commercial members to be referred to AcariaHealth;A C
YONSA TABS	SP	PA; AC
ZYTIGA TABS 250 MG (Use Abiraterone Acetate)	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
ZYTIGA TABS 500 MG	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
Antineoplastic - Immunomodulators		
POMALYST CAPS	SP	PA; AC
Antineoplastic Antibiotics		
<i>mitoxantrone hcl conc</i>	2	PA; SP
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE TBPk	SP	PA; AC
KISQALI FEMARA 400 DOSE TBPk	SP	PA; AC
KISQALI FEMARA 600 DOSE TBPk	SP	PA; AC
LONSURF TABS	SP	PA; AC
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
AFINITOR TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC

Drug Name	Drug Tier	Requirements/ Limits
ALECENSA CAPS	SP	PA; AC
ALUNBRIG TABS	SP	PA; AC
ALUNBRIG TBPk	SP	PA; AC
BALVERSA TABS	SP	PA
BOSULIF TABS 100 MG, 500 MG	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
BOSULIF TABS 400 MG	SP	PA; AC
BRAFTOVI CAPS	SP	PA; SP
CABOMETYX TABS	SP	PA; AC
CALQUENCE CAPS	SP	PA; AC
CAPRELSA TABS	SP	PA; AC
COMETRIQ KIT	SP	PA; AC
COPIKTRA CAPS	SP	PA; AC
COTELLIC TABS	SP	PA; AC
<i>erlotinib hcl tabs</i>	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
FARYDAK CAPS	SP	PA; Must use Caremark SP pharmacy;LA; AC
GILOTRIF TABS	SP	PA; Must use Accredo SP pharmacy;LA; AC
GLEEVEC TABS (Use Imatinib Mesylate)	NF	PA; AC
IBRANCE CAPS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC

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Drug Name	Drug Tier	Requirements/ Limits
ICLUSIG TABS	SP	PA; AC
IDHIFA TABS	SP	PA; AC
<i>imatinib mesylate tabs</i>	1	PA; AC
IMBRUVICA CAPS 70 MG, 140 MG	SP	PA; AC
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	SP	PA; QL(1 ea daily); AC
INLYTA TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
INREBIC CAPS	SP	PA; AC
IRESSA TABS	SP	AC
ISTODAX (OVERFILL) SOLR	SP	PA
JAKAFI TABS	SP	PA; AC
KISQALI TBPK	SP	PA; AC
LENVIMA 10 MG DAILY DOSE CPPK	SP	PA; AC
LENVIMA 14 MG DAILY DOSE CPPK	SP	PA; AC
LENVIMA 18 MG DAILY DOSE CPPK	SP	PA; AC
LENVIMA 20 MG DAILY DOSE CPPK	SP	PA; AC
LENVIMA 24 MG DAILY DOSE CPPK	SP	PA; AC
LENVIMA 8 MG DAILY DOSE CPPK	SP	PA; AC
LORBRENA TABS	SP	PA
LYNPARZA CAPS 50 MG	SP	PA; AC
LYNPARZA TABS 100 MG, 150 MG	SP	PA; Refer to Accredo SP Rx;AC
MEKINIST TABS	SP	PA; AC

Drug Name	Drug Tier	Requirements/ Limits
MEKTOVI TABS	SP	PA; SP
NERLYNX TABS	SP	PA; SP; AC
NEXAVAR TABS	SP	PA; LA; AC
NINLARO CAPS	SP	PA; Limited to 3 capsules per month;;QL(0.1 ea daily); AC
PIQRAY 200MG DAILY DOSE TBPK	SP	PA
PIQRAY 250MG DAILY DOSE TBPK	SP	PA
PIQRAY 300MG DAILY DOSE TBPK	SP	PA
ROMIDEPSIN SOLR	SP	PA
ROZLYTREK CAPS	SP	PA; AC
RUBRACA TABS	SP	PA; AC
RYDAPT CAPS	SP	PA; AC
SPRYCEL TABS	SP	PA; AC
STIVARGA TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
SUTENT CAPS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
TAFINLAR CAPS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
TAGRISSO TABS	SP	PA; AC
TALZENNA CAPS	SP	PA

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Drug Name	Drug Tier	Requirements/Limits
TARCEVA TABS (<i>Use Erlotinib HCl</i>)	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
TASIGNA CAPS 150 MG, 200 MG	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
TASIGNA CAPS 50 MG	SP	PA; AC
<i>temsirolimus soln</i>	SP	PA
TIBSOVO TABS	SP	PA
TORISEL SOLN (<i>Use Temsirolimus</i>)	SP	PA
TURALIO CAPS	SP	PA; AC
TYKERB TABS	SP	PA; AC
VELCADE SOLR	SP	PA
VERZENIO TABS	SP	PA
VITRAKVI CAPS	SP	PA
VITRAKVI SOLN	SP	PA
VIZIMPRO TABS	SP	PA
VOTRIENT TABS	SP	PA; AC
XALKORI CAPS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
XOSPATA TABS	SP	PA
ZEJULA CAPS	SP	PA; AC
ZELBORAF TABS	SP	PA; AC
ZOLINZA CAPS	SP	PA; AC
ZYDELIG TABS	3	PA; AC

Drug Name	Drug Tier	Requirements/Limits
ZYKADIA CAPS	SP	AC
ZYKADIA TABS	SP	AC
Antineoplastics Misc.		
ACTIMMUNE SOLN	SP	PA; LA
ALFERON N SOLN	SP	PA; LA
<i>bexarotene caps</i>	SP	PA; AC
HYDREA CAPS (<i>Use Hydroxyurea</i>)	NF	AC
<i>hydroxyurea caps or</i>	1	AC
INTRON A SOLN	SP	PA; LA
INTRON A SOLR	SP	PA; LA
INTRON A W/DILUENT SOLR	SP	PA; LA
MATULANE CAPS	SP	PA; AC
SYLATRON KIT	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
TARGRETIN CAPS OR 75 MG (<i>Use Bexarotene</i>)	SP	PA; AC
<i>tretinoin (chemotherapy) caps</i>	2	AC
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium solr ij 50 mg, 100 mg, 200 mg, 350 mg</i>	SP	PA
<i>leucovorin calcium tabs or 5 mg, 10 mg, 15 mg, 25 mg</i>	1	AC
MESNEX TABS	3	AC
Mitotic Inhibitors		
ETOPOPHOS SOLR	3	PA
ETOPOSIDE CAPS OR 50 MG	2	AC
<i>etoposide soln iv 1 gm/50ml, 500 mg/25ml</i>	2	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
<i>etoposide soln iv 100 mg/5ml</i>	2	PA; AC
Topoisomerase I Inhibitors		
HYCAMTIN CAPS OR 0.25 MG, 1 MG	SP	PA; AC
HYCAMTIN SOLR IV 4 MG (Use Topotecan HCl)	SP	PA; LA
<i>topotecan hcl solr</i>	SP	PA; LA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs</i>	2	
LODOSYN TABS (Use Carbidopa)	NF	
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln ij 1 mg/ml</i>	SP	PA
<i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
COGENTIN SOLN (Use Benztropine Mesylate)	SP	PA
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (Use Entacapone)	NF	
<i>entacapone tabs</i>	1	
TASMAR TABS (Use Tolcapone)	NF	
<i>tolcapone tabs</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1	
<i>amantadine hcl syrp</i>	1	
<i>amantadine hcl tabs</i>	1	
<i>bromocriptine mesylate caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs 10mg-100mg, 25mg-100mg, 25mg-250mg</i>	1	
<i>carbidopa-levodopa tbc 25mg-100mg</i>	1	QL(8 ea daily)
<i>carbidopa-levodopa tbc 50mg-200mg</i>	1	
<i>carbidopa-levodopa tbdp 10mg-100mg, 25mg-100mg, 25mg-250mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 200mg-25mg-100mg, 200mg-50mg-200mg, 200mg-12.5mg-50mg, 200mg-18.75mg-75mg, 200mg-37.5mg-150mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 200mg-31.25mg-125mg</i>	2	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS	2	
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 4.5 MG, 2.25 MG, 3.75 MG (Use Pramipexole Dihydrochloride)	NF	
MIRAPEX ER TB24 3 MG (Use Pramipexole Dihydrochloride)	NF	QL(1 ea daily)
MIRAPEX TABS 0.125 MG, 0.25 MG, 0.75 MG, 0.5 MG (Use Pramipexole Dihydrochloride)	NF	
MIRAPEX TABS 1 MG (Use Pramipexole Dihydrochloride)	NF	QL(4 ea daily)
MIRAPEX TABS 1.5 MG (Use Pramipexole Dihydrochloride)	NF	QL(3 ea daily)
NEUPRO PT24	3	
PARLODEL CAPS (Use Bromocriptine Mesylate)	NF	
PARLODEL TABS (Use Bromocriptine Mesylate)	NF	

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.75 mg, 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tabs 1 mg</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	1	QL(3 ea daily)
<i>pramipexole dihydrochloride tb24 0.375 mg, 0.75 mg, 1.5 mg, 4.5 mg, 2.25 mg</i>	2	
<i>pramipexole dihydrochloride tb24 3 mg</i>	2	QL(1 ea daily)
<i>pramipexole dihydrochloride tb24 3.75 mg</i>	1	
REQUIP TABS (Use <i>Ropinirole Hydrochloride</i>)	NF	
REQUIP XL TB24 12 MG (Use <i>Ropinirole Hydrochloride</i>)	NF	QL(2 ea daily)
REQUIP XL TB24 2 MG, 4 MG, 6 MG, 8 MG (Use <i>Ropinirole Hydrochloride</i>)	NF	
<i>ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole hydrochloride tb24 12 mg</i>	2	QL(2 ea daily)
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg</i>	2	
<i>ropinirole hydrochloride tb24 8 mg</i>	1	
RYTARY CPR	3	PA; QL(10 ea daily)
SINEMET CR TBCR 25MG-100MG (Use <i>Carbidopa-Levodopa</i>)	NF	QL(8 ea daily)
SINEMET CR TBCR 50MG-200MG (Use <i>Carbidopa-Levodopa</i>)	NF	
SINEMET TABS (Use <i>Carbidopa-Levodopa</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
STALEVO 100 TABS (Use <i>Carbidopa-Levodopa-Entacapone</i>)	NF	
STALEVO 125 TABS (Use <i>Carbidopa-Levodopa-Entacapone</i>)	NF	
STALEVO 150 TABS (Use <i>Carbidopa-Levodopa-Entacapone</i>)	NF	
STALEVO 200 TABS (Use <i>Carbidopa-Levodopa-Entacapone</i>)	NF	
STALEVO 50 TABS (Use <i>Carbidopa-Levodopa-Entacapone</i>)	NF	
STALEVO 75 TABS (Use <i>Carbidopa-Levodopa-Entacapone</i>)	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (Use <i>Rasagiline Mesylate</i>)	NF	
ELDEPRYL CAPS (Use <i>Selegiline HCl</i>)	NF	QL(2 ea daily)
<i>rasagiline mesylate tabs</i>	1	
<i>selegiline hcl caps</i>	1	QL(2 ea daily)
<i>selegiline hcl tabs</i>	1	QL(2 ea daily)
SELEGILINE HCL TABS	2	QL(2 ea daily)
XADAGO TABS	3	PA
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps 150 mg, 600 mg</i>	1	
<i>lithium carbonate caps 300 mg</i>	1	QL(6 ea daily)
<i>lithium carbonate tabs 300 mg</i>	1	
<i>lithium carbonate tbc 300 mg, 450 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
LITHIUM SOLN	3	
LITHOBID TBCR (<i>Use Lithium Carbonate</i>)	3	
Antipsychotics - Misc.		
EQUETRO CP12	3	
GEODON CAPS 20 MG, 40 MG (<i>Use Ziprasidone HCl</i>)	NF	
GEODON CAPS 60 MG, 80 MG (<i>Use Ziprasidone HCl</i>)	NF	QL(2 ea daily)
LATUDA TABS	3	PA
NUPLAZID CAPS 34 MG	SP	PA; QL(1 ea daily)
NUPLAZID TABS 10 MG	SP	PA; QL(1 ea daily)
NUPLAZID TABS 17 MG	SP	PA
VRAYLAR CAPS	SP	PA; QL(1 ea daily)
VRAYLAR CPPK	SP	PA; QL(1 ea daily)
<i>ziprasidone hcl caps 20 mg, 40 mg</i>	1	
<i>ziprasidone hcl caps 60 mg, 80 mg</i>	1	QL(2 ea daily)
Benzisoxazoles		
FANAPT TABS	SP	PA; QL(2 ea daily)
FANAPT TITRATION PACK TABS	SP	PA
INVEGA TB24 (<i>Use Paliperidone</i>)	NF	
<i>paliperidone tb24</i>	1	
PERSERIS PRSY	SP	PA
RISPERDAL M-TAB TBDP (<i>Use Risperidone</i>)	NF	
RISPERDAL SOLN 1 MG/ML (<i>Use Risperidone</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG (<i>Use Risperidone</i>)	NF	
RISPERDAL TABS 3 MG (<i>Use Risperidone</i>)	NF	QL(2 ea daily)
RISPERIDONE ODT TBDP	3	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 4 mg</i>	1	
<i>risperidone tabs 3 mg</i>	1	QL(2 ea daily)
<i>risperidone tbdp 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
Butyrophenones		
<i>haloperidol lactate conc</i>	1	
<i>haloperidol tabs</i>	1	
Dibenzapines		
CLOZAPINE ODT TBDP	3	
<i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
CLOZAPINE TABS 50 MG, 200 MG (<i>Use Clozapine</i>)	NF	
<i>clozapine tbdp 12.5 mg</i>	1	
CLOZARIL TABS (<i>Use Clozapine</i>)	NF	
FAZACLO TBDP 12.5 MG (<i>Use Clozapine</i>)	NF	
FAZACLO TBDP 150 MG, 200 MG	3	
<i>loxapine succinate caps</i>	1	
<i>olanzapine tabs 15 mg, 20 mg</i>	1	QL(1 ea daily)
<i>olanzapine tabs 5 mg, 10 mg, 2.5 mg, 7.5 mg</i>	1	
<i>olanzapine tbdp 5 mg, 10 mg, 15 mg, 20 mg</i>	2	
<i>quetiapine fumarate tabs 200 mg</i>	1	QL(4 ea daily)
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	1	QL(2 ea daily)
<i>quetiapine fumarate tb24 50 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	1	PA
SAPHRIS SUBL	3	PA
SEROQUEL TABS 200 MG (Use Quetiapine Fumarate)	NF	QL(4 ea daily)
SEROQUEL TABS 25 MG, 50 MG, 100 MG (Use Quetiapine Fumarate)	NF	
SEROQUEL TABS 300 MG, 400 MG (Use Quetiapine Fumarate)	NF	QL(2 ea daily)
SEROQUEL XR TB24 (Use Quetiapine Fumarate)	NF	PA
VERSACLOZ SUSP	3	QL(18 ml daily)
ZYPREXA TABS 15 MG, 20 MG (Use Olanzapine)	NF	QL(1 ea daily)
ZYPREXA TABS 5 MG, 10 MG, 2.5 MG, 7.5 MG (Use Olanzapine)	NF	
ZYPREXA ZYDIS TBDP (Use Olanzapine)	NF	
Dihydroindolones		
MOLINDONE HYDROCHLORIDE TABS	3	
Phenothiazines		
<i>chlorpromazine hcl tabs</i>	2	
<i>fluphenazine hcl conc 5 mg/ml</i>	1	
<i>fluphenazine hcl elix 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl tabs 1 mg, 5 mg, 10 mg, 2.5 mg</i>	1	
FLUPHENAZINE HCL TABS 1 MG, 5 MG, 10 MG, 2.5 MG	2	
<i>perphenazine tabs</i>	1	
<i>prochlorperazine maleate tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine supp</i>	1	QL(2 ea daily)
<i>thioridazine hcl tabs 10 mg, 25 mg, 100 mg</i>	1	
<i>thioridazine hcl tabs 50 mg</i>	1	QL(4 ea daily)
<i>trifluoperazine hcl tabs</i>	1	
Quinolinone Derivatives		
ABILIFY TABS 15 MG (Use Aripiprazole)	NF	QL(2 ea daily)
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (Use Aripiprazole)	NF	
ABILIFY TABS 20 MG (Use Aripiprazole)	NF	QL(1 ea daily)
<i>aripiprazole soln 1 mg/ml</i>	1	
<i>aripiprazole tabs 15 mg</i>	1	QL(2 ea daily)
<i>aripiprazole tabs 2 mg, 5 mg, 10 mg, 30 mg</i>	1	
<i>aripiprazole tabs 20 mg</i>	1	QL(1 ea daily)
<i>aripiprazole tbdp 10 mg, 15 mg</i>	1	PA
REXULTI TABS	3	PA; ST
Thioxanthenes		
<i>thiothixene caps</i>	1	
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
FORMALDEHYDE SOLN 10 %	3	
<i>formaldehyde soln 10%, 10 %</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln</i>	1	
<i>abacavir sulfate tabs</i>	1	
<i>abacavir sulfate-lamivudine tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1	
APTIVUS CAPS	2	
APTIVUS SOLN	2	
<i>atazanavir sulfate caps</i>	1	
ATRIPLA TABS	2	QL(1 ea daily)
BIKTARVY TABS	2	
CIMDUO TABS	2	
COMBIVIR TABS (<i>Use Lamivudine-Zidovudine</i>)	NF	
COMPLERA TABS	2	
CRIXIVAN CAPS	2	
DELSTRIGO TABS	2	
DESCOVY TABS	2	
<i>didanosine cpdr 200 mg, 250 mg, 400 mg</i>	1	
DIDANOSINE CPDR 400 MG	2	
DOVATO TABS	2	
EDURANT TABS	2	
<i>efavirenz caps</i>	1	
<i>efavirenz tabs</i>	1	
EMTRIVA CAPS	2	
EMTRIVA SOLN	2	
EPIVIR SOLN (<i>Use Lamivudine</i>)	NF	
EPIVIR TABS (<i>Use Lamivudine</i>)	NF	
EPZICOM TABS (<i>Use Abacavir Sulfate-Lamivudine</i>)	NF	
EVOTAZ TABS	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fosamprenavir calcium tabs</i>	1	
FUZEON SOLR	SP	PA; LA
GENVOYA TABS	2	
INTELENCE TABS	2	
INVIRASE CAPS	2	
INVIRASE TABS	2	
ISENTRESS CHEW	2	
ISENTRESS HD TABS	2	
ISENTRESS PACK	2	
ISENTRESS TABS	2	
JULUCA TABS	2	
KALETRA SOLN 400MG/5ML-100MG/5ML (<i>Use Lopinavir-Ritonavir</i>)	NF	
KALETRA TABS 100MG-25MG, 200MG-50MG	2	
<i>lamivudine soln</i>	1	
<i>lamivudine tabs</i>	1	
<i>lamivudine-zidovudine tabs</i>	1	
LEXIVA SUSP 50 MG/ML	2	
LEXIVA TABS 700 MG (<i>Use Fosamprenavir Calcium</i>)	NF	
<i>lopinavir-ritonavir soln</i>	1	
NEVIRAPINE ER TB24	3	
<i>nevirapine susp</i>	1	
<i>nevirapine tabs</i>	1	
<i>nevirapine tb24</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
NORVIR CAPS 100 MG	2	
NORVIR PACK 100 MG	2	
NORVIR SOLN 80 MG/ML	2	
NORVIR TABS 100 MG (Use Ritonavir)	NF	
ODEFSEY TABS	2	
PIFELTRO TABS	2	
PREZCOBIX TABS	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	3	
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	2	
RESCRIPTOR TABS	2	
RETROVIR CAPS (Use Zidovudine)	NF	
RETROVIR SYRP (Use Zidovudine)	NF	
REYATAZ CAPS 150 MG, 200 MG, 300 MG (Use Atazanavir Sulfate)	NF	
REYATAZ PACK 50 MG	2	
<i>ritonavir tabs</i>	1	
SELZENTRY SOLN	2	
SELZENTRY TABS	2	
<i>stavudine caps</i>	1	
STRIBILD TABS	2	
SUSTIVA CAPS (Use Efavirenz)	NF	
SUSTIVA TABS (Use Efavirenz)	NF	
SYMFI LO TABS	2	
SYMFI TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
SYMTUZA TABS	2	ST
TEMIXYS TABS	2	
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	2	
TRIUMEQ TABS	2	
TRIZIVIR TABS (Use Abacavir Sulfate- Lamivudine-Zidovudine)	NF	
TRUVADA TABS	2	
TYBOST TABS	2	
VIDEX EC CPDR 125 MG	2	
VIDEX EC CPDR 200 MG, 250 MG, 400 MG (Use Didanosine)	NF	
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS	2	
VIRAMUNE SUSP (Use Nevirapine)	NF	
VIRAMUNE TABS (Use Nevirapine)	NF	
VIRAMUNE XR TB24 (Use Nevirapine)	NF	
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	
VIREAD TABS 300 MG (Use Tenofovir Disoproxil Fumarate)	NF	
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Use Stavudine)	NF	
ZERIT SOLR 1 MG/ML	2	
ZIAGEN SOLN (Use Abacavir Sulfate)	NF	
ZIAGEN TABS (Use Abacavir Sulfate)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>zidovudine caps</i>	1	
<i>zidovudine syrp</i>	1	
<i>zidovudine tabs</i>	1	
CMV Agents		
<i>cidofovir soln</i>	SP	PA
VALCYTE SOLR 50 MG/ML (<i>Use Valganciclovir HCl</i>)	NF	Limit 630mls per month; QL(21 ml daily)
VALCYTE TABS 450 MG (<i>Use Valganciclovir HCl</i>)	NF	
<i>valganciclovir hcl solr 50 mg/ml</i>	1	Limit 630mls per month; QL(21 ml daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	2	
BARACLUDE SOLN 0.05 MG/ML	SP	
BARACLUDE TABS 0.5 MG, 1 MG (<i>Use Entecavir</i>)	NF	
COPEGUS TABS (<i>Use Ribavirin (Hepatitis C)</i>)	NF	PA
DAKLINZA TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA
<i>entecavir tabs</i>	2	
EPCLUSA TABS	NF	
EPIVIR HBV SOLN 5 MG/ML	3	
EPIVIR HBV TABS 100 MG (<i>Use Lamivudine (HBV)</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
HARVONI TABS 200MG-45MG	3	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661
HARVONI TABS 400MG-90MG	3	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
HEPSERA TABS (<i>Use Adefovir Dipivoxil</i>)	NF	
<i>lamivudine (hbv) tabs</i>	1	
LEDIPASVIR/SOFOSBUVIR TABS	3	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
MAVYRET TABS	3	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661
MODERIBA 1200 DOSE PACK TBPK	3	PA
MODERIBA 800 DOSE PACK TBPK	3	PA
MODERIBA TBPK	3	PA
OLYSIO CAPS	SP	PA; LA
PEGASYS PROCLICK SOLN	3	PA; SP
PEGASYS SOLN	3	PA; SP
PEGINTRON KIT	3	PA; SP
REBETOL CAPS 200 MG (<i>Use Ribavirin (Hepatitis C)</i>)	NF	PA
REBETOL SOLN 40 MG/ML	2	PA
RIBASPHERE RIBAPAK TBPK	3	PA
<i>ribavirin (hepatitis c) caps</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin (hepatitis c) tabs</i>	1	PA
SOFOSBUVIR/VELPATAS VIR TABS	SP	PA
SOVALDI TABS 400 MG	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
TECHNIVIE TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
VEMLIDY TABS	SP	ST; SP
VIEKIRA PAK TBPB	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
VIEKIRA XR TB24	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
VOSEVI TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 ;SP
ZEPATIER TABS	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
Herpes Agents		
<i>acyclovir caps 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tabs 400 mg</i>	1	
<i>acyclovir tabs 800 mg</i>	1	QL(5 ea daily)
<i>famciclovir tabs or 125 mg, 250 mg, 500 mg</i>	1	
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl tabs 500 mg</i>	1	QL(8 ea daily)
VALTREX TABS 1 GM (Use Valacyclovir HCl)	NF	QL(4 ea daily)
VALTREX TABS 500 MG (Use Valacyclovir HCl)	NF	QL(8 ea daily)
ZOVIRAX CAPS OR 200 MG (Use Acyclovir)	NF	
ZOVIRAX SUSP OR 200 MG/5ML (Use Acyclovir)	NF	
ZOVIRAX TABS OR 400 MG (Use Acyclovir)	NF	
ZOVIRAX TABS OR 800 MG (Use Acyclovir)	NF	QL(5 ea daily)
Influenza Agents		
FLUMADINE TABS (Use Rimantadine Hydrochloride)	NF	
<i>oseltamivir phosphate caps or 30 mg, 45 mg</i>	1	QL(10 ea per fill retail, 10 ea per fill mail); AL(At least 1 yrs old)
<i>oseltamivir phosphate caps or 75 mg</i>	1	
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1	QL(75 ml daily, 5 day(s) limit); AL(At least 1 yrs old)
RELENZA DISKHALER AEPB	3	
<i>rimantadine hydrochloride tabs</i>	1	
TAMIFLU CAPS 30 MG, 45 MG (Use Oseltamivir Phosphate)	NF	QL(10 ea per fill retail, 10 ea per fill mail); AL(At least 1 yrs old)
TAMIFLU CAPS 75 MG (Use Oseltamivir Phosphate)	NF	
TAMIFLU SUSR 6 MG/ML (Use Oseltamivir Phosphate)	NF	QL(75 ml daily, 5 day(s) limit); AL(At least 1 yrs old)
Respiratory Syncytial Virus (RSV) Agents		

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Drug Name	Drug Tier	Requirements/ Limits
<i>ribavirin solr</i>	1	
VIRAZOLE SOLR (Use Ribavirin)	NF	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	1	
<i>carvedilol tabs 25 mg, 12.5 mg, 6.25 mg</i>	1	
<i>carvedilol tabs 3.125 mg</i>	1	QL(2 ea daily)
COREG CR CP24 (Use Carvedilol Phosphate)	NF	
COREG TABS 25 MG, 12.5 MG, 6.25 MG (Use Carvedilol)	NF	
COREG TABS 3.125 MG (Use Carvedilol)	NF	QL(2 ea daily)
<i>labetalol hcl tabs</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps or 200 mg, 400 mg</i>	1	
<i>atenolol tabs or 25 mg, 50 mg, 100 mg</i>	1	
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate tabs</i>	1	QL(1 ea daily)
BYSTOLIC TABS	3	
LOPRESSOR TABS (Use Metoprolol Tartrate)	NF	
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate tabs or 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i>	1	
TENORMIN TABS (Use Atenolol)	NF	
TOPROL XL TB24 (Use Metoprolol Succinate)	NF	
Beta Blockers Non-Selective		

Drug Name	Drug Tier	Requirements/ Limits
BETAPACE AF TABS (Use Sotalol HCl (AFIB/AFL))	NF	
BETAPACE TABS (Use Sotalol HCl)	NF	
CORGARD TABS (Use Nadolol)	NF	
INDERAL LA CP24 (Use Propranolol HCl)	NF	
INDERAL XL CP24 80 MG, 120 MG	3	
INNOPRAN XL CP24 80 MG, 120 MG	3	
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg</i>	1	
<i>propranolol hcl soln or 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (afib/af) tabs</i>	1	
<i>sotalol hcl tabs</i>	1	
SOTYLIZE SOLN	3	
<i>timolol maleate tabs or 10 mg</i>	1	QL(6 ea daily)
<i>timolol maleate tabs or 5 mg, 20 mg</i>	1	QL(2 ea daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 30 MG, 60 MG (Use Nifedipine)	NF	
ADALAT CC TB24 90 MG (Use Nifedipine)	NF	QL(1 ea daily)
<i>amlodipine besylate tabs 2.5 mg</i>	1	QL(2 ea daily)
<i>amlodipine besylate tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
CALAN SR TBCR 120 MG (Use Verapamil HCl)	NF	
CALAN SR TBCR 180 MG, 240 MG (Use Verapamil HCl)	NF	QL(2 ea daily)
CALAN TABS (Use Verapamil HCl)	NF	
CARDIZEM CD CP24 (Use Diltiazem HCl Coated Beads)	NF	QL(1 ea daily)
CARDIZEM LA TB24 120 MG	2	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use Diltiazem HCl Coated Beads)	NF	
CARDIZEM TABS (Use Diltiazem HCl)	NF	
DILT-XR CP24	2	
diltiazem hcl coated beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	QL(1 ea daily)
diltiazem hcl coated beads tb24 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl cp12	1	
diltiazem hcl cp24	1	
DILTIAZEM HCL ER TB24 (Use Diltiazem HCl Coated Beads)	NF	
diltiazem hcl extended release beads cp24	1	
diltiazem hcl tabs	1	
felodipine tb24 10 mg	1	QL(1 ea daily)
felodipine tb24 5 mg, 2.5 mg	1	
isradipine caps	1	
nicardipine hcl caps	1	
nifedipine caps 10 mg, 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
nifedipine tb24 30 mg, 60 mg	1	
nifedipine tb24 30 mg, 60 mg, 90 mg	1	QL(1 ea daily)
nimodipine caps	1	
NISOLDIPINE ER TB24 30 MG	2	
NISOLDIPINE ER TB24 40 MG	3	
nisoldipine tb24	1	
NORVASC TABS 2.5 MG (Use Amlodipine Besylate)	NF	QL(2 ea daily)
NORVASC TABS 5 MG, 10 MG (Use Amlodipine Besylate)	NF	QL(1 ea daily)
NYMALIZE SOLN	3	
PROCARDIA CAPS (Use Nifedipine)	NF	
PROCARDIA XL TB24 (Use Nifedipine)	NF	QL(1 ea daily)
SULAR TB24 (Use Nisoldipine)	NF	
THIAZAC CP24 (Use Diltiazem HCl Extended Release Beads)	NF	
verapamil hcl cp24 100 mg, 120 mg, 200 mg, 240 mg, 300 mg	1	
verapamil hcl cp24 180 mg	1	QL(2 ea daily)
VERAPAMIL HCL ER CP24	3	
VERAPAMIL HCL SR CP24	2	QL(1 ea daily)
verapamil hcl tabs 40 mg, 80 mg, 120 mg	1	
verapamil hcl tbcR 120 mg	1	
verapamil hcl tbcR 180 mg, 240 mg	1	QL(2 ea daily)
VERELAN CP24 120 MG, 240 MG (Use Verapamil HCl)	NF	

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Drug Name	Drug Tier	Requirements/Limits
VERELAN CP24 180 MG (Use Verapamil HCl)	NF	QL(2 ea daily)
VERELAN CP24 360 MG	2	QL(1 ea daily)
VERELAN PM CP24 100 MG, 300 MG	3	
VERELAN PM CP24 200 MG (Use Verapamil HCl)	NF	

CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm

Cardiac Glycosides

<i>digoxin soln 0.05 mg/ml</i>	1	
<i>digoxin tabs 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	1	
LANOXIN TABS 125 MCG, 250 MCG (Use Digoxin)	3	
LANOXIN TABS 62.5 MCG, 187.5 MCG	3	

CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions

Cardiovascular Agents Misc. - Combinations

<i>amlodipine besylate-atorvastatin calcium tabs 10mg-5mg, 20mg-5mg, 40mg-5mg, 80mg-5mg, 10mg-10mg, 10mg-2.5mg, 20mg-2.5mg, 40mg-2.5mg</i>	1	PA
<i>amlodipine besylate-atorvastatin calcium tabs 20mg-10mg, 40mg-10mg, 80mg-10mg</i>	1	
BIDIL TABS	3	
CADUET TABS 10MG-5MG, 20MG-5MG, 40MG-5MG, 80MG-5MG, 10MG-10MG (Use Amlodipine Besylate-Atorvastatin Calcium)	NF	PA
CADUET TABS 20MG-10MG, 40MG-10MG, 80MG-10MG (Use Amlodipine Besylate-Atorvastatin Calcium)	NF	

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO TABS 24MG-26MG	3	PA; QL(2 ea daily)
ENTRESTO TABS 49MG-51MG, 97MG-103MG	3	PA

Impotence Agents

<i>sildenafil citrate tabs</i>	1	PA; QL(0.27 ea daily)
STAXYN TBDP (Use Vardenafil HCl)	NF	Limit 8 per month - Not available through Mail; QL(0.27 ea daily); AL(At least 21 yrs old)
<i>vardeafil hcl tbdp 10 mg</i>	1	Limit 8 per month - Not available through Mail; QL(0.27 ea daily); AL(At least 21 yrs old)
VIAGRA TABS (Use Sildenafil Citrate)	NF	PA; QL(0.27 ea daily)

Peripheral Vasodilators

<i>isoxsuprine hcl tabs</i>	1	
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Prostaglandin Vasodilators

ORENITRAM TBCR	SP	PA
TYVASO REFILL SOLN	SP	PA
TYVASO SOLN	SP	PA
TYVASO STARTER SOLN	SP	PA
VENTAVIS SOLN	SP	PA

Pulmonary Hypertension - Endothelin Receptor

<i>ambrisentan tabs</i>	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
<i>bosentan tabs 125 mg</i>	SP	

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Drug Name	Drug Tier	Requirements/ Limits
<i>bosentan tabs 62.5 mg</i>	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
LETAIRIS TABS (<i>Use Ambrisentan</i>)	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
OPSUMIT TABS	SP	PA
TRACLEER TABS 125 MG (<i>Use Bosentan</i>)	SP	
TRACLEER TABS 62.5 MG (<i>Use Bosentan</i>)	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
TRACLEER TBSO 32 MG	SP	PA; SP
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (<i>Use Tadalafil (Pulmonary Hypertension)</i>)	SP	PA; New commercial members to be referred to AcariaHealth; Q L(2 ea daily)
REVATIO SUSR 10 MG/ML (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	SP	PA
REVATIO TABS 20 MG (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	NF	PA; QL(3 ea daily)
<i>sildenafil citrate (pulmonary hypertension) susr 10 mg/ml</i>	SP	PA
<i>sildenafil citrate (pulmonary hypertension) tabs 20 mg</i>	1	PA; QL(3 ea daily)
<i>tadalafil (pulmonary hypertension) tabs</i>	SP	PA; New commercial members to be referred to AcariaHealth; Q L(2 ea daily)
Pulmonary Hypertension - Prostacyclin Receptor		

Drug Name	Drug Tier	Requirements/ Limits
UPTRAVI TABS	SP	PA
UPTRAVI TBPk	SP	PA
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS	SP	PA
Sinus Node Inhibitors		
CORLANOR SOLN 5 MG/5ML	3	ST
CORLANOR TABS 5 MG, 7.5 MG	3	ST; QL(2 ea daily)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cefazolin sodium solr ij 1 gm, 10 gm, 500 mg</i>	SP	PA
CEFAZOLIN SODIUM SOLR IV 1 GM	SP	PA
<i>cephalexin caps</i>	1	
<i>cephalexin susr</i>	1	
<i>cephalexin tabs</i>	1	
KEFLEX CAPS (<i>Use Cephalexin</i>)	NF	
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	
CEFACLOR ER TB12	3	
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	2	
<i>cefaclor susr 125 mg/5ml, 375 mg/5ml</i>	1	
CEFOTAN SOLR (<i>Use Cefotetan Disodium</i>)	SP	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>cefotetan disodium solr</i>	SP	PA
CEFOTETAN SOLR	SP	PA
<i>cefoxitin sodium solr ij 10 gm</i>	SP	PA
<i>cefoxitin sodium solr iv 1 gm, 2 gm</i>	SP	PA
CEFOXITIN SODIUM SOLR IV 1GM-4%, 2GM-2.2%	SP	PA
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
CEFTIN SUSR 125 MG/5ML	2	
CEFTIN SUSR 250 MG/5ML	3	
<i>cefuroxime axetil tabs</i>	1	
Cephalosporins - 3rd Generation		
CEDAX CAPS	3	
CEDAX SUSR	3	
<i>cefdinir caps</i>	1	
<i>cefdinir susr</i>	1	
<i>cefditoren pivoxil tabs</i>	1	
<i>cefixime caps</i>	1	
<i>cefixime susr</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
CEFTIBUTEN CAPS	3	
CEFTIBUTEN SUSR	3	
SPECTRACEF TABS (Use <i>Cefditoren Pivoxil</i>)	NF	
SUPRAX CAPS 400 MG (Use <i>Cefixime</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
SUPRAX CHEW 100 MG, 200 MG	3	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use <i>Cefixime</i>)	NF	
SUPRAX SUSR 500 MG/5ML	3	
CHEMICALS		
Bulk Chemicals - P's		
PROGESTERONE CONCENTRATE CREA	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA TABS	PV	QL(1 ea daily); PV
BEYAZ TABS (Use <i>Drospirenone-Ethinyl Estradiol-Levomefolate Calcium</i>)	PV	PV
BREVICON-28 TABS (Use <i>Norethindrone & Eth Estradiol</i>)	PV	PV
CYCLESSA TABS (Use <i>Desogestrel-Ethinyl Estradiol (Triphasic)</i>)	PV	PV
DESOGEN TABS (Use <i>Desogestrel & Ethinyl Estradiol</i>)	PV	PV
<i>desogestrel & ethinyl estradiol tabs</i>	PV	PV
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	PV	PV
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	PV	PV
<i>drospirenone-ethinyl estradiol tabs</i>	PV	PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	PV	PV
ESTROSTEP FE TABS (Use <i>Norethindrone Acetate-Ethinyl Estradiol-Fe</i>)	PV	PV

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Drug Name	Drug Tier	Requirements/Limits
<i>ethynodiol diacet & eth estrad tabs</i>	PV	PV
GENERESS FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	PV	PV
<i>levonorgestrel & eth estradiol tabs</i>	PV	PV
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	PV	PV
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	PV	PV
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	PV	PV
LO LOESTRIN FE TABS	PV	PV
LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet & Eth Estra)	PV	PV
LOESTRIN 1/20-21 TABS (Use Norethindrone Acet & Eth Estra)	PV	PV
LOESTRIN FE 1.5/30 TABS (Use Norethin Acet & Estrad-Fe)	PV	PV
LOESTRIN FE 1/20 TABS (Use Norethin Acet & Estrad-Fe)	PV	PV
LOSEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	PV	PV
MINASTRIN 24 FE CHEW (Use Norethin Acet & Estrad-Fe)	PV	PV
MIRCETTE TABS (Use Desogestrel-Ethinyl Estradiol (Biphasic))	PV	PV
NATAZIA TABS	PV	PV
<i>norethin acet & estrad-fe chew</i>	PV	PV
<i>norethin acet & estrad-fe tabs</i>	PV	PV
<i>norethindrone & eth estradiol tabs</i>	PV	PV
<i>norethindrone & ethinyl estradiol-fe chew</i>	PV	PV

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & mestranol tabs</i>	PV	PV
<i>norethindrone acet & eth estra tabs</i>	PV	PV
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	PV	PV
<i>norethindrone-eth estradiol (triphasic) tabs</i>	PV	PV
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	PV	PV
<i>norgestimate-ethinyl estradiol tabs</i>	PV	PV
<i>norgestrel & ethinyl estradiol tabs</i>	PV	PV
ORTHO TRI-CYCLEN LO TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	PV	PV
ORTHO TRI-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	PV	PV
ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol)	PV	PV
ORTHO-NOVUM 1/35 TABS (Use Norethindrone & Eth Estradiol)	PV	PV
ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	PV	PV
QUARTETTE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	PV	PV
SAFYRAL TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	PV	PV
SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	PV	PV
TAYTULLA CAPS	PV	PV
TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	PV	PV

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Drug Name	Drug Tier	Requirements/Limits
YASMIN 28 TABS (Use Drospirenone-Ethinyl Estradiol)	PV	PV
YAZ TABS (Use Drospirenone-Ethinyl Estradiol)	PV	PV
Combination Contraceptives - Transdermal		
XULANE PTWK	PV	PV
Combination Contraceptives - Vaginal		
NUVARING RING	PV	PV
Emergency Contraceptives		
ELLA TABS	PV	PV
levonorgestrel (emergency oc) tabs	PV	PV
PLAN B ONE-STEP TABS (Use Levonorgestrel (Emergency OC))	PV	PV
Progestin Contraceptives - Oral		
norethindrone (contraceptive) tabs	PV	PV
ORTHO MICRONOR TABS (Use Norethindrone (Contraceptive))	PV	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
budesonide cpep 3 mg	2	QL(3 ea daily)
budesonide tb24 9 mg	1	PA
CORTEF TABS (Use Hydrocortisone)	NF	
CORTISONE ACETATE TABS	2	
dexamethasone elix	1	
DEXAMETHASONE INTENSOL CONC	2	
dexamethasone soln	1	
dexamethasone tabs	1	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone tbpk	1	
ENTOCORT EC CPEP (Use Budesonide)	NF	QL(3 ea daily)
hydrocortisone tabs	1	
LOCORT 11-DAY TBPK	3	
LOCORT 7-DAY TBPK	3	
MEDROL DOSEPAK TBPK (Use Methylprednisolone)	NF	
MEDROL TABS 2 MG	2	
MEDROL TABS 4 MG, 8 MG, 16 MG, 32 MG (Use Methylprednisolone)	NF	
methylprednisolone tabs	1	
methylprednisolone tbpk	1	
MILLIPRED DP TBPK	3	
MILLIPRED SOLN 10 MG/5ML (Use Prednisolone Sodium Phosphate)	NF	
MILLIPRED TABS 5 MG	2	
ORAPRED ODT TBDP (Use Prednisolone Sodium Phosphate)	NF	
PEDIAPRED SOLN (Use Prednisolone Sodium Phosphate)	NF	
PREDNISOLONE SODIUM PHOSPHATE SOLN OR 25 MG/5ML	3	
prednisolone sodium phosphate soln or 5 mg/5ml, 10 mg/5ml, 15 mg/5ml, 20 mg/5ml	1	
prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg	1	
prednisolone soln	1	
prednisolone syrpf	1	

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Drug Name	Drug Tier	Requirements/Limits
PREDNISON INTENSOL CONC	2	
<i>prednisone soln 5 mg/5ml</i>	1	
<i>prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 50 mg, 2.5 mg</i>	1	
<i>prednisone tbpk 5 mg, 10 mg</i>	2	
<i>prednisone tbpk 5 mg, 10 mg</i>	1	
TAPERDEX 12-DAY TBP	3	
TAPERDEX 7-DAY TBP	3	
UCERIS TB24 OR 9 MG (Use Budesonide)	NF	PA
VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate)	NF	
ZODEX 12-DAY TBP	3	
ZONACORT 11 DAY TBP	3	
ZONACORT 7 DAY TBP	3	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg, 150 mg, 200 mg</i>	1	
<i>hydrocodone w/ homatropine syrp</i>	1	
<i>hydrocodone w/ homatropine tabs</i>	1	
TESSALON PERLES CAPS (Use Benzonatate)	NF	
Cough/Cold/Allergy Combinations		
ACTIDOM DMX LIQD	3	
CARBAPHEN 12 LIQD	3	

Drug Name	Drug Tier	Requirements/Limits
CARBAPHEN 12 PED SUSP	3	
CODITUSSIN AC LIQD	3	
DECON-G LIQD	3	
DOMETUSS-DMX LIQD	3	
EXACTUSS LIQD (Use Phenylephrine w/ DM-GG)	NF	RX/OTC
EXACTUSS TR TABS	3	RX/OTC
EXAPHEX TR TABS	3	RX/OTC
FLOWTUSS SOLN	3	
GILPHEX TR TABS	3	RX/OTC
GILTUSS COUGH & COLD TABS	3	RX/OTC
GILTUSS LIQD (Use Phenylephrine w/ DM-GG)	NF	RX/OTC
GILTUSS SINUS & CONGESTION TABS	3	RX/OTC
GILTUSS TR TABS	3	RX/OTC
<i>guaifenesin-codeine liqd</i>	1	
<i>guaifenesin-codeine soln</i>	1	
<i>guaifenesin-codeine syrp</i>	1	
HISTEX-PE SYRP (Use Triprolidine-Phenylephrine)	NF	
HYDROCODONE BITARTRATE/CHLORPHENIRAMINE MALEATE/PSE SOLN	3	
HYDROCODONE BITARTRATE/GUAIFENESIN SOLN	3	
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1	
NEOTUSS PLUS LIQD	3	
OBREDON SOLN	3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>phenylephrine w/ dm-gg liqd</i>	1	RX/OTC
PRO-RED AC SYRP	3	
<i>promethazine & phenylephrine soln</i>	1	QL(30 ml daily)
<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-phenylephrine-codeine syrp</i>	1	
PROMETHAZINE/DEXTR OMETHORPHAN SOLN	2	QL(30 ml daily)
PROMETHAZINE/DEXTR OMETHORPHAN SYRP	2	QL(30 ml daily)
PROMETHAZINE/PHENYL EPHRINE SYRP	1	QL(30 ml daily)
PROMETHAZINE/PHENYL EPHRINE/CODEINE SYRP	2	
<i>pseudoephed-bromphen-dm syrp</i>	1	
<i>pseudoephed-cpm w/ hydrocod soln</i>	1	
<i>pseudoephedrine w/ codeine-gg soln</i>	1	
<i>triprolidine-phenylephrine liqd</i>	1	
TUSNEL TABS	3	
TUSSICAPS CP12	3	
TUSSIONEX PENNKINETIC EXTENDED RELEASE SUER (Use Hydrocodone Polistirex-Chlorpheniramine Polistirex)	NF	
TUSSLIN LIQD	3	RX/OTC
TUSSLIN PEDIATRIC LIQD	3	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ZUTRIPRO SOLN (Use Pseudoephed-CPM w/ Hydrocod)	NF	
Misc. Respiratory Inhalants		
HYPER-SAL NEBU (Use Sodium Chloride (Inhalant))	NF	
HYPERSAL NEBU 3.5 %	3	
HYPERSAL NEBU 7 % (Use Sodium Chloride (Inhalant))	NF	
NEBUSAL NEBU	3	
<i>sodium chloride (inhalant) nebu</i>	1	
Mucolytics		
<i>acetylcysteine soln</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS 40 MG	3	PA; Use generic Isotretinoin Caps;QL(2 ea daily)
ABSORICA CAPS 40 MG	3	PA
ACZONE GEL 5 % (Use Dapsone (Topical))	NF	PA
<i>adapalene crea 0.1 %</i>	1	Limit 45gms per month;QL(1.5 gm daily)
<i>adapalene gel 0.1 %</i>	1	Limit 45gms per month;QL(1.5 gm daily); RX/OTC
<i>adapalene gel 0.3 %</i>	1	QL(45 gm per fill retail, 135 gm per fill mail)
ADAPALENE LOTN 0.1 %	3	
<i>adapalene-benzoyl peroxide gel</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
ATRALIN GEL (Use Tretinoin)	NF	
AZELEX CREA	3	
BENZAACLIN GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	NF	
BENZAACLIN WITH PUMP GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	NF	
BENZAMYCIN GEL (Use Benzoyl Peroxide-Erythromycin)	NF	QL(2 gm daily)
benzoyl peroxide-erythromycin gel	1	QL(2 gm daily)
BP CLEANSING WASH EMUL	2	
CLEOCIN-T GEL (Use Clindamycin Phosphate (Topical))	NF	
CLEOCIN-T LOTN (Use Clindamycin Phosphate (Topical))	NF	
CLEOCIN-T SOLN (Use Clindamycin Phosphate (Topical))	NF	
CLEOCIN-T SWAB (Use Clindamycin Phosphate (Topical))	NF	
CLINDAGEL GEL (Use Clindamycin Phosphate (Topical))	NF	
clindamycin phosphate (topical) foam	1	
clindamycin phosphate (topical) gel	1	
clindamycin phosphate (topical) lotn	1	
clindamycin phosphate (topical) soln	1	
clindamycin phosphate (topical) swab	1	
CLINDAMYCIN PHOSPHATE GEL	2	

Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate-benzoyl peroxide (refrigerate) gel	1	
clindamycin phosphate-benzoyl peroxide gel 1%-5%	1	
clindamycin phosphate-tretinoin gel	1	
dapsone (topical) gel	1	PA
DIFFERIN CREA 0.1 % (Use Adapalene)	NF	Limit 45gms per month;QL(1.5 gm daily)
DIFFERIN GEL 0.1 % (Use Adapalene)	NF	Limit 45gms per month;QL(1.5 gm daily); RX/OTC
DIFFERIN GEL 0.3 % (Use Adapalene)	NF	QL(45 gm per fill retail, 135 gm per fill mail)
DIFFERIN LOTN 0.1 %	3	
DUAC GEL (Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate))	NF	
EPIDUO GEL (Use Adapalene-Benzoyl Peroxide)	NF	
ERY PADS	3	
ERYGEL GEL (Use Erythromycin (Acne Aid))	NF	
erythromycin (acne aid) gel	1	
erythromycin (acne aid) pads	1	
erythromycin (acne aid) soln	1	
EVOCLIN FOAM (Use Clindamycin Phosphate (Topical))	NF	
FABIOR FOAM	3	Limit 50gms per month;QL(1.67 gm daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>isotretinoin caps 10 mg</i>	1	QL(4 ea daily)
<i>isotretinoin caps 20 mg</i>	1	QL(5 ea daily, 150 day(s) limit)
<i>isotretinoin caps 20 mg</i>	1	QL(5 ea daily)
<i>isotretinoin caps 30 mg</i>	1	
<i>isotretinoin caps 30 mg, 40 mg</i>	1	QL(2 ea daily)
<i>isotretinoin caps 40 mg</i>	1	QL(2 ea daily, 150 day(s) limit)
KLARON LOTN (<i>Use Sulfacetamide Sodium (Acne)</i>)	NF	
PLEXION CLEANSER LIQD (<i>Use Sulfacetamide Sodium w/ Sulfur</i>)	NF	
PLEXION CREA (<i>Use Sulfacetamide Sodium w/ Sulfur</i>)	NF	
PLEXION LOTN (<i>Use Sulfacetamide Sodium w/ Sulfur</i>)	NF	PA
RETIN-A CREA (<i>Use Tretinoin</i>)	NF	
RETIN-A GEL (<i>Use Tretinoin</i>)	NF	
RETIN-A MICRO GEL 0.04 % (<i>Use Tretinoin Microsphere</i>)	NF	Limit 45gms per month;QL(1.7 gm daily)
RETIN-A MICRO GEL 0.1 % (<i>Use Tretinoin Microsphere</i>)	NF	QL(1.67 gm daily)
RETIN-A MICRO PUMP GEL 0.04 % (<i>Use Tretinoin Microsphere</i>)	NF	Limit 45gms per month;QL(1.7 gm daily)
RETIN-A MICRO PUMP GEL 0.1 % (<i>Use Tretinoin Microsphere</i>)	NF	QL(1.67 gm daily)
RIAX FOAM	3	

Drug Name	Drug Tier	Requirements/ Limits
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3	
SODIUM SULFACETAMIDE/SULFUR LOTN	2	QL(1 gm daily)
SSS 10-5 FOAM	2	
<i>sulfacetamide sodium (acne) lotn</i>	1	
<i>sulfacetamide sodium w/ sulfur crea 4.8%-9.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur emul 1%-10%</i>	1	
<i>sulfacetamide sodium w/ sulfur liqd 4.8%-9.8%</i>	2	
<i>sulfacetamide sodium w/ sulfur lotn 4.8%-9.8%</i>	1	PA
TRETIN-X CREA	3	
<i>tretinoin crea</i>	1	
<i>tretinoin gel</i>	1	
<i>tretinoin microsphere gel 0.04 %</i>	1	Limit 45gms per month;QL(1.7 gm daily)
<i>tretinoin microsphere gel 0.1 %</i>	1	QL(1.67 gm daily)
VELTIN GEL	3	
ZIANA GEL (<i>Use Clindamycin Phosphate-Tretinoin</i>)	NF	
Agents for External Genital and Perianal Warts		
VEREGEN OINT	3	QL(30 gm per fill retail)
Anti-inflammatory Agents - Topical		
DICLOFENAC EPOLAMINE PTCH	3	QL(2 ea daily)
<i>diclofenac sodium (topical) gel 1 %</i>	1	
<i>diclofenac sodium (topical) soln 1.5 %</i>	1	QL(5 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
FLECTOR PTCH	3	QL(2 ea daily)
PENNSAID SOLN	3	PA; QL(4 gm daily)
VOLTAREN GEL (Use Diclofenac Sodium (Topical))	NF	
Antibiotics - Topical		
ALTABAX OINT	3	
BACTROBAN CREA (Use Mupirocin Calcium (Topical))	NF	
CENTANY OINT	2	
CORTISPORIN CREA	3	
CORTISPORIN OINT	3	
<i>gentamicin sulfate (topical) crea</i>	1	
<i>gentamicin sulfate (topical) oint</i>	1	
<i>mupirocin calcium (topical) crea</i>	1	
<i>mupirocin oint</i>	1	
Antifungals - Topical		
<i>ciclopirox gel</i>	1	
<i>ciclopirox olamine crea</i>	1	
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham</i>	1	
<i>clotrimazole w/ betamethasone crea</i>	1	Limit 1 tube per month;QL(1.5 gm daily)
<i>clotrimazole w/ betamethasone lotn</i>	1	QL(2 ml daily)
<i>econazole nitrate crea</i>	1	
ERTACZO CREA	SP	PA; QL(1 gm daily)
EXELDERM CREA	3	

Drug Name	Drug Tier	Requirements/ Limits
EXELDERM SOLN	2	
EXODERM LOTN	3	
EXTINA FOAM (Use Ketoconazole (Topical))	NF	
HALOTIN CREA	3	
<i>iodoquinol-hydrocortisone in aloe vehicle crea</i>	1	
<i>ketoconazole (topical) crea</i>	1	QL(2 gm daily)
<i>ketoconazole (topical) foam</i>	2	
<i>ketoconazole (topical) sham</i>	1	
LOPROX CREA (Use Ciclopirox Olamine)	NF	
LOPROX SHAMPOO SHAM (Use Ciclopirox)	NF	
LOPROX SUSP (Use Ciclopirox Olamine)	NF	
LOTRISONE CREA (Use Clotrimazole w/ Betamethasone)	NF	Limit 1 tube per month;QL(1.5 gm daily)
<i>naftifine hcl crea</i>	1	
<i>naftifine hcl gel</i>	1	
NAFTIN CREA 2 % (Use Naftifine HCl)	NF	
NAFTIN GEL 1 % (Use Naftifine HCl)	NF	
NAFTIN GEL 1 %, 2 %	3	
NIZORAL SHAM (Use Ketoconazole (Topical))	NF	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin (topical) powd</i>	1	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>oxiconazole nitrate crea</i>	1	
OXISTAT CREA (<i>Use Oxiconazole Nitrate</i>)	NF	
OXISTAT LOTN	3	
VYSTONE CREA (<i>Use Idoquinol-Hydrocortisone in Aloe Vehicle</i>)	NF	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA	2	QL(1 gm daily)
<i>diclofenac sodium (actinic keratoses) gel</i>	2	PA
EFUDEX CREA (<i>Use Fluorouracil (Topical)</i>)	NF	
FLUOROPLEX CREA	2	
<i>fluorouracil (topical) crea</i>	1	
FLUOROURACIL CREA 0.5 %	2	QL(1 gm daily)
FLUOROURACIL SOLN 2 %, 5 %	2	
PANRETIN GEL	3	PA
PICATO GEL	3	
TARGRETIN GEL EX 1 %	SP	PA
VALCHLOR GEL	SP	PA
Antipruritics - Topical		
<i>doxepin hcl (antipruritic) crea</i>	1	QL(3 gm daily)
DOXEPIN HYDROCHLORIDE CREA	2	QL(3 gm daily)
PRUDOXIN CREA	2	QL(3 gm daily)
ZONALON CREA	2	QL(3 gm daily)
Antipsoriatics		
<i>acitretin caps 10 mg</i>	2	QL(1 ea daily)
<i>acitretin caps 17.5 mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>acitretin caps 25 mg</i>	2	QL(2 ea daily)
<i>calcipotriene crea</i>	2	QL(5 gm daily)
<i>calcipotriene oint</i>	1	QL(5 gm daily)
<i>calcipotriene soln</i>	1	
<i>calcitriol (topical) oint</i>	1	Limit 100gms per month;QL(3.4 gm daily)
COSENTYX SENSOREADY PEN SOAJ	SP	PA; LA
COSENTYX SOSY	SP	PA; LA
DOVONEX CREA (<i>Use Calcipotriene</i>)	NF	QL(5 gm daily)
ILUMYA SOSY	SP	PA
<i>methoxsalen rapid caps</i>	1	
OXSORALEN ULTRA CAPS (<i>Use Methoxsalen Rapid</i>)	NF	
SILIQ SOSY	SP	PA
SORIATANE CAPS 10 MG (<i>Use Acitretin</i>)	NF	QL(1 ea daily)
SORIATANE CAPS 17.5 MG (<i>Use Acitretin</i>)	NF	
SORIATANE CAPS 25 MG (<i>Use Acitretin</i>)	NF	QL(2 ea daily)
SORILUX FOAM	3	PA
STELARA SOLN	SP	PA; LA
STELARA SOSY	SP	PA; LA
TALTZ SOAJ	SP	PA; SP drug refer to Caremark SP Rx;LA
TALTZ SOSY	SP	PA; SP drug refer to Caremark SP Rx;LA
<i>tazarotene crea</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (Use Tazarotene)	NF	
TAZORAC GEL 0.05 %, 0.1 %	2	
VECTICAL OINT (Use Calcitriol (Topical))	NF	Limit 100gms per month;QL(3.4 gm daily)
Antiseborrheic Products		
OVACE PLUS SHAM 10 % (Use Sulfacetamide Sodium)	NF	
OVACE PLUS WASH LIQD (Use Sulfacetamide Sodium)	NF	
OVACE WASH LIQD (Use Sulfacetamide Sodium)	NF	
selenium sulfide lotn 2.5 %	1	
selenium sulfide sham 2.25 %	3	
SODIUM SULFACETAMIDE WASH LIQD	3	
sulfacetamide sodium liqd	1	
sulfacetamide sodium sham	1	
Antivirals - Topical		
acyclovir topical oint	1	QL(1 gm daily)
ZOVIRAX OINT EX 5 % (Use Acyclovir Topical)	NF	QL(1 gm daily)
Burn Products		
mafenide acetate pack	1	
SILVADENE CREA (Use Silver Sulfadiazine)	NF	
silver sulfadiazine crea	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (Use Mafenide Acetate)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Corticosteroids - Topical		
ALA SCALP LOTN	3	
alclometasone dipropionate crea	1	
alclometasone dipropionate oint	1	
AMCINONIDE CREA	2	
amcinonide lotn	1	
AMCINONIDE OINT	3	
APEXICON E CREA	2	
AUGMENTED BETAMETHASONE DIPROPIONATE GEL	2	
betamethasone dipropionate (topical) crea	1	
betamethasone dipropionate (topical) lotn	1	
betamethasone dipropionate (topical) oint	1	
betamethasone dipropionate augmented crea	1	
betamethasone dipropionate augmented gel	1	
betamethasone dipropionate augmented lotn	1	
betamethasone dipropionate augmented oint	1	
betamethasone valerate crea	1	
betamethasone valerate foam	1	
betamethasone valerate lotn	1	
betamethasone valerate oint	1	
calcipotriene-betamethasone dipropionate oint	2	ST

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Drug Name	Drug Tier	Requirements/ Limits
CAPEX SHAM	2	
<i>clobetasol propionate crea</i>	1	
<i>clobetasol propionate emollient base crea</i>	1	
<i>clobetasol propionate emulsion foam</i>	1	
<i>clobetasol propionate foam</i>	1	
<i>clobetasol propionate gel</i>	1	
<i>clobetasol propionate liqd</i>	1	
<i>clobetasol propionate lotn</i>	1	
<i>clobetasol propionate oint</i>	1	
<i>clobetasol propionate sham</i>	1	
<i>clobetasol propionate soln</i>	1	
CLOBEX LIQD (Use Clobetasol Propionate)	NF	
CLOBEX LOTN (Use Clobetasol Propionate)	NF	
CLOBEX SHAM (Use Clobetasol Propionate)	NF	
CLOCORTOLONE PIVALATE CREA	3	
CLOCORTOLONE PIVALATE PUMP CREA	3	
CLODERM CREA	3	
CLODERM PUMP CREA	3	
CORDRAN CREA 0.05 % (Use Flurandrenolide)	NF	
CORDRAN TAPE 4 MCG/SQCM	3	
CORTANE-B LOTN	3	
CUTIVATE LOTN (Use Fluticasone Propionate)	NF	
DERMA-SMOOTH/FS BODY OIL (Use Fluocinolone Acetonide)	NF	

Drug Name	Drug Tier	Requirements/ Limits
DERMA-SMOOTH/FS SCALP OIL (Use Fluocinolone Acetonide)	NF	
DERMATOP OINT (Use Prednicarbate)	NF	
DESONATE GEL	3	
<i>desonide crea</i>	1	
<i>desonide lotn</i>	1	
<i>desonide oint</i>	1	
DESOWEN CREA (Use Desonide)	NF	
DESOWEN LOTN (Use Desonide)	NF	
<i>desoximetasone crea 0.05 %, 0.25 %</i>	1	
<i>desoximetasone gel 0.05 %</i>	1	
<i>desoximetasone liqd 0.25 %</i>	1	ST
<i>desoximetasone oint 0.05 %, 0.25 %</i>	1	
<i>diflorasone diacetate crea</i>	1	
<i>diflorasone diacetate oint</i>	1	
DIPROLENE AF CREA (Use Betamethasone Dipropionate Augmented)	NF	
DIPROLENE OINT (Use Betamethasone Dipropionate Augmented)	NF	
ELOCON CREA (Use Mometasone Furoate)	NF	
ELOCON OINT (Use Mometasone Furoate)	NF	
EPIFOAM FOAM	3	
<i>fluocinolone acetonide crea</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>fluocinolone acetonide oint</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide soln</i>	1	
<i>fluocinonide crea</i>	1	
<i>fluocinonide emulsified base crea</i>	1	
<i>fluocinonide gel</i>	1	
<i>fluocinonide oint</i>	1	
<i>fluocinonide soln</i>	1	
<i>flurandrenolide crea</i>	1	
<i>fluticasone propionate crea</i>	1	
<i>fluticasone propionate lotn</i>	1	
<i>fluticasone propionate oint</i>	1	
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	
<i>hydrocortisone (topical) crea</i>	1	
<i>hydrocortisone (topical) lotn</i>	1	
<i>hydrocortisone (topical) oint</i>	1	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base crea</i>	1	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	1	
<i>hydrocortisone valerate crea</i>	1	
<i>hydrocortisone valerate oint</i>	1	
KENALOG AERS (Use Triamcinolone Acetonide (Topical))	NF	
LOCOID CREA (Use Hydrocortisone Butyrate)	NF	

Drug Name	Drug Tier	Requirements/ Limits
LOCOID LIPOCREAM CREA (Use Hydrocortisone Butyrate Hydrophilic Lipo Base)	NF	
LOCOID OINT (Use Hydrocortisone Butyrate)	NF	
LOCOID SOLN (Use Hydrocortisone Butyrate)	NF	
LUXIQ FOAM (Use Betamethasone Valerate)	NF	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
NUCORT LOTN	3	
OLUX FOAM (Use Clobetasol Propionate)	NF	
OLUX-E FOAM (Use Clobetasol Propionate Emulsion)	NF	
PRAMOSONE E CREA	3	
PRAMOSONE LOTN	3	
PRAMOSONE OINT	3	
<i>prednicarbate crea</i>	1	
PREDNICARBATE CREA	2	
PREDNICARBATE OINT	3	
SYNALAR CREA (Use Fluocinolone Acetonide)	NF	
SYNALAR OINT (Use Fluocinolone Acetonide)	NF	
SYNALAR SOLN (Use Fluocinolone Acetonide)	NF	
TACLONEX OINT (Use Calcipotriene-Betamethasone Dipropionate)	NF	ST
TACLONEX SUSP	3	ST; QL(2 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
TEMOVATE CREA (<i>Use Clobetasol Propionate</i>)	NF	
TEMOVATE OINT (<i>Use Clobetasol Propionate</i>)	NF	
TEXACORT SOLN	3	
TOPICORT CREA 0.05 %, 0.25 % (<i>Use Desoximetasone</i>)	NF	
TOPICORT GEL 0.05 % (<i>Use Desoximetasone</i>)	NF	
TOPICORT LIQD 0.25 % (<i>Use Desoximetasone</i>)	NF	ST
TOPICORT OINT 0.05 %, 0.25 % (<i>Use Desoximetasone</i>)	NF	
<i>triamcinolone acetonide (topical) aers</i>	1	
<i>triamcinolone acetonide (topical) crea</i>	1	
<i>triamcinolone acetonide (topical) lotn</i>	1	
<i>triamcinolone acetonide (topical) oint</i>	1	
TRIDESILON CREA (<i>Use Desonide</i>)	NF	
ULTRAVATE CREA (<i>Use Halobetasol Propionate</i>)	NF	
ULTRAVATE OINT (<i>Use Halobetasol Propionate</i>)	NF	
VANOS CREA (<i>Use Fluocinonide</i>)	NF	
WESTCORT OINT (<i>Use Hydrocortisone Valerate</i>)	NF	
Eczema Agents		
DUPIXENT SOSY 200 MG/1.14ML	SP	PA
DUPIXENT SOSY 300 MG/2ML	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
Emollient/Keratolytic Agents		
GORDONS UREA OINT	3	

Drug Name	Drug Tier	Requirements/Limits
HYDRO 35 FOAM (<i>Use Urea in Lactic Acid Vehicle</i>)	NF	
URAMAXIN FOAM 20%	3	
URAMAXIN GEL 45 % (<i>Use Urea</i>)	NF	
URAMAXIN GT GEL (<i>Use Urea</i>)	NF	
URAMAXIN LOTN 45 % (<i>Use Urea</i>)	NF	
<i>urea gel 45 %</i>	1	
<i>urea in lactic acid vehicle foam</i>	1	
UREA IN ZINC UNDECYLENATE/LACTIC ACID VEHICLE EMUL	3	
<i>urea lotn 40 %</i>	1	
UREA LOTN 45 %	3	
UREA NAIL STCK	3	
UREA TOPICAL SUSP	3	
Emollients		
LAC-HYDRIN CREA (<i>Use Lactic Acid (Ammonium Lactate)</i>)	NF	RX/OTC
<i>lactic acid (ammonium lactate) crea</i>	1	RX/OTC
SODIUM HYALURONATE GEL	3	
Enzymes - Topical		
SANTYL OINT	3	
Immunomodulating Agents - Topical		
ALDARA CREA (<i>Use Imiquimod</i>)	NF	
<i>imiquimod crea</i>	1	
Immunosuppressive Agents - Topical		
ELIDEL CREA (<i>Use Pimecrolimus</i>)	NF	QL(2 gm daily)
<i>pimecrolimus crea</i>	1	QL(2 gm daily)

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Drug Name	Drug Tier	Requirements/ Limits
PROTOPIC OINT 0.03 % (Use Tacrolimus (Topical))	NF	QL(2 gm daily); AL(At least 2 yrs old)
PROTOPIC OINT 0.1 % (Use Tacrolimus (Topical))	NF	QL(2 gm daily); AL(At least 15 yrs old)
<i>tacrolimus (topical) oint 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) oint 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)
Keratolytic/Antimitotic Agents		
BENSAL HP OINT	3	
CONDYLOX GEL	2	
PODOCON 25 IN BENZOIN TINCTURE SOLN	3	
<i>podofilox soln</i>	1	
SALEX SHAM (Use <i>Salicylic Acid</i>)	NF	
<i>salicylic acid crea 6 %</i>	1	
SALICYLIC ACID LOTN 6 %	2	
<i>salicylic acid lotn 6 %</i>	1	
<i>salicylic acid sham 6 %</i>	1	
Liniments		
MEDROX-RX OINT	3	PA
Local Anesthetics - Topical		
ANASTIA LOTN	2	
C-TOPICAL SOLN	3	
CETACAINE AERO	3	
<i>lidocaine hcl soln ex</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine ptch</i>	1	Limited to 3 patches per day;QL(3 ea daily)
<i>lidocaine-prilocaine crea</i>	1	
LIDODERM PTCH (Use <i>Lidocaine</i>)	NF	Limited to 3 patches per day;QL(3 ea daily)
NUMBONEX LOTN	2	
PREMIUM SCAR PATCH PTCH	3	
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC SOLN	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA OINT	3	PA; Limited to 60 gm per month;QL(2 gm daily)
Rosacea Agents		
<i>azelaic acid gel</i>	1	
DOXYCYCLINE CPDR	3	PA; QL(1 ea daily)
FINACEA FOAM	3	
FINACEA GEL (Use <i>Azelaic Acid</i>)	NF	
<i>ivermectin (rosacea) crea</i>	1	PA; QL(1.5 gm daily)
METROCREAM CREA (Use <i>Metronidazole (Topical)</i>)	NF	
METROGEL GEL (Use <i>Metronidazole (Topical)</i>)	NF	
METROLOTION LOTN (Use <i>Metronidazole (Topical)</i>)	NF	QL(2 ml daily)
<i>metronidazole (topical) crea 0.75 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole (topical) gel 0.75 %</i>	1	Limit 45gms per month;QL(1.5 gm daily)
<i>metronidazole (topical) gel 1 %</i>	1	
<i>metronidazole (topical) lotn 0.75 %</i>	1	QL(2 ml daily)
MIRVASO GEL	3	PA
NORITATE CREA	SP	PA
ORACEA CPDR	3	PA; QL(1 ea daily)
RHOFADE CREA	3	PA
SOOLANTRA CREA (<i>Use Ivermectin (Rosacea)</i>)	NF	PA; QL(1.5 gm daily)
Scabicides & Pediculicides		
ELIMITE CREA (<i>Use Permethrin</i>)	NF	QL(2 gm daily)
EURAX CREA	2	
<i>malathion lotn</i>	1	
NATROBA SUSP	NF	AL(At least 4 yrs old)
OVIDE LOTN (<i>Use Malathion</i>)	NF	
<i>permethrin crea</i>	1	QL(2 gm daily)
SKLICE LOTN	3	
SPINOSAD SUSP	NF	AL(At least 4 yrs old)
Wound Care Products		
REGGRANEX GEL	3	Limit 15gms per month;QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	SP	PA
METOPIRONE CAPS	3	

Drug Name	Drug Tier	Requirements/Limits
Diagnostic Tests		
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization;QL(6.7 ea daily); RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	2	Limit 200 per month without authorization;QL(6.7 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month without authorization;QL(6.7 ea daily); RX/OTC
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month without authorization;QL(6.7 ea daily); RX/OTC
KETONE STRP	2	
KETOSTIX STRP	2	
ONETOUCH ULTRA BLUE STRP	2	Limit 200 per month without authorization;QL(6.7 ea daily); RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization;QL(6.7 ea daily); RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization;QL(6.7 ea daily); RX/OTC
RELION KETONE STRP	2	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	

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Drug Name	Drug Tier	Requirements/ Limits
PANCREAZE CPEP	3	
PERTZYE CPEP	3	
SUCRAID SOLN	SP	PA; AC
VIOKACE TABS	3	
ZENPEP CPEP	2	

DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

Carbonic Anhydrase Inhibitors

<i>acetazolamide cp12 500 mg</i>	1	QL(2 ea daily)
<i>acetazolamide tabs 125 mg</i>	1	
<i>acetazolamide tabs 250 mg</i>	1	QL(4 ea daily)
DIAMOX CP12 (Use Acetazolamide)	NF	QL(2 ea daily)
KEVEYIS TABS	SP	PA
<i>methazolamide tabs</i>	1	
NEPTAZANE TABS (Use Methazolamide)	NF	

Diuretic Combinations

ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	NF	
ALDACTAZIDE TABS 50MG-50MG	2	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (Use Triamterene & Hydrochlorothiazide)	NF	
MAXZIDE TABS (Use Triamterene & Hydrochlorothiazide)	NF	QL(1 ea daily)
MAXZIDE-25 TABS (Use Triamterene & Hydrochlorothiazide)	NF	QL(2 ea daily)
<i>spironolactone & hydrochlorothiazide tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>triamterene & hydrochlorothiazide caps 37.5mg-25mg</i>	1	
<i>triamterene & hydrochlorothiazide tabs 37.5mg-25mg</i>	1	QL(2 ea daily)
<i>triamterene & hydrochlorothiazide tabs 75mg-50mg</i>	1	QL(1 ea daily)

Loop Diuretics

<i>bumetanide tabs 0.5 mg, 1 mg</i>	1	
<i>bumetanide tabs 2 mg</i>	1	QL(5 ea daily)
BUMEX TABS 0.5 MG, 1 MG (Use Bumetanide)	NF	
BUMEX TABS 2 MG (Use Bumetanide)	NF	QL(5 ea daily)
DEMADEX TABS (Use Torsemide)	NF	
EDECRIN TABS (Use Ethacrynic Acid)	NF	ST
<i>ethacrynic acid tabs</i>	1	ST
<i>furosemide soln 10 mg/ml</i>	1	
FUROSEMIDE SOLN 8 MG/ML	3	
<i>furosemide tabs 20 mg, 40 mg, 80 mg</i>	1	
LASIX TABS (Use Furosemide)	NF	
<i>torsemide tabs 100 mg</i>	1	QL(2 ea daily)
<i>torsemide tabs 5 mg, 10 mg, 20 mg</i>	1	

Potassium Sparing Diuretics

ALDACTONE TABS (Use Spironolactone)	NF	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS (Use Triamterene)	NF	
<i>spironolactone tabs</i>	1	
<i>triamterene caps</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG, 500 MG	3	
<i>chlorothiazide tabs 500 mg</i>	1	
<i>chlorthalidone tabs</i>	1	
DIURIL SUSP	3	
<i>hydrochlorothiazide caps</i>	1	
<i>hydrochlorothiazide tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>methyclothiazide tabs</i>	1	
<i>metolazone tabs</i>	1	
MICROZIDE CAPS (Use Hydrochlorothiazide)	NF	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (Use Risedronate Sodium)	NF	ST; Limited to 1 per month;QL(0.04 ea daily)
ACTONEL TABS 5 MG, 30 MG, 35 MG (Use Risedronate Sodium)	NF	ST
<i>alendronate sodium soln 70 mg/75ml</i>	1	
<i>alendronate sodium tabs 35 mg</i>	1	Limit 1 tab per week;QL(0.144 ea daily)
<i>alendronate sodium tabs 40 mg</i>	1	
ALENDRONATE SODIUM TABS 5 MG	2	QL(1 ea daily)
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>alendronate sodium tabs 70 mg</i>	1	Limit 1 tab per week;QL(0.15 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BINOSTO TBEF	3	PA; Limit 4 packets per month;QL(0.15 ea daily)
BONIVA TABS (Use Ibandronate Sodium)	NF	Limit 1 per month;QL(0.04 ea daily)
<i>calcitonin (salmon) soln</i>	1	
<i>etidronate disodium tabs</i>	1	
FORTEO SOLN	SP	PA; LA
FOSAMAX PLUS D TABS	3	PA; Limit 4 per month;QL(0.15 ea daily)
FOSAMAX TABS (Use Alendronate Sodium)	NF	Limit 1 tab per week;QL(0.15 ea daily)
<i>ibandronate sodium tabs</i>	1	Limit 1 per month;QL(0.04 ea daily)
MIACALCIN SOLN	SP	PA; LA
NATPARA CART	SP	PA; LA
PROLIA SOSY	SP	PA; LA
<i>risedronate sodium tabs 150 mg</i>	1	ST; Limited to 1 per month;QL(0.04 ea daily)
<i>risedronate sodium tabs 5 mg, 30 mg, 35 mg</i>	1	ST
TYMLOS SOPN	SP	PA; LA
Fertility Regulators		
<i>clomiphene citrate tabs</i>	1	Check plan documents for coverage;QL(15 ea per fill retail,00 ea per fill mail,15 ea per 30 days retail)
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR	SP	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
Growth Hormones		
HUMATROPE COMBO PACK SOLR	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
HUMATROPE SOLR 5 MG	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
HUMATROPE SOLR 6 MG, 12 MG, 24 MG	SP	PA; LA
NORDITROPIN FLEXPRO SOLN	SP	PA; LA
SEROSTIM SOLR	SP	PA; LA
ZOMACTON SOLR	SP	PA
ZORBTIVE SOLR	SP	PA; LA
Hormone Receptor Modulators		
EVISTA TABS (Use Raloxifene HCl)	PV	PV
OSPHENA TABS	3	
<i>raloxifene hcl tabs</i>	PV	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	SP	PA; LA
LHRH/GnRH Agonist Analog Pituitary		
SYNAREL SOLN	2	
Metabolic Modifiers		
BUPHENYL POWD (Use Sodium Phenylbutyrate)	SP	PA
BUPHENYL TABS (Use Sodium Phenylbutyrate)	SP	PA
<i>calcitriol caps 0.25 mcg</i>	1	
<i>calcitriol caps 0.5 mcg</i>	1	QL(4 ea daily)
<i>calcitriol soln 1 mcg/ml</i>	1	
CARBAGLU TABS	SP	PA

Drug Name	Drug Tier	Requirements/Limits
CARNITOR SF SOLN (Use Levocarnitine (Metabolic Modifiers))	NF	
CARNITOR SOLN 1 GM/10ML (Use Levocarnitine (Metabolic Modifiers))	NF	
CARNITOR TABS 330 MG (Use Levocarnitine (Metabolic Modifiers))	NF	RX/OTC
<i>cinacalcet hcl tabs</i>	1	PA
CYSTADANE POWD	SP	PA
<i>doxercalciferol caps</i>	2	
GALAFOLD CAPS	SP	PA; QL(0.5 ea daily)
HECTOROL CAPS (Use Doxercalciferol)	NF	
KUVAN PACK	SP	Specialty Drug refer to Caremark SP RX
KUVAN TBSO	SP	Specialty Drug refer to Caremark SP RX
<i>levocarnitine (metabolic modifiers) soln 1 gm/10ml</i>	1	
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	1	RX/OTC
MYALEPT SOLR	SP	PA; LA
<i>nitisinone caps</i>	SP	PA
NITYR TABS	SP	PA
ORFADIN CAPS 2 MG, 5 MG, 10 MG (Use Nitisinone)	SP	PA
ORFADIN CAPS 20 MG	SP	PA
ORFADIN SUSP 4 MG/ML	SP	PA
PALYNZIQ SOSY	SP	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>paricalcitol caps</i>	1	
RAVICTI LIQD	SP	
ROCALTROL CAPS 0.25 MCG (Use Calcitriol)	NF	
ROCALTROL CAPS 0.5 MCG (Use Calcitriol)	NF	QL(4 ea daily)
ROCALTROL SOLN 1 MCG/ML (Use Calcitriol)	NF	
SENSIPAR TABS (Use Cinacalcet HCl)	NF	PA
<i>sodium phenylbutyrate powd</i>	SP	PA
<i>sodium phenylbutyrate tabs</i>	SP	PA
STRENSIQ SOLN	SP	PA
XURIDEN PACK	SP	
ZEMPLAR CAPS (Use Paricalcitol)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN NA 0.01 %	2	
DDAVP SOLN NA 0.01 % (Use Desmopressin Acetate Spray)	NF	
DDAVP TABS OR 0.1 MG (Use Desmopressin Acetate)	NF	
DDAVP TABS OR 0.2 MG (Use Desmopressin Acetate)	NF	QL(6 ea daily)
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs 0.1 mg</i>	1	
<i>desmopressin acetate tabs 0.2 mg</i>	1	QL(6 ea daily)
NOCTIVA EMUL	3	PA
STIMATE SOLN	3	
Prolactin Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
OCTREOTIDE ACETATE SOLN 1000 MCG/ML (Use Octreotide Acetate)	SP	PA; LA
OCTREOTIDE ACETATE SOLN 200 MCG/ML (Use Octreotide Acetate)	SP	PA
<i>octreotide acetate soln 50 mcg/ml, 100 mcg/ml, 200 mcg/ml</i>	SP	PA
<i>octreotide acetate soln 500 mcg/ml, 1000 mcg/ml</i>	SP	PA; LA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML (Use Octreotide Acetate)	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
SANDOSTATIN SOLN 500 MCG/ML, 1000 MCG/ML (Use Octreotide Acetate)	SP	PA; LA
SIGNIFOR SOLN	SP	PA; LA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	SP	PA; SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS (Use Estradiol & Norethindrone Acetate)	NF	
ANGELIQ TABS	3	
CLIMARA PRO PTWK	2	
COMBIPATCH PTTW	3	
DUAVEE TABS	3	
<i>estradiol & norethindrone acetate tabs</i>	1	
FEMHRT LOW DOSE TABS (Use Norethindrone Acetate-Ethinyl Estradiol)	NF	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREFEST TABS	3	
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
ALORA PTTW	2	Limit 8 patches per month;QL(0.29 ea daily)
CLIMARA PTWK (Use Estradiol)	NF	Limit 4 patches per month;QL(0.14 3 ea daily)
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
ELESTRIN GEL	3	
ESTRACE TABS (Use Estradiol)	NF	
<i>estradiol pttw td 0.0375 mg/24hr, 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i>	1	Limit 8 patches per month;QL(0.29 ea daily)
<i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	1	Limit 4 patches per month;QL(0.14 3 ea daily)
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
ESTROGEL GEL	3	Limit 50gms per month;QL(1.67 gm daily)
ESTROPIPATE TABS 0.75 MG, 1.5 MG	2	
<i>estropipate tabs 3 mg</i>	1	
EVAMIST SOLN	3	
MENEST TABS	2	

Drug Name	Drug Tier	Requirements/Limits
MENOSTAR PTWK	3	Limit 4 patches per month;QL(0.14 3 ea daily)
MINIVELLE PTTW (Use Estradiol)	NF	Limit 8 patches per month;QL(0.29 ea daily)
PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 1.25 MG	2	QL(1 ea daily)
PREMARIN TABS OR 0.9 MG	2	
VIVELLE-DOT PTTW (Use Estradiol)	NF	Limit 8 patches per month;QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX TABS (Use Moxifloxacin HCl)	NF	
CIPRO SUSR 5 GM/100ML	2	
CIPRO SUSR 500 MG/5ML (Use Ciprofloxacin)	NF	
CIPRO TABS 250 MG, 500 MG (Use Ciprofloxacin HCl)	NF	
CIPROFLOXACIN ER TB24 1000MG	2	QL(14 ea per fill retail, 14 ea per fill mail)
CIPROFLOXACIN ER TB24 500MG	2	QL(3 ea per fill retail, 3 ea per fill mail)
CIPROFLOXACIN HCL TABS 100 MG	2	
<i>ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin susr</i>	1	
LEVAQUIN TABS (Use Levofloxacin)	NF	QL(14 ea per fill retail)
<i>levofloxacin soln 25 mg/ml</i>	1	
<i>levofloxacin tabs 250 mg, 500 mg, 750 mg</i>	1	QL(14 ea per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl tabs</i>	1	
OFLOXACIN TABS 300 MG	3	
<i>ofloxacin tabs 400 mg</i>	1	QL(28 ea per 90 days retail, 28 ea per 90 days mail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS	SP	PA
Gallstone Solubilizing Agents		
ACTIGALL CAPS (<i>Use Ursodiol</i>)	NF	
CHENODAL TABS	SP	PA
URSO 250 TABS (<i>Use Ursodiol</i>)	NF	
URSO FORTE TABS (<i>Use Ursodiol</i>)	NF	
<i>ursodiol caps 300 mg</i>	2	
<i>ursodiol tabs 250 mg, 500 mg</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	2	
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln</i>	1	
<i>metoclopramide hcl tabs</i>	1	
METOCLOPRAMIDE ODT TBP	3	
REGLAN TABS (<i>Use Metoclopramide HCl</i>)	NF	
Inflammatory Bowel Agents		
APRISO CP24	3	PA; QL(4 ea daily)
ASACOL HD TBEC (<i>Use Mesalamine</i>)	NF	
AZULFIDINE EN-TABS TBEC (<i>Use Sulfasalazine</i>)	NF	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/Limits
AZULFIDINE TABS (<i>Use Sulfasalazine</i>)	NF	QL(8 ea daily)
<i>balsalazide disodium caps</i>	1	Limit 280 caps per month; QL(9 ea daily)
CANASA SUPP (<i>Use Mesalamine</i>)	NF	QL(1 ea daily)
CIMZIA KIT	SP	PA; LA
CIMZIA STARTER KIT KIT	SP	PA; LA
COLAZAL CAPS (<i>Use Balsalazide Disodium</i>)	NF	Limit 280 caps per month; QL(9 ea daily)
DELZICOL CPDR (<i>Use Mesalamine</i>)	NF	PA; QL(6 ea daily)
DIPENTUM CAPS	3	
GIAZO TABS	3	ST; QL(6 ea daily)
INFLECTRA SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;; SP
LIALDA TBEC (<i>Use Mesalamine</i>)	NF	QL(4 ea daily)
<i>mesalamine cpdr or 400 mg</i>	1	PA; QL(6 ea daily)
<i>mesalamine enem re 4 gm</i>	1	QL(60 ml daily)
<i>mesalamine supp re 1000 mg</i>	1	QL(1 ea daily)
<i>mesalamine tbec or 1.2 gm</i>	1	QL(4 ea daily)
<i>mesalamine tbec or 800 mg</i>	1	
PENTASA CPCR 250 MG	3	PA
PENTASA CPCR 500 MG	3	PA; QL(8 ea daily)
REMICADE SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;; LA
SFROWASA ENEM	2	

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Drug Name	Drug Tier	Requirements/Limits
STELARA SOLN	SP	PA; LA
<i>sulfasalazine tabs</i>	1	QL(8 ea daily)
<i>sulfasalazine tbec</i>	1	QL(8 ea daily)
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl tabs</i>	2	
LINZESS CAPS	2	
LOTRONEX TABS (<i>Use Alosetron HCl</i>)	NF	
VIBERZI TABS	3	PA
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPS	3	
MOVANTIK TABS 12.5 MG	3	
MOVANTIK TABS 25 MG	3	QL(1 ea daily)
RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML	SP	PA; LA
RELISTOR TABS OR 150 MG	SP	PA
Phosphate Binder Agents		
AURYXIA TABS	3	PA
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
FOSRENOL CHEW 1000 MG (<i>Use Lanthanum Carbonate</i>)	NF	QL(3 ea daily)
FOSRENOL CHEW 500 MG (<i>Use Lanthanum Carbonate</i>)	NF	
FOSRENOL CHEW 750 MG (<i>Use Lanthanum Carbonate</i>)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
FOSRENOL PACK 750 MG, 1000 MG	3	
<i>lanthanum carbonate chew 1000 mg</i>	1	QL(3 ea daily)
<i>lanthanum carbonate chew 500 mg</i>	1	
<i>lanthanum carbonate chew 750 mg</i>	1	QL(4 ea daily)
PHOSLYRA SOLN	3	
RENAGEL TABS 400 MG	3	PA
RENAGEL TABS 800 MG (<i>Use Sevelamer HCl</i>)	NF	PA; QL(16 ea daily)
RENVELA PACK 0.8 GM (<i>Use Sevelamer Carbonate</i>)	NF	
RENVELA PACK 2.4 GM (<i>Use Sevelamer Carbonate</i>)	NF	QL(5 ea daily)
RENVELA TABS 800 MG (<i>Use Sevelamer Carbonate</i>)	NF	
<i>sevelamer carbonate pack 0.8 gm</i>	1	
<i>sevelamer carbonate pack 2.4 gm</i>	1	QL(5 ea daily)
<i>sevelamer carbonate tabs 800 mg</i>	1	
<i>sevelamer hcl tabs</i>	1	PA; QL(16 ea daily)
SEVELAMER HYDROCHLORIDE TABS	3	PA
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT	SP	PA; Specialty Drug refer to Caremark SP RX;LA
Tryptophan Hydroxylase Inhibitors		
XERMELO TABS	SP	PA; Not available through mail
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		

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Drug Name	Drug Tier	Requirements/Limits
K-PHOS NO 2 TABS	2	
Alkalinizers		
ORACIT SOLN	3	
<i>pot & sod citrates w/citric ac soln</i>	1	
<i>pot & sod citrates w/citric ac syrp</i>	1	
<i>potassium citrate (alkalinizer) tbc 15 meq, 540 mg, 1080 mg</i>	1	
<i>potassium citrate-citric acid pack 3300mg-1002mg</i>	1	
<i>potassium citrate-citric acid soln 1100mg/5ml-334mg/5ml, 1100mg/5ml-1100mg/5ml-334mg/5ml</i>	1	RX/OTC
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
UROKIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))	NF	
UROKIT-K 15 TBCR (Use Potassium Citrate (Alkalinizer))	NF	
UROKIT-K 5 TBCR (Use Potassium Citrate (Alkalinizer))	NF	
Cystinosis Agents		
CYSTAGON CAPS	SP	PA
PROCYSBI CPDR	SP	
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1	QL(1 ea daily)
AVODART CAPS (Use Dutasteride)	NF	AL(At least 40 yrs old)
CARDURA XL TB24	3	

Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride caps</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl caps</i>	1	
<i>finasteride tabs</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
FLOMAX CAPS (Use Tamsulosin HCl)	NF	QL(2 ea daily)
JALYN CAPS (Use Dutasteride-Tamsulosin HCl)	NF	
PROSCAR TABS (Use Finasteride)	NF	QL(1 ea daily); AL(At least 40 yrs old)
RAPAFLO CAPS 4 MG	3	
RAPAFLO CAPS 4 MG (Use Silodosin)	NF	
RAPAFLO CAPS 8 MG (Use Silodosin)	NF	QL(1 ea daily)
<i>silodosin caps 4 mg</i>	1	
<i>silodosin caps 8 mg</i>	1	QL(1 ea daily)
<i>tamsulosin hcl caps</i>	1	QL(2 ea daily)
UROXATRAL TB24 (Use Alfuzosin HCl)	NF	QL(1 ea daily)
Urinary Stone Agents		
LITHOSTAT TABS	3	
THIOLA TABS	3	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
DUZALLO TABS	3	PA
Gout Agents		
<i>allopurinol tabs 100 mg</i>	1	QL(3 ea daily)
<i>allopurinol tabs 300 mg</i>	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
COLCHICINE CAPS	3	
<i>colchicine tabs</i>	1	
COLCRYS TABS (<i>Use Colchicine</i>)	NF	
<i>febuxostat tabs 40 mg</i>	1	QL(2 ea daily)
<i>febuxostat tabs 80 mg</i>	1	QL(1 ea daily)
MITIGARE CAPS	3	
ULORIC TABS 40 MG (<i>Use Febuxostat</i>)	NF	QL(2 ea daily)
ULORIC TABS 80 MG (<i>Use Febuxostat</i>)	NF	QL(1 ea daily)
ZURAMPIC TABS	3	PA
ZYLOPRIM TABS 100 MG (<i>Use Allopurinol</i>)	NF	QL(3 ea daily)
ZYLOPRIM TABS 300 MG (<i>Use Allopurinol</i>)	NF	QL(2 ea daily)
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE SOLR	SP	PA; LA
ADYNOVATE SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
AFSTYLA KIT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA

Drug Name	Drug Tier	Requirements/Limits
ALPHANINE SD SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPROLIX SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
BEBULIN SOLR	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
BENEFIX KIT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
COAGADEX SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
CORIFACT KIT	SP	PA; LA
ELOCTATE SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
FEIBA SOLR	SP	PA
HELIXATE FS KIT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
HEMOPIL M SOLR	3	PA; SP
HUMATE-P SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA

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Drug Name	Drug Tier	Requirements/ Limits
IDELVION SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
IDELVION SOLR 3500 UNIT	SP	PA
IXINITY SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
JIVI SOLR	SP	PA
KCENTRA KIT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
KOATE SOLR	3	PA; SP
KOATE-DVI SOLR	3	PA; SP
KOGENATE FS BIO-SET KIT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
KOGENATE FS KIT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
KOVALTRY SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
MONOCLATE-P KIT	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
MONONINE SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA

Drug Name	Drug Tier	Requirements/ Limits
NOVOEIGHT SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
NOVOSEVEN RT SOLR	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
NUWIQ KIT	SP	PA; SP- Acaria Health;SP
OBIZUR SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
PROFILNINE SD SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
PROFILNINE SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
RECOMBINATE SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
RIXUBIS SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
TRETTEN SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
VONVENDI SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA

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Drug Name	Drug Tier	Requirements/Limits
WILATE KIT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
XYNTHA KIT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
XYNTHA SOLOFUSE KIT	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN (<i>Use Icatibant Acetate</i>)	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
<i>icatibant acetate soln</i>	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE TABS	SP	PA; SP
Hematorheologic Agents		
<i>pentoxifylline tbcr</i>	1	QL(3 ea daily)
Human Protein C		
CEPROTIN SOLR	SP	PA; LA
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (<i>Use Aspirin-Dipyridamole</i>)	NF	
AGRYLIN CAPS (<i>Use Anagrelide HCl</i>)	NF	
<i>anagrelide hcl caps</i>	1	
<i>aspirin-dipyridamole cp12</i>	1	
BRILINTA TABS 60 MG	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BRILINTA TABS 90 MG	2	
<i>cilostazol tabs</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate tabs</i>	1	QL(2 ea daily)
<i>dipyridamole tabs</i>	1	
EFFIENT TABS (<i>Use Prasugrel HCl</i>)	NF	
PLAVIX TABS (<i>Use Clopidogrel Bisulfate</i>)	NF	QL(2 ea daily)
<i>prasugrel hcl tabs</i>	1	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	SP	PA
CEREZYME SOLR	SP	PA; LA
<i>miglustat caps</i>	SP	PA
ZAVESCA CAPS (<i>Use Miglustat</i>)	SP	PA
Agents for Sickle Cell Anemia		
DROXIA CAPS	2	
ENDARI PACK	SP	PA
SIKLOS TABS	SP	PA; AC
Folic Acid/Folates		
<i>folic acid tabs 1 mg</i>	1	RX/OTC
<i>folic acid tabs 400 mcg, 800 mcg</i>	PV	PV
Hematopoietic Growth Factors		
FULPHILA SOSY	SP	PA
GRANIX SOLN	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661

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Drug Name	Drug Tier	Requirements/ Limits
GRANIX SOSY	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
LEUKINE SOLR	SP	PA; LA
MIRCERA SOSY	SP	PA; LA
MULPLETA TABS	SP	PA
NIVESTYM SOLN	SP	PA
NIVESTYM SOSY	SP	PA
PROMACTA PACK	SP	PA; QL(1 ea daily)
PROMACTA TABS	SP	PA; QL(1 ea daily)
RETACRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	SP	PA
UDENYCA SOSY	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
ZARXIO SOSY	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
Hematopoietic Mixtures		
FOLIVANE-F CAPS	2	
INTEGRA F CAPS	2	
Iron		
<i>carbonyl iron susp</i>	PV	PV
FER-IN-SOL SOLN (<i>Use Ferrous Sulfate</i>)	PV	AL(Up to 1 yrs old); PV
<i>ferrous sulfate elix 220 mg/5ml</i>	PV	AL(Up to 1 yrs old); PV
<i>ferrous sulfate soln 15 mg/ml</i>	PV	AL(Up to 1 yrs old); PV

Drug Name	Drug Tier	Requirements/ Limits
FERROUS SULFATE SYRP 300 MG/5ML	PV	AL(Up to 1 yrs old); PV
ICAR PEDIATRIC SUSP (<i>Use Carbonyl Iron</i>)	PV	PV
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN (<i>Use Aminocaproic Acid</i>)	NF	
AMICAR TABS (<i>Use Aminocaproic Acid</i>)	NF	
<i>aminocaproic acid soln</i>	1	
<i>aminocaproic acid tabs</i>	1	
CYKLOKAPRON SOLN (<i>Use Tranexamic Acid</i>)	SP	PA
LYSTEDA TABS (<i>Use Tranexamic Acid</i>)	NF	QL(6 ea daily,5 day(s) limit)
<i>tranexamic acid soln iv 1000 mg/10ml</i>	SP	PA
<i>tranexamic acid tabs or 650 mg</i>	1	QL(6 ea daily,5 day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
BUTISOL SODIUM TABS	3	
<i>phenobarbital elix</i>	1	
<i>phenobarbital soln</i>	1	
<i>phenobarbital tabs</i>	1	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>Use Zolpidem Tartrate</i>)	NF	QL(1 ea daily)
AMBIEN TABS (<i>Use Zolpidem Tartrate</i>)	NF	QL(1 ea daily)
DORAL TABS	3	
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>flurazepam hcl caps 15 mg</i>	1	QL(2 ea daily)
<i>flurazepam hcl caps 30 mg</i>	1	QL(1 ea daily)
HALCION TABS (Use <i>Triazolam</i>)	NF	QL(1 ea daily)
LUNESTA TABS (Use <i>Eszopiclone</i>)	NF	QL(1 ea daily)
<i>midazolam hcl syrpf</i>	1	
<i>quazepam tabs</i>	1	
RESTORIL CAPS 15 MG (Use <i>Temazepam</i>)	NF	QL(2 ea daily)
RESTORIL CAPS 30 MG, 22.5 MG (Use <i>Temazepam</i>)	NF	QL(1 ea daily)
RESTORIL CAPS 7.5 MG (Use <i>Temazepam</i>)	NF	
SONATA CAPS (Use <i>Zaleplon</i>)	NF	QL(1 ea daily)
<i>temazepam caps 15 mg</i>	1	QL(2 ea daily)
<i>temazepam caps 30 mg, 22.5 mg</i>	1	QL(1 ea daily)
<i>temazepam caps 7.5 mg</i>	1	
<i>triazolam tabs 0.125 mg</i>	1	
<i>triazolam tabs 0.25 mg</i>	1	QL(1 ea daily)
<i>zaleplon caps</i>	1	QL(1 ea daily)
<i>zolpidem tartrate tabs or 5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>zolpidem tartrate tbcf or 12.5 mg, 6.25 mg</i>	1	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA TABS	2	ST; QL(1 ea daily)
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	SP	PA
<i>ramelteon tabs</i>	1	ST; QL(1 ea daily)
ROZEREM TABS (Use <i>Ramelteon</i>)	NF	ST; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	PV	QL(1 ea per fill retail); PV
CLENPIQ SOLN	PV	PV
COLYTE-FLAVOR PACKS SOLR (Use <i>PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	PV	QL(4000 ml per fill retail); PV
GOLYTELY SOLR 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM	PV	PA; QL(4000 ea per fill retail); PV
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (Use <i>PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	PV	QL(4000 ml per fill retail); PV
MOVIPREP SOLR	PV	PA; PV
NULYTELY/FLAVOR PACKS SOLR (Use <i>PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride</i>)	PV	PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	PV	QL(4000 ml per fill retail); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	PV	PV
PLENVU SOLR	PV	PA; PV
PREPOPIK PACK	PV	PA; PV
SUPREP BOWEL PREP KIT SOLN	PV	PV
Laxatives - Miscellaneous		
<i>lactulose soln</i>	1	
MIRALAX POWD (Use <i>Polyethylene Glycol 3350</i>)	NF	Limit 528gms per month; QL(17.6 gm daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>polyethylene glycol 3350 powd</i>	1	Limit 528gms per month;QL(17.6 gm daily); RX/OTC
Saline Laxatives		
ORAL SALINE LAXATIVE SOLN	2	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV
OSMOPREP TABS	3	PA
Stimulant Laxatives		
<i>bisacodyl supp</i>	1	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>bisacodyl tbec</i>	1	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX SUPP (<i>Use Bisacodyl</i>)	NF	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV

Drug Name	Drug Tier	Requirements/Limits
DULCOLAX TBEC (<i>Use Bisacodyl</i>)	NF	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin pack 1 gm</i>	1	
<i>azithromycin susr 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin tabs 250 mg</i>	1	QL(6 ea per fill retail)
<i>azithromycin tabs 500 mg</i>	1	QL(3 ea daily)
<i>azithromycin tabs 600 mg</i>	1	QL(10 ea per fill retail)
ZITHROMAX PACK 1 GM (<i>Use Azithromycin</i>)	NF	
ZITHROMAX SUSR 100 MG/5ML, 200 MG/5ML (<i>Use Azithromycin</i>)	NF	
ZITHROMAX TABS 250 MG (<i>Use Azithromycin</i>)	NF	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG (<i>Use Azithromycin</i>)	NF	QL(3 ea daily)
ZITHROMAX TABS 600 MG (<i>Use Azithromycin</i>)	NF	QL(10 ea per fill retail)
ZITHROMAX TRI-PAK TABS (<i>Use Azithromycin</i>)	NF	QL(3 ea daily)
ZITHROMAX Z-PAK TABS (<i>Use Azithromycin</i>)	NF	QL(6 ea per fill retail)
ZMAX SUSR	2	QL(2 ea daily)
Clarithromycin		
CLARITHROMYCIN SUSR 125 MG/5ML, 250 MG/5ML	2	
<i>clarithromycin tabs 250 mg, 500 mg</i>	1	
<i>clarithromycin tb24 500 mg</i>	1	QL(14 ea per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
Erythromycins		
E.E.S. GRANULES SUSR (Use <i>Erythromycin Ethylsuccinate</i>)	NF	
ERYPED 200 SUSR (Use <i>Erythromycin Ethylsuccinate</i>)	NF	
ERYPED 400 SUSR (Use <i>Erythromycin Ethylsuccinate</i>)	NF	
<i>erythromycin base cpep</i>	1	
<i>erythromycin base tabs</i>	1	
<i>erythromycin base tbec</i>	1	
<i>erythromycin ethylsuccinate susr</i>	1	
<i>erythromycin ethylsuccinate tabs</i>	1	
<i>erythromycin stearate tabs</i>	1	
PCE TBEC	3	
Fidaxomicin		
DIFICID TABS	3	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
CAYA DPRH	PV	QL(1 ea per 365 days retail); PV
FC FEMALE CONDOM MISC	PV	PV
FC2 FEMALE CONDOM MISC	PV	PV
FEMCAP DEVI	PV	PV
OMNIFLEX DIAPHRAGM DPRH	PV	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	PV	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	PV	PV

Drug Name	Drug Tier	Requirements/ Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH	PV	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	PV	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	PV	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	PV	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	PV	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	PV	PV
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACCU-CHEK FASTCLIX LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACCU-CHEK MULTICLIX LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACCU-CHEK SAFE-T-PRO LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACCU-CHEK SOFT TOUCH LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACCU-CHEK SOFTCLIX LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACTI-LANCE LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)

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ACTI-LANCE LITE SAFETY LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACTI-LANCE SPECIAL SAFETYLANCETS 17G MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC	2	Limit 200 per month;QL(6.67 ea daily)
ACTIVE 1ST BLOOD LANCETS30G/EASY TWIST CAP MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE LANCE LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ADVANCED MOBILE LANCET 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE LANCE LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
ADVOCATE LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE LANCE PLUS SAFETYLANCETS 25G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ADVOCATE LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE LANCE PLUS SAFETYLANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ADVOCATE SAFETY LANCETS 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE LANCE SAFETY LANCET 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ADVOCATE SAFETY LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	ASSURE LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)	AT LAST LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
AIMSCO TWIST LANCETS 32G MISC	2	Limit 200 per month;QL(6.67 ea daily)	AURORA LANCET SUPER THIN30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
AIMSCO TWIST LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)	AURORA LANCET THIN 23G MISC	2	Limit 200 per month;QL(6.67 ea daily)
AQUALANCE LANCETS ULTRA THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	BD LANCET ULTRAFINE 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	BD LANCET ULTRAFINE 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	2	Limit 200 per month;QL(6.67 ea daily)	BD MICROTAINER LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)

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BULLSEYE MINI SAFETY LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	CLEVER CHOICE COMFORT EZLANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
BULLSEYE SAFETY LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	COAGUCHEK LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
CAREONE LANCET THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	COMFORT ASSURED LANCETS MICRO THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
CAREONE LANCET ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	COMFORT ASSURED LANCETS SUPER THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
CARESENS LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	COMFORT LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
CARETOUCH SAFETY LANCETS/26G MISC	2	Limit 200 per month;QL(6.67 ea daily)	CVS LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
CARETOUCH SAFETY LANCETS/28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	CVS LANCETS MICRO THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
CARETOUCH SAFETY LANCETS/30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	CVS LANCETS MICRO-THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
CARETOUCH TWIST LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	CVS LANCETS ORIGINAL MISC	2	Limit 200 per month;QL(6.67 ea daily)
CARETOUCH TWIST LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	CVS LANCETS THIN 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
CARETOUCH TWIST LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)	CVS LANCETS ULTRA THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
CLEANLET LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	CVS LANCETS ULTRA-THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
CLEVER CHEK LANCETS ULTRATHIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	CVS ULTRA THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
CLEVER CHEK LANCETS ULTRATHIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	DIATHRIVE LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)	DIATHRIVE LANCETS ULTRA THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 23G MISC	2	Limit 200 per month;QL(6.67 ea daily)	DROPLET LANCETS ULTRA THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DRUG MART LANCETS THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 26G/PULL-TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 26G/TWIST MISC	2	Limit 200 per month;QL(6.67 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 28G/PULL-TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS COLOR MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 28G/TWIST MISC	2	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS THIN 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 30G/PULL-TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 30G/TWIST MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY COMFORT LANCETS 30G/PULL TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY COMFORT LANCETS 30G/THIN TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 32G/PULL-TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY COMFORT LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 32G/TWIST MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY COMFORT LANCETS TWIST TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH LANCETS 33G/TWIST MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)

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EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)	EZ-LETS LANCETS 26G SUPER-SOFT MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)	EZ-LETS LANCETS 28G ULTRA-SOFT MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)	EZ-LETS LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)	FIFTY50 SAFETY SEAL LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)	FIFTY50 SAFETY SEAL LANCETS 32G MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASY TWIST & CAP LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	FIFTY50 UNILET LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASYTEST II LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	FINE 30 MISC	2	Limit 200 per month;QL(6.67 ea daily)
EASYTEST LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	FINGERSTIX LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
EMBRACE LANCETS ULTRA THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	FORA LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
EQL COLOR LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
EQL SUPER THIN LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	FREESTYLE LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
EQL THIN LANCETS 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)	FREESTYLE UNISTICK II LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
EZ SMART BLOOD GLUCOSE LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	GENTEEL BUTTERFLY TOUCH LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
EZ-LETS LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)	GENTLE-LET GP LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
EZ-LETS LANCETS 23G MISC	2	Limit 200 per month;QL(6.67 ea daily)	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	2	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	2	Limit 200 per month;QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	2	Limit 200 per month;QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	2	Limit 200 per month;QL(6.67 ea daily)
GLOBAL INJECT EASE LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GLOBAL INJECT EASE LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GLUCOCOM LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GLUCOCOM LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GLUCOCOM LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS MICRO THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS THIN 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
GNP MICRO THIN LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GNP SUPER THIN LANCETS/30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	2	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	2	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	2	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC	2	Limit 200 per month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
HAEMOLANCE LOW FLOW LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
HAEMOLANCE MISC	2	Limit 200 per month;QL(6.67 ea daily)
HAEMOLANCE PLUS HIGH FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)
HAEMOLANCE PLUS LOW FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)
HAEMOLANCE PLUS MAX FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)
HAEMOLANCE PLUS MISC	2	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS 30G TWIST TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)
HY-VEE LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS 30G/TWIST TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)
HY-VEE THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS 31G TWIST TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)
IN TOUCH STERILE LANCETS30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS 33G UNIVERSAL DESIGN MISC	2	Limit 200 per month;QL(6.67 ea daily)
KINNEY LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS MICRO THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
KINNEY THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS SAFETY SEAL 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS MICRO THIN33G MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS SAFETY SEAL 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS SAFETY SEAL 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS SUPER THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS SAFETY SEAL 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS THIN 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS SUPER THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS TWIST TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS 26G TWIST TOP MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS ULTRA FINE MISC	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	LANCETS ULTRA THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
LANCETS ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
LANCETSBULLSEYE SAFETY MISC	2	Limit 200 per month;QL(6.67 ea daily)
LIBERTY MEDICAL LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC	2	Limit 200 per month;QL(6.67 ea daily)
LIFESCAN UNISTIK II LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
LITE TOUCH LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
LITETOUCH LANCETS MICRO THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
LIVE BETTER LANCET SUPERTHIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
LONGS LANCETS STANDARD MISC	2	Limit 200 per month;QL(6.67 ea daily)
LONGS LANCETS THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
LONGS LANCETS ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEDICHOICE SAFETY LANCETEXTRA MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDICHOICE SAFETY LANCETNORMAL MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDISENSE THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS EXTRA LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS LANCETS LITE 25G MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS LITE LANCETS 25G MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS SUPERLITE 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS/LITE 25G MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE/EXTRA MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE/LITE MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE/UNIVERSAL MISC	2	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
MEIJER SUPER THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
MICROLET LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
MICROTAINER SAFETY FLOW LANCET/STERILE/SINGL E-USE MISC	2	Limit 200 per month;QL(6.67 ea daily)
MM TWIST LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
MONOLET LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
MONOLET OPD LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
MONOLETTOR SAFETY LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
MPD SAFETY LANCET 21G/1.8MM MISC	2	Limit 200 per month;QL(6.67 ea daily)
MPD SAFETY LANCET 28G/1.8MM MISC	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MPD SAFETY LANCET 30G/1.8MM MISC	2	Limit 200 per month;QL(6.67 ea daily)
MPD SAFETY LANCETS 23G/1.8MM MISC	2	Limit 200 per month;QL(6.67 ea daily)
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
NETGROUP LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
NOVA SAFETY LANCETS 23G MISC	2	Limit 200 per month;QL(6.67 ea daily)
NOVA SAFETY LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
NOVA SUREFLEX LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
ON CALL LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
ON CALL PLUS LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH CLUB LANCETS FINE POINT MISC	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH COMBO PACK MISC	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH FINEPOINT LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)

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ONETOUCH ULTRA 2 KIT	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH ULTRASOFT LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail); RX/OTC
PC LANCETS SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PERFECT LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 31G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
PHARMACY COUNTER LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
PIP LANCETS/28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PIP LANCETS/30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PRECISION THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PRECISION THINS GP LANCET MISC	2	Limit 200 per month;QL(6.67 ea daily)
PRECISION ULTRA LANCET MISC	2	Limit 200 per month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS COLORED 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PRO COMFORT LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PRO COMFORT LANCETS 31G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
PRODIGY SAFETY LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
PRODIGY TWIST TOP LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
PSS SELECT GP LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
PSS SELECT SAFETY LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
PUSH BUTTON SAFETY LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PUSH BUTTON SAFETY LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
PX LANCETS ULTRA THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PX LANCETS ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	REALITY TRIGGER LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
QC LANCETS SUPER THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	RELION LANCETS MICRO-THIN33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
QC LANCETS ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	RELION LANCETS STANDARD 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	RELION LANCETS THIN 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	RELION LANCETS ULTRA-THIN30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)	RELION ULTRA THIN LANCETS/30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	RELION ULTRA THIN LANCETS30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)	RELION ULTRA THIN PLUS LANCETS 32G MISC	2	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	RELION ULTRA THIN PLUS LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	REXALL LANCETS ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
READYLANCE SAFETY LANCETS/21G/2.2MM MISC	2	Limit 200 per month;QL(6.67 ea daily)	RIGHTEST GL300 LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
READYLANCE SAFETY LANCETS/23G/1.8MM MISC	2	Limit 200 per month;QL(6.67 ea daily)	SAFE-T-LANCE LOW FLOW 25G MISC	2	Limit 200 per month;QL(6.67 ea daily)
READYLANCE SAFETY LANCETS/26G/1.8MM MISC	2	Limit 200 per month;QL(6.67 ea daily)	SAFE-T-LANCE NORMAL FLOW21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
READYLANCE SAFETY LANCETS/28G/1.8MM MISC	2	Limit 200 per month;QL(6.67 ea daily)	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)
READYLANCE SAFETY LANCETS/30G/1.6MM MISC	2	Limit 200 per month;QL(6.67 ea daily)	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)
REALITY LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC	2	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY LET LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY SEAL LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY SEAL LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAPS HEALTH CARE TWIST TOP LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAPS HEALTH TWIST TOP LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SAPSCARE TWIST TOP LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SB LANCETS THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
SB LANCETS ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
SHOPKO ON-THE-GO COMFORTLANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SIDE BUTTON SAFETY LANCET21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SINGLE-LET MISC	2	Limit 200 per month;QL(6.67 ea daily)
SM MICRO THIN LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SMARTEST LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SOLUS V2 TWIST LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
STERILANCE TL MISC	2	Limit 200 per month;QL(6.67 ea daily)
SUPER THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURE COMFORT LANCETS 18G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURE COMFORT LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURE COMFORT LANCETS 23G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURE COMFORT LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURE-LANCE FLAT LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURE-LANCE LANCETS 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURE-LANCE THIN LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURE-LANCE ULTRA THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURE-TOUCH LANCETS UNIVERSAL MISC	2	Limit 200 per month;QL(6.67 ea daily)
SURELITE LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
TECHLITE AST LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
TECHLITE LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
TECHLITE LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
TGT LANCET MICRO THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
TGT LANCET THIN 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
TGT LANCET ULTRA THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
THINLETS GP LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
THINLETS LANCET MISC	2	Limit 200 per month;QL(6.67 ea daily)
TODAYS HEALTH SUPER THINLANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
TOPCARE LANCETS MICRO-THIN 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
TRAVEL LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
TRAVEL LANCETS ADVANCED 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
TRUE COMFORT TWIST TOP LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 33G MICRO THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS SAFETY LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTILET CLASSIC LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTILET LANCETS 33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTILET LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTILET SAFETY LANCETS 21G X 2.2MM MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNILET LANCETS SUPER-THIN30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTILET SAFETY LANCETS 23G MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNILET LANCETS ULTRA-THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTRA THIN LANCETS 31G MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNILET SUPERLITE LANCET MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTRA-CARE LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNISTIK 3 GENTLE MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTRA-THIN II AUTO LANCET MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNISTIK PRO SAFETY LANCET 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTRA-THIN II LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNISTIK PRO SAFETY LANCET 25G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTRA-THIN II LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNISTIK PRO SAFETY LANCET 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
ULTRA-THIN II SAFETY AUTOLANCETS 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNISTIK SAFETY LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
UNILET COMFORTOUCH LANCET MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNISTIK SAFETY LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
UNILET EXCELITE II MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNISTIK TOUCH SAFETY LANCETS 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
UNILET EXCELITE MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNISTIK TOUCH SAFETY LANCETS 23G MISC	2	Limit 200 per month;QL(6.67 ea daily)
UNILET G.P. LANCET MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNISTIK TOUCH SAFETY LANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNISTIK TOUCH SAFETY LANCETS 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
UNILET GP 28 ULTRA THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNIVERSAL 1 LANCETS THIN26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
UNILET LANCET MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	2	Limit 200 per month;QL(6.67 ea daily)	UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC	2	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
VALUE PLUS LANCETS STANDARD 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
VALUMARK LANCET SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	2	Limit 200 per month;QL(6.67 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
VITALET PRO LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
VITALET PRO PLUS LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
VIVAGUARD LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
W&F LANCETS 26G MISC	2	Limit 200 per month;QL(6.67 ea daily)
W&F LANCETS COLORED 21G MISC	2	Limit 200 per month;QL(6.67 ea daily)
WALGREENS ADVANCED TRAVELLANCETS 28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC	2	Limit 200 per month;QL(6.67 ea daily)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC	2	Limit 200 per month;QL(6.67 ea daily)
WALGREENS LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
WALGREENS THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
WALGREENS ULTRA THIN LANCETS MISC	2	Limit 200 per month;QL(6.67 ea daily)
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16" MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
BD ECLIPSE NEEDLE 30G X1/2" MISC	2	
BD NEEDLE/30G X 1/2" MISC	2	
BD PEN MINI MISC	3	Limited to 1 device per year;QL(1 ea per fill retail,1 ea per 365 days retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
BD PEN MISC	3	Limited to 1 device per year;QL(1 ea per fill retail,1 ea per 365 days retail); RX/OTC
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" MISC	2	QL(6.67 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	2	Limit 200 per month;QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM MISC	2	QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC	2	Limit 200 per month;QL(6.67 ea daily)
CAREONE UNIFINE PENTIPS 31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLICKFINE PEN NEEDLES 31G X 3/16" MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
COMFORT EZ/31G X 5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC	2	Limit 200 per month;QL(6.67 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64" MISC	2	QL(6.67 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	2	Limit 200 per month;QL(6.67 ea daily)
DROPLET PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16" MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2" MISC	2	
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2" MISC	2	
EASY TOUCH PEN NEEDLES/31G X 3/16" MISC	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 PEN NEEDLES 31G X3/16" (5MM) MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" MISC	2	QL(6.67 ea daily)
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	2	Limit 200 per month; QL(6.67 ea daily)
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16" MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16" MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
HYPODERMIC NEEDLE 30GX1/2" MISC	2	
INSULIN SYRINGES AND PEN NEEDLES	2	MO
INSUPEN 31G X 5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X3/16" MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16" MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16" MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 5MM/MINI MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MM PEN NEEDLES 31G X 3/16" MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
NOVOPEN ECHO DEVI	3	Limited to 1 device per year; QL(1 ea per fill retail, 1 ea per 365 days retail); RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
PEN NEEDLES 31G X 3/16" MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
PEN NEEDLES 31G X 5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
PENTIPS 31G X 5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
PENTIPS 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
POLY HUB NEEDLE/30G X 1/2" MISC	2	
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
PX MINI PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RA PEN NEEDLES 31G X 5MM3/16" MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64" MISC	2	QL(6.67 ea daily)
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	2	Limit 200 per month; QL(6.67 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	2	Limit 200 per month; QL(6.67 ea daily)
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX3/16" (5MM) MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
SURE-FINE PEN NEEDLES 31GX3/16" 5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64" MISC	2	QL(6.67 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC	2	Limit 200 per month; QL(6.67 ea daily)
TECHLITE PEN NEEDLES 31GX 5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TECHLITE PEN NEEDLES/31GX 5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES31G X 5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/U-100/0.5ML/31GX6MM MISC	2	QL(6.67 ea daily)
ULTILET PEN NEEDLE 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES31GX3/16" MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
ULTRA-THIN II MINI PEN NEEEDLES/31GX3/16" MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRACARE PEN NEEDLES/31G X 3/16" MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC

MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches

Migraine Combinations

CAFERGOT TABS (<i>Use Ergotamine w/ Caffeine</i>)	NF	
<i>ergotamine w/ caffeine tabs</i>	1	
MIGERGOT SUPP	2	

Migraine Products - Monoclonal Antibodies

AIMOVIG SOAJ	SP	PA
AJOVY SOSY	SP	PA
EMGALITY SOAJ	SP	PA
EMGALITY SOSY	SP	PA

Migraine Products

D.H.E. 45 SOLN (<i>Use Dihydroergotamine Mesylate</i>)	SP	PA
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Drug Name	Drug Tier	Requirements/ Limits
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	SP	PA
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	SP	PA; Limit 8 per month;QL(0.27 ml daily)
ERGOMAR SUBL	2	
MIGRANAL SOLN	SP	PA; Limit 8 per month;QL(0.27 ml daily)
Serotonin Agonists		
<i>almotriptan malate tabs</i>	1	Limit 6 per month;QL(0.2 ea daily)
AMERGE TABS (Use <i>Naratriptan HCl</i>)	NF	Limit 9 per month;QL(0.3 ea daily)
AXERT TABS (Use <i>Almotriptan Malate</i>)	NF	Limit 6 per month;QL(0.2 ea daily)
<i>eletriptan hydrobromide tabs</i>	1	Limit 6 tabs per month;QL(0.2 ea daily)
FROVA TABS (Use <i>Frovatriptan Succinate</i>)	NF	Limit 9 per month;QL(0.3 ea daily)
<i>frovatriptan succinate tabs</i>	1	Limit 9 per month;QL(0.3 ea daily)
IMITREX SOLN NA 20 MG/ACT (Use <i>Sumatriptan</i>)	NF	Limit 6 sprayers per month;QL(2 ea daily)
IMITREX SOLN NA 5 MG/ACT (Use <i>Sumatriptan</i>)	NF	Limit 6 per month;QL(0.2 ea daily)
IMITREX SOLN SC 6 MG/0.5ML (Use <i>Sumatriptan Succinate</i>)	SP	PA; Limit 2mls per month;QL(0.07 ml daily)
IMITREX STATDOSE REFILL SOCT (Use <i>Sumatriptan Succinate</i>)	SP	PA
IMITREX STATDOSE SYSTEM SOAJ (Use <i>Sumatriptan Succinate</i>)	SP	PA

Drug Name	Drug Tier	Requirements/ Limits
IMITREX TABS OR 25 MG, 50 MG, 100 MG (Use <i>Sumatriptan Succinate</i>)	NF	Limit 9 per month;QL(2 ea daily)
MAXALT TABS (Use <i>Rizatriptan Benzoate</i>)	NF	Limit 18 tabs per month;QL(0.6 ea daily)
MAXALT-MLT TBDP (Use <i>Rizatriptan Benzoate</i>)	NF	Limit 18 tabs per month;QL(0.6 ea daily)
<i>naratriptan hcl tabs</i>	1	Limit 9 per month;QL(0.3 ea daily)
RELPAK TABS (Use <i>Eletriptan Hydrobromide</i>)	NF	Limit 6 tabs per month;QL(0.2 ea daily)
<i>rizatriptan benzoate tabs</i>	1	Limit 18 tabs per month;QL(0.6 ea daily)
<i>rizatriptan benzoate tbdp</i>	1	Limit 18 tabs per month;QL(0.6 ea daily)
<i>sumatriptan soln 20 mg/act</i>	1	Limit 6 sprayers per month;QL(2 ea daily)
<i>sumatriptan soln 5 mg/act</i>	1	Limit 6 sprayers per month;QL(0.2 ea daily)
<i>sumatriptan soln 5 mg/act</i>	1	Limit 6 per month;QL(0.2 ea daily)
<i>sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml</i>	SP	PA
<i>sumatriptan succinate soct sc 4 mg/0.5ml, 6 mg/0.5ml</i>	SP	PA
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	SP	PA; Limit 2mls per month;QL(0.07 ml daily)
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	SP	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	1	Limit 9 per month;QL(2 ea daily)
<i>zolmitriptan tabs 5 mg, 2.5 mg</i>	1	Limit 6 per month;QL(0.2 ea daily)
<i>zolmitriptan tbdp 5 mg, 2.5 mg</i>	1	Limit 6 tabs per month;QL(0.2 ea daily)
ZOMIG SOLN NA 5 MG, 2.5 MG	3	QL(6 ea per 30 days retail, 18 ea per 90 days mail)
ZOMIG TABS OR 5 MG, 2.5 MG (Use Zolmitriptan)	NF	Limit 6 per month;QL(0.2 ea daily)
ZOMIG ZMT TBDP (Use Zolmitriptan)	NF	Limit 6 tabs per month;QL(0.2 ea daily)

MINERALS & ELECTROLYTES

Calcium

CALCIFOL WAFR	3	
CALCIUM-FOLIC ACID PLUS D WAFR	3	

Electrolyte Mixtures

<i>potassium chloride in dextrose & sodium chloride soln</i>	SP	PA
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE SOLN	SP	PA

Fluoride

FLORIVA LIQD	3	
FLUORABON SOLN	2	AL(Up to 6 yrs old); PV
FLURA-DROPS SOLN	2	AL(Up to 6 yrs old); PV
<i>sodium fluoride chew</i>	1	AL(Up to 6 yrs old); PV
<i>sodium fluoride soln</i>	1	AL(Up to 6 yrs old); PV
<i>sodium fluoride tabs</i>	1	AL(Up to 6 yrs old); PV

Drug Name	Drug Tier	Requirements/ Limits
Magnesium		
MAGNEBIND 400 TABS	3	
<i>magnesium sulfate soln ij 50 %</i>	SP	PA
MAGNESIUM SULFATE SOLN IJ 50 %	SP	PA
Phosphate		
K-PHOS NEUTRAL TABS (Use Pot Phosphate Monobasic w/ Sod Phosphate Dibasic & Monobasic)	NF	
K-PHOS TABS	2	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs</i>	1	
Potassium		
EFFER-K TBEF	3	
EFFERVESCENT POTASSIUM/CHLORIDE TBEF	2	
K-TAB TBCR 10 MEQ (Use Potassium Chloride)	NF	
K-TAB TBCR 20 MEQ	3	
K-TAB TBCR 8 MEQ	2	
KLOR-CON M15 TBCR	2	
<i>potassium bicarb & chloride tbeF</i>	1	
<i>potassium bicarbonate tbeF</i>	1	
<i>potassium chloride cpr or 8 meq, 10 meq</i>	1	
POTASSIUM CHLORIDE ER TBCR 20 MEQ	3	
POTASSIUM CHLORIDE ER TBCR 8 MEQ	2	
<i>potassium chloride microencapsulated crystals er tbcR</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML	SP	PA
<i>potassium chloride soln iv 20 meq/100ml</i>	SP	PA
<i>potassium chloride soln or 10 %, 20 %</i>	1	
<i>potassium chloride tbcr or 8 meq, 10 meq</i>	1	
Zinc		
GALZIN CAPS	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (Use Penicillamine)	SP	PA
D-PENAMINE TABS	2	
DEPEN TITRATABS TABS	2	
<i>penicillamine caps</i>	SP	PA
SYPRINE CAPS (Use Trientine HCl)	SP	PA
<i>trientine hcl caps</i>	SP	PA
Immunomodulators		
REVLIMID CAPS	SP	PA; AC
THALOMID CAPS	3	AC
Immunosuppressive Agents		
ASTAGRAF XL CP24	3	ST
AZASAN TABS	3	
<i>azathioprine tabs</i>	1	
CELLCEPT CAPS (Use Mycophenolate Mofetil)	NF	
CELLCEPT SUSR (Use Mycophenolate Mofetil)	NF	
CELLCEPT TABS (Use Mycophenolate Mofetil)	NF	
<i>cyclosporine caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<i>cyclosporine modified (for microemulsion) soln</i>	1	
IMURAN TABS (Use Azathioprine)	NF	
<i>mycophenolate mofetil caps</i>	1	
<i>mycophenolate mofetil susr</i>	1	
<i>mycophenolate mofetil tabs</i>	1	
<i>mycophenolate sodium tbec</i>	1	
MYFORTIC TBEC (Use Mycophenolate Sodium)	NF	
NEORAL CAPS (Use Cyclosporine Modified (For Microemulsion))	NF	
NEORAL SOLN (Use Cyclosporine Modified (For Microemulsion))	NF	
PROGRAF CAPS 0.5 MG, 1 MG, 5 MG (Use Tacrolimus)	NF	
PROGRAF PACK 0.2 MG, 1 MG	SP	PA
RAPAMUNE SOLN (Use Sirolimus)	NF	
RAPAMUNE TABS (Use Sirolimus)	NF	
SANDIMMUNE CAPS 25 MG, 100 MG (Use Cyclosporine)	NF	
SANDIMMUNE SOLN 100 MG/ML	3	
<i>sirolimus soln</i>	1	
<i>sirolimus tabs</i>	1	
<i>tacrolimus caps</i>	1	
THYMOGLOBULIN SOLR	3	PA
ZORTRESS TABS	2	
Potassium Removing Agents		

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Drug Name	Drug Tier	Requirements/Limits
LOKELMA PACK	3	ST
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sodium polystyrene sulfonate susp</i>	1	
VELTASSA PACK 16.8 GM	3	ST; QL(1 ea daily)
VELTASSA PACK 8.4 GM, 25.2 GM	3	ST
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	SP	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
BENLYSTA SOSY	SP	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
FIRST-MOUTHWASH BLM SUSP	3	
<i>lidocaine hcl (mouth-throat) soln</i>	1	
LIDOCAINE HCL SOLN MT	3	
Anti-infectives - Throat		
<i>clotrimazole lozg</i>	1	
<i>clotrimazole troc</i>	1	
<i>nystatin (mouth-throat) susp</i>	1	
ORAVIG TABS	3	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	
PERIDEX SOLN (Use Chlorhexidine Gluconate (Mouth-Throat))	NF	
Steroids - Mouth/Throat/Dental		

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (mouth) pste</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	QL(3 ea daily)
EVOXAC CAPS (Use Cevimeline HCl)	NF	QL(3 ea daily)
MUCOTROL WAFR	3	
<i>pilocarpine hcl (oral) tabs 5 mg</i>	1	QL(6 ea daily)
<i>pilocarpine hcl (oral) tabs 7.5 mg</i>	1	QL(4 ea daily)
SALAGEN TABS 5 MG (Use Pilocarpine HCl (Oral))	NF	QL(6 ea daily)
SALAGEN TABS 7.5 MG (Use Pilocarpine HCl (Oral))	NF	QL(4 ea daily)
MULTIVITAMINS		
Multiple Vitamins & Fluoride-Folic Acid		
MULTIVITAMIN WITH FLUORIDE CHEW	3	
Ped MV w/ Fluoride		
FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old)
MULTIVITAMIN/FLUORIDE CHEW	2	AL(Up to 6 yrs old)
<i>pediatric multivitamins w/fl chew</i>	1	AL(Up to 6 yrs old)
<i>pediatric multivitamins w/fl soln</i>	1	AL(Up to 6 yrs old)
<i>pediatric vitamins acd w/ fluoride soln</i>	1	AL(Up to 6 yrs old)
POLY-VI-FLOR SUSP	3	
QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)
QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old)
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old)
TRI-VI-FLOR SUSP	3	

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Drug Name	Drug Tier	Requirements/ Limits
TRI-VI-FLORO SUSP	3	
Ped Multi Vitamins w/Fl & FE		
<i>ped multivitamins w/fl & iron soln</i>	1	AL(Up to 6 yrs old)
<i>pediatric vitamins acd fluoride & iron soln</i>	1	AL(Up to 6 yrs old)
POLY-VI-FLOR/IRON CHEW 200MCG-0.5MG-10MG-15UNIT-400UNIT	3	AL(Up to 6 yrs old)
POLY-VI-FLOR/IRON SUSP 200MCG/ML-7MG/ML-0.25MG/ML	3	
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)
Pediatric Multiple Vitamins & Minerals w/ Fluoride		
FLORIVA CHEW	3	
Prenatal Vitamins		
ATABEX EC TBEC	2	
BAL-CARE DHA MISC	2	
BP MULTINATAL PLUS TABS	2	
C-NATE DHA CAPS	3	
CALCIUM PNV CAPS	3	
CITRANATAL 90 DHA MISC	2	
CITRANATAL ASSURE MISC	3	
CITRANATAL B-CALM MISC	3	
CITRANATAL BLOOM DHA MISC	2	
CITRANATAL BLOOM TABS	3	
CITRANATAL DHA MISC	2	
CITRANATAL HARMONY CAPS	3	
CITRANATAL MEDLEY CAPS	3	

Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL RX TABS	3	
COMPLETENATE CHEW	2	
CONCEPT DHA CAPS	2	
CONCEPT OB CAPS	2	
DOTHELLE DHA CAPS	2	
DUET DHA 400 MISC	3	
DUET DHA BALANCED MISC	3	
FOLCAL DHA CAPS	3	
FOLCAPS OMEGA 3 CAPS	3	
FOLET DHA THPK	3	
FOLET ONE CAPS	3	
FOLIVANE-OB CAPS	2	
HEMENATAL OB + DHA MISC	2	
HEMENATAL OB TABS	3	
INFANATE BALANCE CAPS	3	
M-NATAL PLUS TABS	2	RX/OTC
M-VIT TABS	2	RX/OTC
MARNATAL-F CAPS	2	
MYNATAL ADVANCE TABS	2	
MYNATAL ULTRACAPLET TABS	2	
NATACHEW CHEW	3	
NATELLE ONE CAPS	3	
NEEVO DHA CAPS	3	
NEONATAL COMPLETE TABS	2	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
NEONATAL PLUS TABS	2	RX/OTC
NESTABS ABC MISC	3	
NESTABS DHA MISC	2	
NESTABS ONE CAPS	3	
NESTABS TABS	3	
NEXA PLUS CAPS	3	
NIVA-PLUS TABS	2	RX/OTC
O-CAL FA TABS	2	RX/OTC
OB COMPLETE ADVANCED CAPS	3	
OB COMPLETE ONE CAPS	3	
OB COMPLETE PETITE CAPS	3	
OB COMPLETE PREMIER TABS	3	
OB COMPLETE/DHA CAPS	3	
OBSTETRIX ONE CAPS	3	
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	2	RX/OTC
PNV OB+DHA MISC	2	
PNV PRENATAL PLUS MULTIVITAMIN TABS	2	RX/OTC
PNV TABS 29-1 TABS	2	
PNV-DHA+DOCUSATE CAPS	3	
PNV-OMEGA CAPS	3	
PNV-SELECT TABS	3	
PNV-TOTAL CAPS	3	
PR NATAL 400 EC MISC	3	
PR NATAL 430 EC MISC	3	

Drug Name	Drug Tier	Requirements/ Limits
PR NATAL 430 MISC	3	
PREFERA OB TABS	3	
PREFERAOB +DHA MISC	2	
PRENA 1 TRUE MISC	2	
PRENA1 CHEW CHEW	3	
PRENA1 PEARL CPCR	3	
PRENAISSANCE BALANCE CAPS	3	
PRENAISSANCE CAPS	3	
PRENAISSANCE HARMONY DHA MISC	3	
PRENAISSANCE NEXT TABS	3	
PRENAISSANCE NEXT-B TABS	3	
PRENAISSANCE PLUS CAPS	3	
PRENATA CHEW	2	
PRENATABS RX TABS	2	
PRENATAL + DHA THPK	3	
PRENATAL 19 CHEW 30UNIT-1000UNIT-20MG- 3MG-200MG-29MG-7MG- 15MG-3MG-12MCG- 400UNIT-1MG-20MG- 100MG	2	
PRENATAL 19 TABS 30UNIT-1000UNIT-20MG- 25MG-3MG-200MG-29MG- 7MG-15MG-3MG-12MCG- 400UNIT-1MG-20MG- 100MG	3	
PRENATAL PLUS IRON TABS	2	
PRENATAL PLUS TABS	2	RX/OTC
PRENATAL TABS	2	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
<i>prenatal vit w/ docusate-fe fumarate-folic acid tabs</i>	1	
<i>prenatal vit w/ docusate-iron carbonyl-folic acid tabs</i>	1	
<i>prenatal vit w/ ferrous fumarate-folic acid chew</i>	1	
PRENATAL VITAMINS PLUS LOW IRON TABS	2	RX/OTC
<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha caps</i>	1	
PRENATAL-U CAPS	2	
PRENATE CHEW	3	
PRENATE DHA CAPS 18MG-600MCG-40UNIT-300MG-50MG-155MG-25MCG-400UNIT-400MCG-26MG-90MG	3	
PRENATE DHA CAPS 600MCG-10UNIT-300MG-50MG-145MG-28MG-13MCG-220UNIT-400MCG-26MG-90MG	2	QL(1 ea daily)
PRENATE ELITE TABS 20MG-600MCG-40UNIT-150MCG-2600UNIT-1.5MG-15MG-25MG-155MG-3MG-21MG-3.5MG-13MCG-600UNIT-400MCG-330MCG-21MG-75MG	3	
PRENATE ELITE TABS 600MCG-10UNIT-150MCG-2600UNIT-1.5MG-15MG-25MG-3MG-100MG-26MG-6MG-21MG-3.5MG-13MCG-450UNIT-400MCG-330MCG-21MG-75MG, 600MCG-10UNIT-150MCG-2600UNIT-1.5MG-15MG-15MG-25MG-3MG-100MG-26MG-6MG-21MG-3.5MG-13MCG-450UNIT-400MCG-330MCG-21MG-75MG	2	

Drug Name	Drug Tier	Requirements/ Limits
PRENATE ENHANCE CAPS	3	
PRENATE ESSENTIAL CAPS	3	
PRENATE MINI CAPS	3	
PRENATE PIXIE CAPS	3	
PRENATE RESTORE CAPS	3	
PREPLUS TABS	2	RX/OTC
PROVIDA DHA CAPS	2	
R-NATAL OB CAPS	2	
RELNATE DHA CAPS	3	
SE-NATAL 19 CHEW 30UNIT-1000UNIT-100MG-20MG-3MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-1MG-20MG	2	
SE-NATAL 19 TABS 30UNIT-1000UNIT-20MG-25MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-3MG-20MG-1MG-100MG	3	
SELECT-OB CHEW 0.6MG-29MG-30UNIT-15MG-25MG-1700UNIT-15MG-1.8MG-5MCG-400UNIT-1.6MG-0.4MG-2.5MG-60MG	2	
SELECT-OB CHEW 1700UNIT-29MG-30UNIT-15MG-25MG-1.6MG-15MG-1.8MG-5MCG-400UNIT-1MG-2.5MG-60MG	3	
SELECT-OB+DHA MISC	3	
TARON-BC MISC	3	
TARON-C DHA CAPS	2	
TARON-PREX CAPS	3	

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Drug Name	Drug Tier	Requirements/Limits
THERANATAL CORE NUTRITION TABS	2	RX/OTC
THRIVITE 19 TABS	3	
THRIVITE RX TABS	2	
TL-CARE DHA CAPS	3	
TL-SELECT CAPS	3	
TRI-TABS DHA MISC	2	
TRICARE PRENATAL CHEW	3	
TRICARE PRENATAL DHA ONE CAPS	3	
TRICARE PRENATAL DHA ONE/FOLATE CAPS	2	
TRICARE TABS	2	RX/OTC
TRINATAL RX 1 TABS	2	
TRISTART DHA CAPS	3	
TRISTART ONE CAPS	3	
ULTIMATECARE ONE CAPS	3	
VEMAVITE-PRX 2 CAPS	3	
VENA-BAL DHA MISC	2	
VIL-RX TABS	2	
VINATE DHA RF CAPS	3	
VINATE ONE TABS	2	
VIRT-C DHA CAPS	2	
VIRT-NATE DHA CAPS	3	
VIRT-PN DHA CAPS	3	
VIRT-PN PLUS CAPS	3	
VIRT-PN TABS	3	

Drug Name	Drug Tier	Requirements/Limits
VITAFOL FE+ CPPK	3	
VITAFOL GUMMIES CHEW	3	
VITAFOL-NANO TABS	3	
VITAFOL-ONE CAPS	3	
VITAMEDMD ONE RX/QUATREFOLIC CAPS	3	
VITAMEDMD REDICHEW RX CHEW	3	
VITAPEARL CPCR	3	
VITATHELY/GINGER TABS	2	RX/OTC
VITATRUE MISC	2	
VIVA DHA CAPS	3	
VOL-PLUS TABS	2	RX/OTC
VOL-TAB RX TABS	2	
VP-CH-PNV CAPS	3	
VP-GGR-B6 PRENATAL TABS	3	
VP-HEME OB + DHA MISC	2	
VP-HEME OB TABS	3	
VP-PNV-DHA CAPS	3	
ZATEAN-PN DHA CAPS	3	
ZATEAN-PN PLUS CAPS	3	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen soln it 40 mg/20ml, 500 mcg/ml</i>	SP	PA; Must use Accredo SP pharmacy;LA
<i>baclofen tabs or 10 mg</i>	1	QL(6 ea daily)
<i>baclofen tabs or 20 mg</i>	1	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
BACLOFEN TABS OR 5 MG	2	
<i>carisoprodol tabs</i>	1	
CHLORZOXAZONE TABS 375 MG, 500 MG, 750 MG	3	
<i>cyclobenzaprine hcl tabs</i>	1	
FEXMID TABS (Use <i>Cyclobenzaprine HCl</i>)	NF	
GABLOFEN SOLN	SP	PA; Must use Accredo SP pharmacy;LA
LIORESAL INTRATHECAL SOLN 0.05 MG/ML, 10 MG/5ML, 10 MG/20ML	SP	PA; Must use Accredo SP pharmacy;LA
LIORESAL INTRATHECAL SOLN 10 MG/20ML, 40 MG/20ML (Use <i>Baclofen</i>)	SP	PA; Must use Accredo SP pharmacy;LA
LORZONE TABS	3	
<i>metaxalone tabs</i>	1	QL(4 ea daily)
<i>methocarbamol tabs</i>	1	
<i>orphenadrine citrate tb12</i>	1	
ROBAXIN TABS (Use <i>Methocarbamol</i>)	NF	
ROBAXIN-750 TABS (Use <i>Methocarbamol</i>)	NF	
SKELAXIN TABS (Use <i>Metaxalone</i>)	NF	QL(4 ea daily)
SOMA TABS (Use <i>Carisoprodol</i>)	NF	
<i>tizanidine hcl caps 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine hcl tabs 2 mg</i>	1	
<i>tizanidine hcl tabs 4 mg</i>	1	QL(9 ea daily)
ZANAFLEX CAPS 2 MG, 4 MG, 6 MG (Use <i>Tizanidine HCl</i>)	NF	
ZANAFLEX TABS 4 MG (Use <i>Tizanidine HCl</i>)	NF	QL(9 ea daily)
Direct Muscle Relaxants		

Drug Name	Drug Tier	Requirements/ Limits
DANTRIUM CAPS (Use <i>Dantrolene Sodium</i>)	NF	
<i>dantrolene sodium caps</i>	1	
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine tabs</i>	1	
<i>carisoprodol w/ aspirin tabs</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
DYMISTA SUSP	3	Limit 1 inhaler per month;QL(0.77 gm daily)
Nasal Anti-infectives		
BACTROBAN NASAL OINT	2	
Nasal Antiallergy		
ASTEPRO SOLN (Use <i>Azelastine HCl</i>)	NF	QL(1 ml daily)
<i>azelastine hcl soln 0.1 %, 137 mcg/spray</i>	1	Limit 1 sprayer per month;QL(1.2 ml daily)
<i>azelastine hcl soln 0.15 %</i>	1	QL(1 ml daily)
<i>olopatadine hcl (nasal) soln</i>	1	
PATANASE SOLN (Use <i>Olopatadine HCl (Nasal)</i>)	NF	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln</i>	1	
Nasal Steroids		
FLOXONASE ALLERGY RELIEF CHILDRENS SUSP (Use <i>Fluticasone Propionate (Nasal)</i>)	NF	Limit 2 inhalers per month;QL(1.2 ml daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
FLONASE ALLERGY RELIEF SUSP (Use Fluticasone Propionate (Nasal))	NF	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC
fluticasone propionate (nasal) susp	1	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC
mometasone furoate (nasal) susp	1	Limit 2 inhalers per month; QL(1.22 gm daily)
NASACORT ALLERGY 24HR AERO	2	QL(1.2 ml daily); RX/OTC
NASACORT ALLERGY 24HR AERO (Use Triamcinolone Acetonide (Nasal))	NF	QL(1.2 ml daily); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (Use Triamcinolone Acetonide (Nasal))	NF	QL(1.2 ml daily); RX/OTC
NASONEX SUSP (Use Mometasone Furoate (Nasal))	NF	Limit 2 inhalers per month; QL(1.22 gm daily)
triamcinolone acetonide (nasal) aero	1	QL(1.2 ml daily); RX/OTC
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (Use Riluzole)	NF	
riluzole tabs	1	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT INST	3	
Beta-blockers - Ophthalmic		
BETAGAN SOLN (Use Levobunolol HCl)	NF	
betaxolol hcl (ophth) soln	1	

Drug Name	Drug Tier	Requirements/ Limits
BETIMOL SOLN	2	
BETOPTIC-S SUSP	2	
carteolol hcl (ophth) soln	1	
CARTEOLOL HCL SOLN	3	
COMBIGAN SOLN	3	
COSOPT PF SOLN (Use Dorzolamide HCl-Timolol Maleate)	NF	
COSOPT SOLN (Use Dorzolamide HCl-Timolol Maleate)	NF	
dorzolamide hcl-timolol maleate soln	1	
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	2	
ISTALOL SOLN (Use Timolol Maleate (Ophth))	NF	
levobunolol hcl soln	1	
METIPRANOLOL SOLN	3	
timolol maleate (ophth) soln	1	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG	2	
TIMOPTIC OCUDOSE SOLN	3	
TIMOPTIC SOLN (Use Timolol Maleate (Ophth))	NF	
TIMOPTIC-XE SOLG 0.25 % (Use Timolol Maleate (Ophth))	NF	
TIMOPTIC-XE SOLG 0.25 %, 0.5 %	2	
Cycloplegic Mydriatics		
ATROPINE SULFATE OINT OP 1 %	3	
ATROPINE SULFATE SOLN OP 1 %	2	

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Drug Name	Drug Tier	Requirements/Limits
CYCLOGYL SOLN (<i>Use Cyclopentolate HCl</i>)	NF	
CYCLOMYDRIL SOLN	3	
<i>cyclopentolate hcl soln</i>	1	
<i>homatropine hbr soln</i>	1	
ISOPTO ATROPINE SOLN	2	
MYDRIACYL SOLN (<i>Use Tropicamide</i>)	NF	
<i>phenylephrine hcl (mydriatic) soln</i>	1	
<i>tropicamide soln</i>	1	
Miotics		
ISOPTO CARPINE SOLN (<i>Use Pilocarpine HCl</i>)	NF	QL(0.5 ml daily)
PHOSPHOLINE IODIDE SOLR	2	
<i>pilocarpine hcl soln</i>	1	QL(0.5 ml daily)
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 %	2	
ALPHAGAN P SOLN 0.15 % (<i>Use Brimonidine Tartrate</i>)	NF	
<i>apraclonidine hcl soln</i>	1	
<i>brimonidine tartrate soln</i>	1	
IOPIDINE SOLN 0.5 % (<i>Use Apraclonidine HCl</i>)	NF	
IOPIDINE SOLN 1 %	3	
SIMBRINZA SUSP	3	
Ophthalmic Anti-infectives		
AZASITE SOLN	3	Limit 5mls per month;QL(0.17 ml daily)
BACITRACIN OINT	2	
<i>bacitracin-polymyxin b (ophth) oint</i>	1	

Drug Name	Drug Tier	Requirements/Limits
BESIVANCE SUSP	3	
BETADINE OPHTHALMIC PREP SOLN	3	
BLEPH-10 SOLN (<i>Use Sulfacetamide Sodium (Ophth)</i>)	NF	
CILOXAN OINT	2	
CILOXAN SOLN (<i>Use Ciprofloxacin HCl (Ophth)</i>)	NF	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	
GENTAK OINT	2	
<i>gentamicin sulfate (ophth) soln</i>	1	
KLARITY-A SOLN	3	Limit 5mls per month;QL(0.17 ml daily)
<i>levofloxacin (ophth) soln</i>	1	
MOXEZA SOLN	2	
<i>moxifloxacin hcl (ophth) soln</i>	1	
NATACYN SUSP	2	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
NEOMYCIN/POLYMYXIN/GRAMICIDIN SOLN	2	
NEOSPORIN SOLN	NF	
OCUFLOX SOLN (<i>Use Ofloxacin (Ophth)</i>)	NF	QL(5 ml per fill retail,5 ml per fill mail)
<i>ofloxacin (ophth) soln</i>	1	QL(5 ml per fill retail,5 ml per fill mail)
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (<i>Use Polymyxin B-Trimethoprim</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
POVIDONE IODINE SOLN	3	
<i>sulfacetamide sodium (ophth) oint</i>	1	
<i>sulfacetamide sodium (ophth) soln</i>	1	
<i>tobramycin (ophth) soln</i>	1	
TOBREX OINT	2	
TOBREX SOLN (Use Tobramycin (Ophth))	NF	
<i>trifluridine soln</i>	1	
TRIFLURIDINE SOLN	2	
VIGAMOX SOLN (Use Moxifloxacin HCl (Ophth))	NF	
VIROPTIC SOLN (Use Trifluridine)	NF	
ZIRGAN GEL	3	
ZYMAXID SOLN (Use Gatifloxacin (Ophth))	NF	
Ophthalmic Immunomodulators		
RESTASIS EMUL	3	QL(2 ml daily,64 ml per fill retail)
RESTASIS MULTIDOSE EMUL	3	QL(2 ml daily,64 ml per fill retail)
Ophthalmic Integrin Antagonists		
XIIDRA SOLN	3	PA
Ophthalmic Local Anesthetics		
AKTEN GEL	3	
ALCAINE SOLN (Use Proparacaine HCl)	NF	
<i>proparacaine hcl soln</i>	1	
<i>tetracaine hcl (ophth) soln</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	SP	PA

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Steroids		
ALREX SUSP	3	
<i>bacitracin-poly-neomycin-hc oint</i>	1	QL(4 gm per fill retail,4 gm per fill mail)
BLEPHAMIDE S.O.P. OINT	2	
BLEPHAMIDE SUSP	2	
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	2	
DUREZOL EMUL	3	
FLAREX SUSP	2	
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP	2	
FML LIQUIFILM SUSP (Use Fluorometholone (Ophth))	NF	
FML OINT	2	
LOTEMAX GEL	3	
LOTEMAX OINT	3	
LOTEMAX SUSP (Use Loteprednol Etabonate)	NF	
<i>loteprednol etabonate susp</i>	1	
MAXIDEX SUSP	2	
MAXITROL OINT (Use Neomycin-Polymy-Dexameth)	NF	
MAXITROL SUSP (Use Neomycin-Polymy-Dexameth)	NF	
<i>neomycin-polymy-dexameth oint</i>	1	
<i>neomycin-polymy-dexameth susp</i>	1	
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
OMNIPRED SUSP (<i>Use Prednisolone Acetate (Ophth)</i>)	NF	
PRED FORTE SUSP	2	
PRED MILD SUSP	2	
PRED-G S.O.P. OINT	3	
PRED-G SUSP	3	
<i>prednisolone acetate (ophth) susp</i>	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	3	
PREDNISOLONE/MOXIFLOXACIN SOLN	3	
<i>sulfacetamide sod-prednisolone soln</i>	1	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE SOLN	2	
TOBRADEX OINT	3	
TOBRADEX ST SUSP	3	
TOBRADEX SUSP (<i>Use Tobramycin-Dexamethasone</i>)	NF	QL(5 ml per fill retail)
<i>tobramycin-dexamethasone susp</i>	1	QL(5 ml per fill retail)
ZYLET SUSP	3	QL(5 ml per fill retail)
Ophthalmic Surgical Aids		
GELFILM OP FILM	3	
Ophthalmics - Misc.		
ACULAR LS SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
ACULAR SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	NF	
ACUVAIL SOLN	3	
ALOCRIOL SOLN	3	
ALOMIDE SOLN	2	
<i>azelastine hcl (ophth) soln</i>	1	
AZOPT SUSP	2	Limit 10mls per month;QL(0.4 ml daily)
BEPREVE SOLN	3	ST; QL(0.34 ml daily)
<i>bromfenac sodium (ophth) soln</i>	1	
BROMSITE SOLN	3	
<i>cromolyn sodium (ophth) soln</i>	1	
CYSTARAN SOLN	SP	
<i>diclofenac sodium (ophth) soln</i>	1	
<i>dorzolamide hcl soln</i>	1	Limit 10mls per month;QL(0.34 ml daily)
DORZOLAMIDE HCL SOLN	2	Limit 10mls per month;QL(0.34 ml daily)
ELESTAT SOLN (<i>Use Epinastine HCl (Ophth)</i>)	NF	
EMADINE SOLN	3	
<i>epinastine hcl (ophth) soln</i>	1	
<i>flurbiprofen sodium soln</i>	1	
FLURBIPROFEN SODIUM SOLN	2	
ILEVRO SUSP	3	
<i>ketorolac tromethamine (ophth) soln</i>	1	
LASTACAFT SOLN	3	ST

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Drug Name	Drug Tier	Requirements/Limits
NEVANAC SUSP	3	
<i>olopatadine hcl soln 0.1 %</i>	1	Limit 10mls per month;QL(0.34 ml daily)
<i>olopatadine hcl soln 0.2 %</i>	1	QL(0.09 ml daily)
PAREMYD SOLN	3	
PATADAY SOLN (<i>Use Olopatadine HCl</i>)	NF	QL(0.09 ml daily)
PATANOL SOLN (<i>Use Olopatadine HCl</i>)	NF	Limit 10mls per month;QL(0.34 ml daily)
PROLENSA SOLN	3	
TRUSOPT SOLN (<i>Use Dorzolamide HCl</i>)	NF	Limit 10mls per month;QL(0.34 ml daily)
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	1	Limit 2.5mls per month;QL(0.09 ml daily)
<i>latanoprost soln op</i>	1	Limit 2.5mls per month;QL(0.09 ml daily)
LATANOPROST SOLN OP	2	Limit 2.5mls per month;QL(0.09 ml daily)
LUMIGAN SOLN	2	Limit 2.5mls per month;QL(0.09 ml daily)
TRAVATAN Z SOLN	2	Limit 2.5mls per month;QL(0.09 ml daily)
XALATAN SOLN (<i>Use Latanoprost</i>)	NF	Limit 2.5mls per month;QL(0.09 ml daily)
ZIOPTAN SOLN	3	
OTIC AGENTS - Drugs to Treat the Ear		

Drug Name	Drug Tier	Requirements/Limits
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	
Otic Anti-infectives		
CETRAXAL SOLN (<i>Use Ciprofloxacin HCl (Otic)</i>)	NF	
<i>ciprofloxacin hcl (otic) soln</i>	1	QL(14 ea per fill retail)
FLOXIN OTIC SOLN (<i>Use Ofloxacin (Otic)</i>)	NF	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP	2	
CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF SOLN	3	Limit 15mls per month;QL(0.5 ea daily)
COLY-MYCIN S SUSP	3	
CORTANE-B-OTIC SOLN (<i>Use Pramoxine-HC-Chloroxylenol</i>)	NF	
CORTISPORIN-TC SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTICIN HC NR SOLN (<i>Use Pramoxine-HC-Chloroxylenol</i>)	NF	
OTOVEL SOLN	3	Limit 15mls per month;QL(0.5 ea daily)
PRAMOTIC LIQD	3	
<i>pramoxine-hc-chloroxylenol soln</i>	1	
Otic Steroids		
DERMOTIC OIL (<i>Use Fluocinolone Acetonide (Otic)</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	2	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
PROSTIN E2 SUPP	3	
Oxytocics		
<i>methylergonovine maleate tabs</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	SP	PA; LA
CARIMUNE NANOFILTERED SOLR	SP	PA; LA
FLEBOGAMMA DIF SOLN	SP	PA; LA
GAMASTAN INJ	SP	PA; LA
GAMASTAN S/D INJ	SP	PA; LA
GAMMAGARD LIQUID SOLN	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
GAMMAPLEX SOLN	SP	PA; LA
GAMUNEX-C SOLN	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
OCTAGAM SOLN 1 GM/20ML, 2 GM/20ML, 5 GM/50ML, 5 GM/100ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML	SP	PA; LA

Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN SOLN	SP	PA; LA
Passive Immunizing Agents - Combinations		
HYQVIA KIT	SP	PA; Some members may obtain their medications through their Medical Group;LA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew</i>	1	
<i>amoxicillin susr</i>	1	
<i>amoxicillin tabs</i>	1	
<i>ampicillin caps</i>	1	
<i>ampicillin sodium solr ij 1 gm</i>	SP	PA
AMPICILLIN SODIUM SOLR IJ 125 MG	SP	PA
<i>ampicillin sodium solr iv 10 gm</i>	SP	PA
MOXATAG TB24	3	PA; QL(1 ea daily, 10 ea per fill retail)
Natural Penicillins		
BICILLIN L-A SUSP	SP	PA
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN	SP	PA
<i>penicillin g potassium solr</i>	SP	PA
PENICILLIN G PROCAINE SUSP	SP	PA
PENICILLIN G SODIUM SOLR	SP	PA

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Drug Name	Drug Tier	Requirements/Limits
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	2	
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	
PFIZERPEN SOLR (Use <i>Penicillin G Potassium</i>)	SP	PA
Penicillin Combinations		
<i>amoxicillin & pot clavulanate susr</i>	1	
<i>amoxicillin & pot clavulanate tabs</i>	1	
<i>amoxicillin & pot clavulanate tb12</i>	1	
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	2	
AMOXICILLIN/CLAVULANATE POTASSIUM ER TB12	2	
<i>ampicillin & sulbactam sodium solr</i>	SP	PA
AUGMENTIN ES-600 SUSR (Use <i>Amoxicillin & Pot Clavulanate</i>)	NF	
AUGMENTIN SUSR 125MG/5ML-31.25MG/5ML	2	
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use <i>Amoxicillin & Pot Clavulanate</i>)	NF	
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Use <i>Amoxicillin & Pot Clavulanate</i>)	NF	
AUGMENTIN XR TB12 (Use <i>Amoxicillin & Pot Clavulanate</i>)	NF	
BICILLIN C-R SUSP	SP	PA
<i>piperacillin sodium-tazobactam sodium solr</i>	SP	PA
UNASYN BULK PACK SOLR (Use <i>Ampicillin & Sulbactam Sodium</i>)	SP	PA
UNASYN SOLR (Use <i>Ampicillin & Sulbactam Sodium</i>)	SP	PA

Drug Name	Drug Tier	Requirements/Limits
ZOSYN SOLR (Use <i>Piperacillin Sodium-Tazobactam Sodium</i>)	SP	PA
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr ij 1 gm</i>	SP	PA
NAFCILLIN SODIUM SOLR IJ 10 GM	SP	PA
NAFCILLIN SODIUM SOLR IV 2 GM	SP	PA
NAFCILLIN SOLN	SP	PA
<i>oxacillin sodium solr</i>	SP	PA
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use <i>Norethindrone Acetate</i>)	NF	
<i>medroxyprogesterone acetate tabs 10 mg</i>	1	QL(1 ea daily)
<i>medroxyprogesterone acetate tabs 5 mg, 2.5 mg</i>	1	
MEGACE ES SUSP (Use <i>Megestrol Acetate (Appetite)</i>)	NF	AC
<i>megestrol acetate (appetite) susp</i>	1	AC
<i>norethindrone acetate tabs</i>	1	
<i>progesterone micronized caps</i>	1	QL(1 ea daily)
<i>progesterone oil</i>	1	PA
PROMETRIUM CAPS (Use <i>Progesterone Micronized</i>)	NF	QL(1 ea daily)
PROVERA TABS 10 MG (Use <i>Medroxyprogesterone Acetate</i>)	NF	QL(1 ea daily)
PROVERA TABS 5 MG, 2.5 MG (Use <i>Medroxyprogesterone Acetate</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS (Use <i>Disulfiram</i>)	NF	
<i>disulfiram tabs</i>	1	
LUCEMYRA TABS	SP	PA; QL(224 ea per 14 days retail); LA
Anti-Cataplectic Agents		
XYREM SOLN	SP	PA
Antidementia Agents		
ARICEPT TABS (Use <i>Donepezil Hydrochloride</i>)	NF	QL(1 ea daily)
<i>donepezil hydrochloride tabs</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp</i>	1	QL(1 ea daily)
EXELON PT24 (Use <i>Rivastigmine</i>)	NF	
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	1	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	2	
<i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</i>	1	
<i>memantine hcl cp24 7 mg, 14 mg, 21 mg, 28 mg</i>	1	PA
<i>memantine hcl soln 2 mg/ml, 10 mg/5ml</i>	1	
<i>memantine hcl tabs</i>	1	
<i>memantine hcl tabs 10 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs 5 mg</i>	1	QL(4 ea daily)
NAMENDA TABS 10 MG (Use <i>Memantine HCl</i>)	NF	QL(2 ea daily)
NAMENDA TABS 5 MG (Use <i>Memantine HCl</i>)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NAMENDA TITRATION PAK TABS (Use <i>Memantine HCl</i>)	NF	
NAMENDA XR CP24 (Use <i>Memantine HCl</i>)	NF	PA
NAMENDA XR TITRATION PACK CP24	3	PA
NAMZARIC C4PK 10MG	3	PA
RAZADYNE ER CP24 (Use <i>Galantamine Hydrobromide</i>)	NF	QL(1 ea daily)
RAZADYNE TABS (Use <i>Galantamine Hydrobromide</i>)	NF	
<i>rivastigmine pt24</i>	1	
<i>rivastigmine tartrate caps</i>	1	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline tabs</i>	1	
<i>olanzapine-fluoxetine hcl caps 3mg-25mg, 6mg-50mg</i>	2	
<i>olanzapine-fluoxetine hcl caps 6mg-25mg, 12mg-25mg, 12mg-50mg</i>	1	
<i>perphenazine-amitriptyline tabs</i>	1	
SYMBYAX CAPS (Use <i>Olanzapine-Fluoxetine HCl</i>)	NF	
Fibromyalgia Agents		
SAVELLA TABS	3	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	3	PA; QL(2 ea daily)
Movement Disorder Drug Therapy		
AUSTEDO TABS	SP	PA
INGREZZA CAPS	SP	PA
INGREZZA CPPK	SP	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>tetrabenazine tabs</i>	SP	PA; Specialty drug-Health Net will refer to SP Pharmacy
XENAZINE TABS (<i>Use Tetrabenazine</i>)	SP	PA; Specialty drug-Health Net will refer to SP Pharmacy
Multiple Sclerosis Agents		
AMPYRA TB12 (<i>Use Dalfampridine</i>)	NF	PA
AUBAGIO TABS	3	PA
AVONEX KIT	SP	PA; LA
AVONEX PEN AJKT	SP	PA; LA
AVONEX PSKT	SP	PA; LA
BETASERON KIT	SP	PA; LA
BETASERON KIT	SP	PA; SP
COPAXONE SOSY (<i>Use Glatiramer Acetate</i>)	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661
<i>dalfampridine tb12</i>	1	PA
EXTAVIA KIT	2	PA; LA
GILENYA CAPS	3	PA; SP
<i>glatiramer acetate sosy 20 mg/ml, 40 mg/ml</i>	2	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
MAVENCLAD TBPk	SP	PA
PLEGRIDY SOPN	SP	PA; LA
PLEGRIDY SOSY	SP	PA; LA
PLEGRIDY STARTER PACK SOPN	SP	PA; LA
PLEGRIDY STARTER PACK SOSY	SP	PA; LA

Drug Name	Drug Tier	Requirements/ Limits
REBIF REBIDOSE SOAJ	SP	PA; LA
REBIF REBIDOSE TITRATIONPACK SOAJ	SP	PA; LA
REBIF SOSY	SP	PA; LA
REBIF TITRATION PACK SOSY	SP	PA; LA
TECFIDERA CPDR	3	PA; SP
TECFIDERA STARTER PACK MISC	3	PA; SP
TYSABRI CONC	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
ZINBRYTA SOSY	SP	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
GRALISE STARTER MISC	3	PA
GRALISE TABS 300 MG	3	PA
GRALISE TABS 600 MG	3	PA; QL(3 ea daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
FLUOXETINE CAPS 10 MG	3	
FLUOXETINE CAPS 20 MG	3	QL(1 ea daily)
<i>fluoxetine hcl (pmdd) tabs</i>	1	
SARAFEM TABS (<i>Use Fluoxetine HCl (PMDD)</i>)	NF	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	SP	PA
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	3	
ORAP TABS	NF	
PIMOZIDE TABS	3	

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Drug Name	Drug Tier	Requirements/Limits
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR 300 MG	3	Limited to 1 tablet daily; QL(1 ea daily)
HORIZANT TBCR 600 MG	3	QL(2 ea daily)
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	PV	PV
CHANTIX CONTINUING MONTHPAK TABS	PV	QL(2 ea daily); PV
CHANTIX STARTING MONTH PAK TABS	PV	PV
CHANTIX TABS 0.5 MG	PV	PV
CHANTIX TABS 1 MG	PV	QL(2 ea daily); PV
NICODERM CQ PT24 (<i>Use Nicotine</i>)	PV	PV
NICORETTE GUM (<i>Use Nicotine Polacrilex</i>)	PV	PV
NICORETTE LOZG (<i>Use Nicotine Polacrilex</i>)	PV	PV
NICORETTE MINI LOZG (<i>Use Nicotine Polacrilex</i>)	PV	PV
NICORETTE STARTER KIT GUM (<i>Use Nicotine Polacrilex</i>)	PV	PV
<i>nicotine polacrilex gum</i>	PV	PV
<i>nicotine polacrilex lozg</i>	PV	PV
<i>nicotine pt24</i>	PV	PV
NICOTINE TRANSDERMAL SYSTEM KIT	PV	PV
NICOTROL INHALER INHA	PV	PV
NICOTROL NS SOLN	PV	PV
ZYBAN TB12 (<i>Use Bupropion HCl (Smoking Deterrent)</i>)	PV	PV
Transthyretin Amyloidosis Agents		

Drug Name	Drug Tier	Requirements/Limits
TEGSEDI SOSY	SP	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK 25 MG	SP	PA
KALYDECO PACK 50 MG, 75 MG	SP	PA; Must use Accredo SP pharmacy; LA
KALYDECO TABS 150 MG	SP	PA; Must use Accredo SP pharmacy; LA
ORKAMBI PACK 100MG-125MG, 150MG-188MG	SP	PA
ORKAMBI TABS 100MG-125MG, 200MG-125MG	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA
PULMOZYME SOLN	2	PA; QL(5 ml daily)
SYMDEKO TBPk	SP	PA; LA
Pulmonary Fibrosis Agents		
ESBRIET CAPS	SP	PA
ESBRIET TABS	SP	PA
OFEV CAPS	SP	PA; QL(1 ea daily)
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	3	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 150 mg</i>	2	ST
<i>doxycycline (monohydrate) caps 50 mg, 75 mg, 100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) susr 25 mg/5ml</i>	1	
<i>doxycycline (monohydrate) tabs 150 mg</i>	2	ST
<i>doxycycline (monohydrate) tabs 50 mg, 100 mg</i>	1	
<i>doxycycline (monohydrate) tabs 75 mg</i>	1	ST
<i>doxycycline hyclate caps 50 mg, 100 mg</i>	1	
<i>doxycycline hyclate tabs 20 mg, 100 mg</i>	1	
MINOCIN CAPS 100 MG (Use Minocycline HCl)	NF	
MINOCIN CAPS 50 MG (Use Minocycline HCl)	SP	PA
<i>minocycline hcl caps 50 mg, 75 mg, 100 mg</i>	1	
<i>minocycline hcl tabs 50 mg, 100 mg</i>	1	
<i>minocycline hcl tabs 75 mg</i>	1	PA
MONODOX CAPS (Use Doxycycline (Monohydrate))	NF	
<i>tetracycline hcl caps 250 mg, 500 mg</i>	1	
VIBRAMYCIN CAPS 100 MG (Use Doxycycline Hyclate)	NF	
VIBRAMYCIN SUSR 25 MG/5ML (Use Doxycycline (Monohydrate))	NF	
VIBRAMYCIN SYRP 50 MG/5ML	2	
XIMINO CP24	3	ST
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	QL(3 ea daily)
TAPAZOLE TABS (Use Methimazole)	NF	

Drug Name	Drug Tier	Requirements/Limits
Thyroid Hormones		
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	3	
CYTOMEL TABS 25 MCG, 50 MCG (Use Liothyronine Sodium)	NF	QL(2 ea daily)
CYTOMEL TABS 5 MCG (Use Liothyronine Sodium)	3	
<i>levothyroxine sodium tabs or 112 mcg, 125 mcg, 175 mcg, 200 mcg</i>	1	QL(1 ea daily)
<i>levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 137 mcg, 150 mcg, 300 mcg</i>	1	
<i>liothyronine sodium tabs 25 mcg, 50 mcg</i>	1	QL(2 ea daily)
<i>liothyronine sodium tabs 5 mcg</i>	1	
NATURE-THROID NT-2.5 TABS	3	
NATURE-THROID TABS 260 MG, 325 MG, 97.5 MG, 16.25 MG, 48.75 MG, 81.25 MG, 113.75 MG, 146.25 MG	2	
NATURE-THROID TABS 65 MG, 130 MG, 195 MG, 32.5 MG	3	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (Use Levothyroxine Sodium)	3	QL(1 ea daily)
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (Use Levothyroxine Sodium)	3	
<i>thyroid tabs</i>	1	
THYROLAR-1 TABS	3	

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Drug Name	Drug Tier	Requirements/Limits
THYROLAR-1/2 TABS	3	
THYROLAR-1/4 TABS	3	
THYROLAR-2 TABS	3	
THYROLAR-3 TABS	3	
WESTHROID TABS 65 MG, 130 MG, 195 MG, 32.5 MG	3	
WESTHROID TABS 97.5 MG	2	
WP THYROID TABS 65 MG, 130 MG, 32.5 MG	3	
WP THYROID TABS 97.5 MG, 16.25 MG, 48.75 MG, 81.25 MG, 113.75 MG	2	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (Use Hyoscyamine Sulfate)	NF	
BELLADONNA/OPIUM SUPP	3	
BENTYL CAPS (Use Dicyclomine HCl)	NF	
chlordiazepoxide hcl-clidinium bromide caps	1	
CUVPOSA SOLN	2	
dicyclomine hcl caps	1	
dicyclomine hcl soln	1	
dicyclomine hcl tabs	1	
GLYCATE TABS	3	
glycopyrrolate tabs or 1 mg, 2 mg	1	
GLYCOPYRROLATE TABS OR 1.5 MG	3	
hyoscyamine sulfate subl	1	
hyoscyamine sulfate tabs	1	

Drug Name	Drug Tier	Requirements/Limits
hyoscyamine sulfate tb12	1	
hyoscyamine sulfate tbdp	1	
LEVVID TB12 (Use Hyoscyamine Sulfate)	NF	
LEVSIN TABS (Use Hyoscyamine Sulfate)	NF	
LEVSIN/SL SUBL (Use Hyoscyamine Sulfate)	NF	
LIBRAX CAPS (Use Chlordiazepoxide HCl-Clidinium Bromide)	NF	
methscopolamine bromide tabs	1	
propantheline bromide tabs	1	
ROBINUL FORTE TABS (Use Glycopyrrolate)	NF	
ROBINUL TABS (Use Glycopyrrolate)	NF	
H-2 Antagonists		
CIMETIDINE HCL SOLN	2	
cimetidine tabs 300 mg, 800 mg	1	
cimetidine tabs 400 mg	1	QL(4 ea daily)
famotidine susr 40 mg/5ml	1	
famotidine tabs 20 mg	1	RX/OTC
famotidine tabs 40 mg	1	QL(2 ea daily)
nizatidine caps 150 mg, 300 mg	1	
NIZATIDINE SOLN 15 MG/ML	2	
PEPCID AC MAXIMUM STRENGTH TABS (Use Famotidine)	NF	RX/OTC
PEPCID SUSR 40 MG/5ML (Use Famotidine)	NF	
PEPCID TABS 20 MG (Use Famotidine)	NF	RX/OTC
PEPCID TABS 40 MG (Use Famotidine)	NF	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl caps 150 mg, 300 mg</i>	1	
<i>ranitidine hcl syrp 15 mg/ml, 75 mg/5ml, 150 mg/10ml</i>	1	
<i>ranitidine hcl tabs 150 mg</i>	1	QL(4 ea daily); RX/OTC
<i>ranitidine hcl tabs 300 mg</i>	1	QL(2 ea daily)
ZANTAC 150 MAXIMUM STRENGTH TABS (Use Ranitidine HCl)	NF	QL(4 ea daily); RX/OTC
ZANTAC TABS (Use Ranitidine HCl)	NF	QL(2 ea daily)
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	2	
CARAFATE TABS 1 GM (Use Sucralfate)	NF	QL(4 ea daily)
<i>sucralfate tabs</i>	1	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX SPRINKLE CPSP 5 MG, 10 MG	3	PA
ACIPHEX TBEC (Use Rabeprazole Sodium)	NF	PA; QL(1 ea daily)
ESOMEPRAZOLE STRONTIUM CPDR 49.3 MG, 24.65 MG	3	PA; QL(1 ea daily)
FIRST-OMEPRAZOLE SUSP	3	
<i>lansoprazole cpdr 15 mg</i>	1	QL(1 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	QL(1 ea daily)
<i>lansoprazole tbdd 15 mg</i>	1	QL(2 ea daily); AL(Up to 12 yrs old)
<i>lansoprazole tbdd 30 mg</i>	1	QL(1 ea daily); AL(Up to 12 yrs old)
NEXIUM PACK 5 MG, 10 MG, 20 MG, 40 MG, 2.5 MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
OMEPRAZOLE + SYRSPEND SFALKA SUSP	3	
<i>omeprazole cpdr 10 mg</i>	1	
<i>omeprazole cpdr 20 mg</i>	1	QL(1 ea daily); RX/OTC
<i>omeprazole cpdr 40 mg</i>	1	QL(1 ea daily)
<i>pantoprazole sodium tbec</i>	1	QL(1 ea daily)
PREVACID 24HR CPDR (Use Lansoprazole)	NF	QL(1 ea daily); RX/OTC
PREVACID CPDR 15 MG (Use Lansoprazole)	NF	QL(1 ea daily); RX/OTC
PREVACID CPDR 30 MG (Use Lansoprazole)	NF	QL(1 ea daily)
PREVACID SOLUTAB TBDD 15 MG (Use Lansoprazole)	NF	QL(2 ea daily); AL(Up to 12 yrs old)
PREVACID SOLUTAB TBDD 30 MG (Use Lansoprazole)	NF	QL(1 ea daily); AL(Up to 12 yrs old)
PRILOSEC PACK	3	PA
PROTONIX PACK 40 MG	3	QL(1 ea daily)
PROTONIX TBEC 20 MG, 40 MG (Use Pantoprazole Sodium)	NF	QL(1 ea daily)
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA
<i>rabeprazole sodium tbec</i>	2	PA; QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Use Misoprostol)	NF	
<i>misoprostol tabs</i>	1	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	2	
OMECLAMOX-PAK MISC	3	
PREVPAC MISC (Use Amoxicillin-Clarithromycin w/ Lansoprazole)	NF	

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Drug Name	Drug Tier	Requirements/Limits
PYLERA CAPS	3	
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
FURADANTIN SUSP (Use Nitrofurantoin)	NF	
HIPREX TABS (Use Methenamine Hippurate)	NF	
MACROBID CAPS (Use Nitrofurantoin Monohyd Macro)	NF	
MACRODANTIN CAPS (Use Nitrofurantoin Macrocrystal)	NF	
methenamine hippurate tabs	1	
methenamine mandelate tabs	1	
MONUROL PACK	3	
nitrofurantoin macrocrystal caps	1	
nitrofurantoin monohyd macro caps	1	
nitrofurantoin susp	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
darifenacin hydrobromide tb24	1	
DETROL LA CP24 (Use Tolterodine Tartrate)	NF	QL(1 ea daily)
DETROL TABS (Use Tolterodine Tartrate)	NF	QL(2 ea daily)
DITROPAN XL TB24 (Use Oxybutynin Chloride)	NF	
ENABLEX TB24 (Use Darifenacin Hydrobromide)	NF	
oxybutynin chloride syrpf 5 mg/5ml	1	QL(15 ml daily)
oxybutynin chloride tabs 5 mg	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
oxybutynin chloride tb24 5 mg, 10 mg, 15 mg	1	
solifenacin succinate tabs 10 mg	1	QL(1 ea daily)
solifenacin succinate tabs 5 mg	1	
tolterodine tartrate cp24 2 mg, 4 mg	1	QL(1 ea daily)
tolterodine tartrate tabs 1 mg, 2 mg	1	QL(2 ea daily)
TOVIAZ TB24	2	QL(1 ea daily)
tropium chloride cp24 60 mg	1	
tropium chloride tabs 20 mg	1	QL(2 ea daily)
VESICARE TABS 10 MG (Use Solifenacin Succinate)	NF	QL(1 ea daily)
VESICARE TABS 5 MG (Use Solifenacin Succinate)	NF	
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	QL(1 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs	1	
URECHOLINE TABS (Use Bethanechol Chloride)	NF	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	1	
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
acetic acid-oxyquinoline vaginal gel	1	
FEM PH GEL (Use Acetic Acid-Oxyquinoline Vaginal)	NF	
Spermicides		
ENCARE SUPP	PV	PV
nonoxynol-9 gel	PV	PV

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Drug Name	Drug Tier	Requirements/Limits
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL (Use Nonoxynol-9)	PV	PV
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	PV	PV
SHUR-SEAL GEL	PV	PV
TODAY SPONGE MISC	PV	PV
VCF VAGINAL CONTRACEPTIVE FILM FILM	PV	PV
VCF VAGINAL CONTRACEPTIVE FOAM FOAM	PV	PV
Vaginal Anti-infectives		
AVC CREA	3	
CLEOCIN CREA VA 2 % (Use Clindamycin Phosphate Vaginal)	NF	
CLEOCIN SUPP VA 100 MG	3	
<i>clindamycin phosphate vaginal crea</i>	1	
CLINDESSE CREA	3	
GYNAZOLE-1 CREA	3	
METROGEL-VAGINAL GEL (Use Metronidazole Vaginal)	NF	
<i>metronidazole vaginal gel</i>	1	
<i>miconazole nitrate vaginal supp</i>	1	
TERAZOL 7 CREA (Use Terconazole Vaginal)	NF	
TERCONAZOLE CREA	2	
<i>terconazole vaginal crea</i>	1	
<i>terconazole vaginal supp</i>	1	
Vaginal Estrogens		

Drug Name	Drug Tier	Requirements/Limits
ESTRACE CREA (Use Estradiol Vaginal)	NF	
<i>estradiol vaginal crea</i>	1	
<i>estradiol vaginal tabs</i>	1	
ESTRING RING	3	QL(1 ea per fill mail)
FEMRING RING	3	QL(1 ea per 90 days retail, 1 ea per 90 days mail)
PREMARIN CREA VA 0.625 MG/GM	2	QL(2 gm daily)
VAGIFEM TABS (Use Estradiol Vaginal)	NF	
Vaginal Progestins		
CRINONE GEL	3	PA
ENDOMETRIN INST	3	PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	3	Limited to 2 auto-injectors per fill; QL(2 ea per fill retail, 4 ea per 30 days retail)
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	QL(2 ea per fill retail, 4 ea per 30 days retail)
EPINEPHRINE SOAJ 0.3 MG/0.3ML	3	Limited to 2 pens per fill; 4 pens per month; QL(2 ea per fill retail, 4 ea per 30 days retail)
EIPEN 2-PAK SOAJ (Use Epinephrine (Anaphylaxis))	NF	Must try epinephrine auto-injector ; QL(2 ea per fill retail, 4 ea per 30 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
EIPEN-JR 2-PAK SOAJ (Use <i>Epinephrine</i> (<i>Anaphylaxis</i>))	NF	Must try epinephrine auto-injector ;QL(2 ea per fill retail,4 ea per 30 days retail)
SYMJEPI SOSY 0.15 MG/0.3ML	3	QL(2 ea per fill retail,4 ea per 30 days retail)
SYMJEPI SOSY 0.3 MG/0.3ML	3	PA; QL(2 ea per fill retail,4 ea per 30 days retail)
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NORTHERA CAPS	SP	PA
Vasopressors		
<i>midodrine hcl tabs</i>	1	
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS (Use <i>Ergocalciferol</i>)	NF	
<i>ergocalciferol caps</i>	1	
MEPHYTON TABS (Use <i>Phytonadione</i>)	NF	
<i>phytonadione tabs</i>	1	
Water Soluble Vitamins		
AMINO BENZOATE POTASSIUM PACK	3	
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				clomiphene citrate.....	68
				clomipramine hcl.....	22

clonazepam.....	17	CONCEPT DHA.....	104	CVS LANCETS ORIGINAL..	83
clonidine & chlorthalidone...	32	CONCEPT OB.....	104	CVS LANCETS THIN 26G..	83
clonidine hcl.....	32	CONCERTA.....	2	CVS LANCETS ULTRA THIN	
clonidine hcl (adhd).....	2	CONDYLOX.....	65	30G.....	83
clopidogrel bisulfate.....	77	CONTRAVE.....	2	CVS LANCETS ULTRA-THIN	
clorazepate dipotassium.....	13	CONZIP.....	6	30G.....	83
CLORPRES.....	32	COPAXONE.....	117	CVS ULTRA THIN	
clotrimazole.....	103	COPEGUS.....	46	LANCETS.....	83
clotrimazole w/ betamethasone.....	59	COPIKTRA.....	37	CYCLESSA.....	52
clozapine.....	42	CORDRAN.....	62	cyclobenzaprine hcl.....	108
CLOZAPINE.....	42	COREG.....	48	CYCLOGYL.....	110
clozapine.....	42	COREG CR.....	48	CYCLOMYDRIL.....	110
CLOZAPINE ODT.....	42	CORGARD.....	48	cyclopentolate hcl.....	110
CLOZARIL.....	42	CORIFACT.....	75	cyclophosphamide.....	35
COAGADEX.....	75	CORLANOR.....	51	CYCLOPHOSPHAMIDE.....	35
COAGUCHEK LANCETS.....	83	CORTANE-B.....	62	cyclophosphamide.....	35
COARTEM.....	34	CORTANE-B-OTIC.....	113	CYCLOPHOSPHAMIDE.....	35
codeine sulfate.....	6	CORTEF.....	54	cycloserine.....	35
CODITUSSIN AC.....	55	CORTENEMA.....	10	cyclosporine.....	102
COGENTIN.....	40	CORTIFOAM.....	10	cyclosporine modified (for	
COLAZAL.....	72	CORTISONE ACETATE... 54		microemulsion).....	102
COLCHICINE.....	75	CORTISPORIN.....	59	CYKLOKAPRON.....	78
colchicine.....	75	CORTISPORIN-TC.....	113	CYMBALTA.....	22
colchicine w/ probenecid.....	74	CORZIDE.....	32	cyproheptadine hcl.....	29
COLCRYS.....	75	COSENTYX.....	60	CYSTADANE.....	69
colesevelam hcl.....	29	COSENTYX SENSOREADY		CYSTARAN.....	74
COLESTID.....	29	PEN.....	60	CYTOMEL.....	119
COLESTID FLAVORED.....	29	COSOPT.....	109	CYTOTEC.....	121
colestipol hcl.....	29	COSOPT PF.....	109	D-PENAMINE.....	102
COLY-MYCIN S.....	113	COTELLIC.....	37	D.H.E. 45.....	99
COLYTE-FLAVOR PACKS..	79	COUMADIN.....	16	DAKLINZA.....	46
COMBIGAN.....	109	COZAAR.....	31	dalfampridine.....	117
COMBIPATCH.....	70	CREON.....	66	danazol.....	10
COMBIVENT RESPIMAT... 15		CRESEMBA.....	28	DANTRIUM.....	108
COMBIVIR.....	44	CRESTOR.....	30	dantrolene sodium.....	108
COMETRIQ.....	37	CRINONE.....	123	dapsone.....	11
COMFORT ASSURED		CRIXIVAN.....	44	dapsone (topical).....	57
LANCETS MICRO THIN		cromolyn sodium.....	13	DARAPRIM.....	34
33G.....	83	cromolyn sodium (ophth). 112		darifenacin hydrobromide.. 122	
COMFORT ASSURED		CUPRIMINE.....	102	DAURISMO.....	36
LANCETS SUPER THIN		CUTIVATE.....	62	DAYPRO.....	4
28G.....	83	CUVPOSA.....	120	DAYTRANA.....	2
COMFORT EZ/31G X 5MM. 96		CVS LANCETS 21G.....	83	DDAVP.....	70
COMFORT LANCETS.....	83	CVS LANCETS MICRO THIN		DECON-G.....	55
COMPLERA.....	44	33G.....	83	deferasirox.....	26
COMPLETENATE.....	104	CVS LANCETS MICRO-THIN		DELSTRIGO.....	44
COMTAN.....	40	33G.....	83	DELZICOL.....	72

DEMADEX.....	67	DIAMOX.....	67	DIPENTUM.....	72
demeclocycline hcl.....	118	DIASTAT ACUDIAL.....	17	diphenhydramine hcl.....	28
DEMEROL.....	6	DIASTAT PEDIATRIC.....	17	diphenoxylate w/ atropine...	26
DEMSER.....	31	DIATHRIVE LANCETS.....	83	DIPROLENE.....	62
DEPAKENE.....	20	DIATHRIVE LANCETS ULTRA		DIPROLENE AF.....	62
DEPAKOTE.....	20	THIN 30G.....	83	dipyridamole.....	77
DEPAKOTE ER.....	20	diazepam.....	13	disopyramide phosphate.....	13
DEPAKOTE SPRINKLES.....	20	diazepam (anticonvulsant).	17	disulfiram.....	116
DEPEN TITRATABS.....	102	DIBENZYLINE.....	31	DITROPAN XL.....	122
DERMA-SMOOTH/FS		DICLEGIS.....	27	DIURIL.....	68
BODY.....	62	DICLOFENAC		divalproex sodium.....	20
DERMA-SMOOTH/FS		EPOLAMINE.....	58	DIVIGEL.....	71
SCALP.....	62	diclofenac potassium.....	4	dofetilide.....	13
DERMATOP.....	62	diclofenac sodium.....	4	DOLOPHINE.....	6
DERMOTIC.....	113	diclofenac sodium (actinic		DOMETUSS-DMX.....	55
DESCOVY.....	44	keratoses).....	60	donepezil hydrochloride...	116
desipramine hcl.....	22	diclofenac sodium (ophth)	112	DORAL.....	78
desloratadine.....	28	diclofenac sodium (topical)	58	DORIBAX.....	11
DESLORATADINE ODT.....	28	diclofenac w/ misoprostol...	4	DORIPENEM.....	11
desmopressin acetate.....	70	dicloxacillin sodium.....	115	dorzolamide hcl.....	112
desmopressin acetate spray		dicyclomine hcl.....	120	DORZOLAMIDE HCL.....	112
refrigerated.....	70	didanosine.....	44	dorzolamide hcl-timolol	
DESOGEN.....	52	DIDANOSINE.....	44	maleate.....	109
desogestrel & ethinyl		diethylpropion hcl.....	1	DORZOLAMIDE HCL/TIMOLOL	
estradiol.....	52	DIETHYLPROPION HCL...	1	MALEATE.....	109
desogestrel-ethinyl estradiol		diethylpropion hcl.....	1	DOTHELLE DHA.....	104
(biphasic).....	52	DIETHYLPROPION HCL		DOVATO.....	44
desogestrel-ethinyl estradiol		ER.....	1	DOVONEX.....	60
(triphasic).....	52	DIFFERIN.....	57	doxazosin mesylate.....	32
DESONATE.....	62	DIFICID.....	81	doxepin hcl.....	22
desonide.....	62	diflorasone diacetate.....	62	DOXEPIN HCL.....	22
DESOWEN.....	62	DIFLUCAN.....	28	doxepin hcl.....	22
desoximetasone.....	62	diflunisal.....	6	doxepin hcl (antipruritic)...	60
DESOXYN.....	1	digoxin.....	50	DOXEPIN	
DESVENLAFAXINE ER.....	22	dihydroergotamine		HYDROCHLORIDE.....	60
desvenlafaxine succinate...	22	mesylate.....	100	doxercalciferol.....	69
DETROL.....	122	DILANTIN.....	20	DOXYCYCLINE.....	65
DETROL LA.....	122	DILANTIN INFATABS.....	20	doxycycline	
dexamethasone.....	54	DILANTIN-125.....	20	(monohydrate).....	118,119
DEXAMETHASONE		DILATRATE SR.....	12	doxycycline hyclate.....	119
INTENSOL.....	54	DILAUDID.....	6	doxylamine-pyridoxine.....	27
DEXAMETHASONE SODIUM		DILT-XR.....	49	DRISDOL.....	124
PHOSPHATE.....	111	diltiazem hcl.....	49	dronabinol.....	27
DEXCHLORPHENIRAMINE		diltiazem hcl coated beads	49	DROPLET INSULIN SYRINGE	
MALEATE.....	28	DILTIAZEM HCL ER.....	49	U-100/1ML/31G X 15/64"...	96
DEXEDRINE.....	1	diltiazem hcl extended release		DROPLET INSULIN	
dexmethylphenidate hcl...	2	beads.....	49	SYRINGE/U-100/0.5ML/31G X	
dextroamphetamine sulfate...	1	DIOVAN.....	31	15/64".....	96
DIACOMIT.....	18	DIOVAN HCT.....	32		

DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	96	E-ZJECT LANCETS MICRO-THIN 33G	84	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	84
DROPLET LANCETS ULTRA THIN 30G	83	E.E.S. GRANULES	81	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	85
DROPLET PEN NEEDLES 31GX5MM	96	EASY COMFORT LANCETS	84	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	85
drospirenone-ethinyl estradiol	52	EASY COMFORT LANCETS 30G/PULL TOP	84	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	85
drospirenone-ethinyl estradiol-levomefolate calcium	52	EASY COMFORT LANCETS 30G/THIN TOP	84	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	85
DROXIA	77	EASY COMFORT LANCETS TWIST TOP	84	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	85
DRUG MART LANCETS THIN	84	EASY COMFORT PEN NEEDLES31GX3/16"	96	EASY TWIST & CAP LANCETS	85
DRUG MART ON-THE-GO LANCETS GENTLE 30G	84	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	96	EASYTEST II LANCETS	85
DRUG MART UNIFINE PENTIPS 31GX5MM	96	EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	96	EASYTEST LANCETS	85
DRUG MART UNILET LANCETSSUPER THIN 30G	84	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	84	econazole nitrate	59
DRUG MART UNILET LANCETSULTRA THIN 28G	84	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	84	ECOTRIN REGULAR STRENGTH	6
DRUG MART UNILET MICRO THIN LANCETS 33G	84	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	84	EDARBI	31
DRYSOL	65	EASY TOUCH LANCETS 26G/PULL-TOP	84	EDARBYCLOR	32
DUAC	57	EASY TOUCH LANCETS 26G/TWIST	84	EDECIN	67
DUAVEE	70	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	84	EDURANT	44
DUET DHA 400	104	EASY TOUCH LANCETS 28G/PULL-TOP	84	efavirenz	44
DUET DHA BALANCED	104	EASY TOUCH LANCETS 28G/TWIST	84	EFFER-K	101
DUETACT	23	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	84	EFFERVESCENT POTASSIUM/CHLORIDE	101
DULCOLAX	80	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	84	EFFEXOR XR	22
DULERA	15	EASY TOUCH LANCETS 30G/PULL-TOP	84	EFFIENT	77
duloxetine hcl	22	EASY TOUCH LANCETS 30G/TWIST	84	EFUDEX	60
DUPIXENT	64	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	84	ELAVIL	22
DURAGESIC	6	EASY TOUCH LANCETS 32G/PULL-TOP	84	ELDEPRYL	41
DURAXIN	6	EASY TOUCH LANCETS 32G/TWIST	84	ELESTAT	112
DUREZOL	111	EASY TOUCH LANCETS 33G/TWIST	84	ELESTRIN	71
dutasteride	74	EASY TOUCH PEN NEEDLES/31G X 3/16"	96	eletriptan hydrobromide	100
dutasteride-tamsulosin hcl	74			ELIDEL	64
DUTOPROL	32			ELIGARD	36
DUZALLO	74			ELIMITE	66
DYAZIDE	67			ELIQUIS	16
DYMISTA	108			ELIQUIS STARTER PACK	16
DYRENIUM	67			ELIXOPHYLLIN	16
E-Z JECT LANCETS	84			ELLA	54
E-Z JECT LANCETS 21G	84			ELMIRON	74
E-Z JECT LANCETS COLOR	84			ELOCON	62
E-Z JECT LANCETS SUPER THIN 30G	84			ELOCTATE	75
E-Z JECT LANCETS THIN 26G	84				

EMADINE.....	112	ERGOLOID		EVAMIST.....	71
EMBEDA.....	6	MESYLATES.....	117	EVISTA.....	69
EMBRACE LANCETS ULTRA		ERGOMAR.....	100	EVOCLIN.....	57
THIN 30G.....	85	ergotamine w/ caffeine.....	99	EVOTAZ.....	44
EMCYT.....	36	ERIVEDGE.....	36	EVOXAC.....	103
EMEND.....	27	ERLEADA.....	36	EVZIO.....	26
EMEND TRIPACK.....	27	erlotinib hcl.....	37	EXACTUSS.....	55
EMGALITY.....	99	ERTACZO.....	59	EXACTUSS TR.....	55
EMSAM.....	21	ertapenem sodium.....	11	EXALGO.....	6
EMTRIVA.....	44	ERY.....	57	EXAPHEX TR.....	55
ENABLEX.....	122	ERYGEL.....	57	EXELDERM.....	59
enalapril maleate.....	31	ERYPED 200.....	81	EXELON.....	116
enalapril maleate &		ERYPED 400.....	81	exemestane.....	36
hydrochlorothiazide.....	32	erythromycin (acne aid).....	57	EXFORGE.....	33
ENBREL.....	6	erythromycin (ophth).....	110	EXFORGE HCT.....	33
ENBREL MINI.....	6	erythromycin base.....	81	EXJADE.....	26
ENBREL SURECLICK.....	6	erythromycin		EXODERM.....	59
ENCARE.....	122	ethylsuccinate.....	81	EXTAVIA.....	117
ENDARI.....	77	erythromycin stearate.....	81	EXTINA.....	59
ENDOMETRIN.....	123	ESBRIET.....	118	EZ SMART BLOOD GLUCOSE	
enoxaparin sodium.....	16,17	escitalopram oxalate.....	21	LANCETS.....	85
entacapone.....	40	ESGIC.....	6	EZ-LETS LANCETS 21G.....	85
entecavir.....	46	ESOMEPRAZOLE		EZ-LETS LANCETS 23G.....	85
ENTEREG.....	73	STRONTIUM.....	121	EZ-LETS LANCETS 26G	
ENTOCORT EC.....	54	estazolam.....	78	SUPER-SOFT.....	85
ENTRESTO.....	50	ESTRACE.....	71	EZ-LETS LANCETS 28G	
EPCLUSA.....	46	estradiol.....	71	ULTRA-SOFT.....	85
EPIDIOLEX.....	18	estradiol & norethindrone		EZ-LETS LANCETS 30G.....	85
EPIDUO.....	57	acetate.....	70	ezetimibe.....	30
EPIFOAM.....	62	estradiol vaginal.....	123	ezetimibe-simvastatin.....	29
epinastine hcl (ophth).....	112	ESTRING.....	123	FABIOR.....	57
EPINEPHRINE.....	123	ESTROGEL.....	71	famciclovir.....	47
epinephrine (anaphylaxis).....	123	ESTROPIPATE.....	71	famotidine.....	120
EPIPEN 2-PAK.....	123	estropipate.....	71	FANAPT.....	42
EPIPEN-JR 2-PAK.....	124	ESTROSTEP FE.....	52	FANAPT TITRATION PACK.....	42
EPIVIR.....	44	eszopiclone.....	78	FARESTON.....	36
EPIVIR HBV.....	46	ethacrynic acid.....	67	FARXIGA.....	25
eplerenone.....	34	ethambutol hcl.....	35	FARYDAK.....	37
EPROSARTAN MESYLATE.....	31	ethosuximide.....	20	FAZACLO.....	42
EPZICOM.....	44	ethynodiol diacet & eth		FC FEMALE CONDOM.....	81
EQL COLOR LANCETS 21G.....	85	estrad.....	53	FC2 FEMALE CONDOM.....	81
EQL COLOR LANCETS MICRO		etidronate disodium.....	68	febuxostat.....	75
THIN 33G.....	85	etodolac.....	4	FEIBA.....	75
EQL SUPER THIN LANCETS		ETOPOPHOS.....	39	felbamate.....	19
30G.....	85	ETOPOSIDE.....	39	FELBATOL.....	20
EQL THIN LANCETS 26G.....	85	etoposide.....	39,40	FELDENE.....	4
EQUETRO.....	42	EUCRISA.....	65	felodipine.....	49
ergocalciferol.....	124	EURAX.....	66		

FEM PH.....	122	flecainide acetate.....	13	FLUTICASONE	
FEMARA.....	36	FLECTOR.....	59	PROPIONATE/SALMETEROL	
FEMCAP.....	81	FLOMAX.....	74	.....	15
FEMHRT LOW DOSE.....	70	FLONASE ALLERGY		fluticasone-salmeterol.....	15
FEMRING.....	123	RELIEF.....	109	fluvastatin sodium.....	30
FENOFIBRATE.....	29	FLONASE ALLERGY RELIEF		fluvoxamine maleate.....	21
fenofibrate.....	29	CHILDRENS.....	108	FML.....	111
FENOFIBRATE.....	29	FLORIVA.....	101	FML FORTE.....	111
fenofibrate.....	29,30	FLORIVA PLUS.....	103	FML LIQUIFILM.....	111
fenofibrate micronized.....	29	FLOVENT DISKUS.....	14,15	FOCALIN.....	2
FENOFIBRIC ACID.....	30	FLOVENT HFA.....	15	FOCALIN XR.....	2
fenopropfen calcium.....	4	FLOWTUSS.....	55	FOLCAL DHA.....	104
fantanyl.....	6	FLOXIN OTIC.....	113	FOLCAPS OMEGA 3.....	104
fantanyl citrate.....	6	fluconazole.....	28	FOLET DHA.....	104
FER-IN-SOL.....	78	flucytosine.....	27	FOLET ONE.....	104
FERRIPROX.....	26	fludarabine phosphate.....	36	folic acid.....	77
ferrous sulfate.....	78	fludrocortisone acetate.....	55	FOLIVANE-F.....	78
FERROUS SULFATE.....	78	FLUMADINE.....	47	FOLIVANE-OB.....	104
FETZIMA.....	22	fluocinolone acetonide.....	62	fondaparinux sodium.....	17
FETZIMA TITRATION PACK	22	fluocinolone acetonide		FORA LANCETS.....	85
FEXMID.....	108	(otic).....	114	FORFIVO XL.....	21
FIBRICOR.....	30	fluocinonide.....	63	FORMALDEHYDE.....	43
FIFTY50 PEN NEEDLES 31G		fluocinonide emulsified		formaldehyde.....	43
X3/16" (5MM).....	97	base.....	63	FORTEO.....	68
FIFTY50 PEN NEEDLES		FLUORABON.....	101	FORTESTA.....	10
31GX5MM.....	97	fluorometholone (ophth).....	111	FOSAMAX.....	68
FIFTY50 SAFETY SEAL		FLUOROPLEX.....	60	FOSAMAX PLUS D.....	68
LANCETS 30G.....	85	FLUOROURACIL.....	60	fosamprenavir calcium.....	44
FIFTY50 SAFETY SEAL		fluorouracil (topical).....	60	fosinopril sodium.....	31
LANCETS 32G.....	85	FLUOXETINE.....	117	fosinopril sodium &	
FIFTY50 UNILET LANCETS		FLUOXETINE DR.....	21	hydrochlorothiazide.....	33
33G.....	85	fluoxetine hcl.....	21	FOSRENOL.....	73
FINACEA.....	65	fluoxetine hcl (pmdd).....	117	FRAGMIN.....	17
finasteride.....	74	FLUOXETINE		FREDS PHARMACY UNIFINE	
FINE 30.....	85	HYDROCHLORIDE.....	21	PENTIPS PLUS 31GX5MM.....	97
FINGERSTIX LANCETS.....	85	fluphenazine hcl.....	43	FREDS PHARMACY UNILET	
FIORICET.....	6	FLUPHENAZINE HCL.....	43	LANCETS SUPER THIN	
FIORICET/CODEINE.....	8	FLURA-DROPS.....	101	30G.....	85
FIORINAL.....	6	flurandrenolide.....	63	FREDS PHARMACY UNILET	
FIORINAL/CODEINE #3.....	8	flurazepam hcl.....	79	LANCETS ULTRA THIN	
FIRAZYR.....	77	flurbiprofen.....	4	28G.....	85
FIRDAPSE.....	34	flurbiprofen sodium.....	112	FREESTYLE INSULINX	
FIRST-MOUTHWASH BLM	103	FLURBIPROFEN		BLOODGLUCOSE TEST.....	66
FIRST-OMEPRAZOLE.....	121	SODIUM.....	112	FREESTYLE INSULINX	
FLAGYL.....	10	flutamide.....	36	BLOODGLUCOSE TEST	
FLAREX.....	111	fluticasone propionate.....	63	STRIPS.....	66
flavoxate hcl.....	122	fluticasone propionate		FREESTYLE LANCETS.....	85
FLEBOGAMMA DIF.....	114	(nasal).....	109	FREESTYLE LITE TEST	
				STRIPS.....	66
				FREESTYLE TEST STRIPS.....	66

FREESTYLE UNISTICK II			
LANCETS	85		
FROVA	100		
frovatriptan succinate	100		
FULPHILA	77		
FURADANTIN	122		
furosemide	67		
FUROSEMIDE	67		
furosemide	67		
FUZEON	44		
FYCOMPA	17		
gabapentin	18		
GABITRIL	20		
GABLOFEN	108		
GALAFOLD	69		
galantamine hydrobromide	116		
GALANTAMINE HYDROBROMIDE	116		
galantamine hydrobromide	116		
GALZIN	102		
GAMASTAN	114		
GAMASTAN S/D	114		
GAMMAGARD LIQUID	114		
GAMMAPLEX	114		
GAMUNEX-C	114		
gatifloxacin (ophth)	110		
GATTEX	73		
GELFILM OP	112		
gemfibrozil	30		
GENERESS FE	53		
GENTAK	110		
gentamicin sulfate (ophth)	110		
gentamicin sulfate (topical)	59		
GENTEEL BUTTERFLY TOUCH LANCETS	85		
GENTLE-LET GP LANCETS	85		
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	85		
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	86		
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	86		
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	86		
GENVOYA	44		
GEODON	42		
GLAZO	72		
GILENYA	117		
GILOTRIF	37		
GILPHEX TR	55		
GILTUSS	55		
GILTUSS COUGH & COLD	55		
GILTUSS SINUS & CONGESTION	55		
GILTUSS TR	55		
glatiramer acetate	117		
GLEEVEC	37		
GLEOSTINE	35		
glimepiride	25		
glipizide	25		
glipizide-metformin hcl	23		
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	97		
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	97		
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	97		
GLOBAL INJECT EASE LANCETS 28G	86		
GLOBAL INJECT EASE LANCETS 30G	86		
GLUCAGEN DIAGNOSTIC	66		
GLUCAGEN HYPOKIT	24		
GLUCAGON EMERGENCY KIT	24		
GLUCOCOM LANCETS 28G	86		
GLUCOCOM LANCETS 30G	86		
GLUCOCOM LANCETS 33G	86		
GLUCOPHAGE	23		
GLUCOPHAGE XR	23		
GLUCOTROL	25		
GLUCOTROL XL	25		
GLUCOVANCE	23		
glyburide	26		
glyburide micronized	26		
glyburide-metformin	23		
GLYCATE	120		
glycopyrrolate	120		
GLYCOPYRROLATE	120		
GLYNASE	26		
GLYSET	22		
GLYXAMBI	23		
GNP LANCETS	86		
GNP LANCETS 21G	86		
GNP LANCETS MICRO THIN 33G	86		
GNP LANCETS SUPER THIN 30G	86		
GNP LANCETS THIN	86		
GNP LANCETS THIN 26G	86		
GNP MICRO THIN LANCETS 33G	86		
GNP SUPER THIN LANCETS/30G	86		
GOLYTELY	79		
GONITRO	12		
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	97		
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	86		
GOODSENSE LANCETS MICRO-THIN 33G	86		
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	86		
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	86		
GOODSENSE LANCETS ULTRA-THIN 30G	86		
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	86		
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	97		
GORDONS UREA	64		
GRALISE	117		
GRALISE STARTER	117		
granisetron hcl	26		
GRANIX	77		
GRIS-PEG	27		
griseofulvin microsize	27		
griseofulvin ultramicrosize	27		
guaifenesin-codeine	55		
guanfacine hcl	32		
guanfacine hcl (adhd)	2		
GUANIDINE HCL	35		
GYNAZOLE-1	123		
H-E-B IN CONTROL PEN NEEDLES 31GX5MM	97		

H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	97	HUMALOG MIX 50/50	24	hydrocortisone butyrate hydrophilic lipo base	63
H-E-B INCONTROL LANCETS MICRO THIN 33G	86	HUMALOG MIX 50/50 KWIKPEN	24	hydrocortisone valerate	63
H-E-B INCONTROL LANCETS SUPER THIN 30G	86	HUMALOG MIX 75/25	24	hydrocortisone w/acetic acid	114
H-E-B INCONTROL LANCETS ULTRA THIN 28G	86	HUMALOG MIX 75/25 KWIKPEN	24	hydromorphone hcl	7
HAEMOLANCE	86	HUMATE-P	75	hydroxychloroquine sulfate	34
HAEMOLANCE LOW FLOW LANCETS	86	HUMATROPE	69	hydroxyurea	39
HAEMOLANCE PLUS	86	HUMATROPE COMBO PACK	69	HYDROXYZINE HCL	12
HAEMOLANCE PLUS HIGH FLOW	86	HUMIRA	3	hydroxyzine hcl	12
HAEMOLANCE PLUS LOW FLOW	86	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	3	HYDROXYZINE HYDROCHLORIDE	12
HAEMOLANCE PLUS MAX FLOW	86	HUMIRA PEN	3	hydroxyzine pamoate	12
HAEMOLANCE PLUS PEDIATRIC FLOW	87	HUMIRA PEN-CD/UC/HS STARTER	3	hyoscyamine sulfate	120
HALCION	79	HUMIRA PEN-PS/UV STARTER	3	HYPER-SAL	56
halobetasol propionate	63	HUMULIN 70/30	25	HYPERSAL	56
haloperidol	42	HUMULIN 70/30 KWIKPEN	25	HYPODERMIC NEEDLE 30GX1/2"	97
haloperidol lactate	42	HUMULIN N	25	HYQVIA	114
HALOTIN	59	HUMULIN N KWIKPEN	25	HYZAAR	33
HARVONI	46	HUMULIN R	25	ibandronate sodium	68
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	97	HUMULIN R U-500 (CONCENTRATED)	25	IBRANCE	37
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	97	HUMULIN R U-500 KWIKPEN	25	ibuprofen	5
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	87	HY-VEE LANCETS	87	ICAR PEDIATRIC	78
HECTOROL	69	HY-VEE THIN LANCETS	87	icatibant acetate	77
HELIXATE FS	75	HYCAMTIN	40	ICLUSIG	38
HEMENATAL OB	104	hydralazine hcl	34	IDELVION	76
HEMENATAL OB + DHA	104	HYDREA	39	IDHIFA	38
HEMOFIL M	75	HYDRO 35	64	ILEVRO	112
heparin sodium (porcine)	17	hydrochlorothiazide	68	ILUMYA	60
HEPSERA	46	HYDROCODONE BITARTRATE/CHLORPHENIRAMINE MALEATE/PSE	55	imatinib mesylate	38
HETLIOZ	79	HYDROCODONE BITARTRATE/GUAIFENESIN	55	IMBRUVICA	38
HEXALEN	35	hydrocodone polistirex-chlorpheniramine polistirex	55	imipenem-cilastatin	11
HIPREX	122	hydrocodone w/homatropine	55	IMIPENEM/CILASTATIN	11
HISTEX-PE	55	hydrocodone-acetaminophen	8	imipramine hcl	22
homatropine hbr	110	hydrocodone-ibuprofen	8	imipramine pamoate	22
HORIZANT	118	hydrocortisone	54	imiquimod	64
HUMALOG	25	hydrocortisone (intrarectal)	10	IMITREX	100
HUMALOG JUNIOR KWIKPEN	24	hydrocortisone (rectal)	10	IMITREX STATDOSE REFILL	100
HUMALOG KWIKPEN	24	hydrocortisone (topical)	63	IMITREX STATDOSE SYSTEM	100
		hydrocortisone butyrate	63	IMODIUM A-D	26
				IMURAN	102
				IN TOUCH STERILE LANCETS30G	87
				INCRELEX	69
				INCRUSE ELLIPTA	14
				indapamide	68

INDERAL LA.....	48	isoxsuprine hcl.....	50	KEVEYIS.....	67
INDERAL XL.....	48	isradipine.....	49	KEVZARA.....	4
INDOCIN.....	5	ISTALOL.....	109	KHEDEZLA.....	22
indomethacin.....	5	ISTODAX (OVERFILL).....	38	KINNEY LANCETS.....	87
INFANATE BALANCE.....	104	itraconazole.....	28	KINNEY THIN LANCETS.....	87
INFLECTRA.....	72	ivermectin.....	10	KISQALI.....	38
INGREZZA.....	116	ivermectin (rosacea).....	65	KISQALI FEMARA 200	
INLYTA.....	38	IXINITY.....	76	DOSE.....	37
INNOPRAN XL.....	48	JADENU.....	26	KISQALI FEMARA 400	
INREBIC.....	38	JADENU SPRINKLE.....	26	DOSE.....	37
INSPRA.....	34	JAKAFI.....	38	KISQALI FEMARA 600	
INSULIN SYRINGES AND PEN		JALYN.....	74	DOSE.....	37
NEEDLES.....	97	JANUMET.....	23	KITABIS PAK.....	3
INSUPEN 31G X 5MM.....	97	JANUMET XR.....	23	KLARITY-A.....	110
INTEGRA F.....	78	JANUVIA.....	24	KLARON.....	58
INTELENCE.....	44	JARDIANCE.....	25	KLONOPIN.....	17
INTRON A.....	39	JENTADUETO.....	23	KLOR-CON M15.....	101
INTRON A W/DILUENT.....	39	JENTADUETO XR.....	23	KOATE.....	76
INTUNIV.....	2	JIVI.....	76	KOATE-DVI.....	76
INVANZ.....	11	JULUCA.....	44	KOGENATE FS.....	76
INVEGA.....	42	JUXTAPID.....	30	KOGENATE FS BIO-SET.....	76
INVIRASE.....	44	JYNARQUE.....	70	KOVALTRY.....	76
INVOKAMET.....	23	K-PHOS.....	101	KRINTAFEL.....	34
INVOKAMET XR.....	23	K-PHOS NEUTRAL.....	101	KROGER LANCETS.....	87
INVOKANA.....	25	K-PHOS NO 2.....	74	KROGER LANCETS 21G.....	87
iodoquinol-hydrocortisone in aloe		K-TAB.....	101	KROGER LANCETS MICRO	
vehicle.....	59	KADIAN.....	7	THIN33G.....	87
IOPIDINE.....	110	KALETRA.....	44	KROGER LANCETS SUPER	
ipratropium bromide.....	14	KALYDECO.....	118	THIN.....	87
ipratropium bromide (nasal).....	108	KAPVAY.....	2	KROGER LANCETS THIN.....	87
ipratropium-albuterol.....	15	KAZANO.....	23	KROGER LANCETS THIN	
IPRIVASK.....	17	KCENTRA.....	76	26G.....	87
irbesartan.....	31	KEFLEX.....	51	KROGER LANCETS	
irbesartan-hydrochlorothiazide		KENALOG.....	63	ULTRATHIN30G.....	87
.....	33	KEPPRA.....	18	KROGER PEN NEEDLES/31G	
IRESSA.....	38	KEPPRA XR.....	18	X3/16".....	97
ISENTRESS.....	44	ketoconazole.....	28	KUVAN.....	69
ISENTRESS HD.....	44	ketoconazole (topical).....	59	KYNAMRO.....	29
isoniazid.....	35	KETONE.....	66	labetalol hcl.....	48
ISOPTO ATROPINE.....	110	ketoprofen.....	5	LAC-HYDRIN.....	64
ISOPTO CARPINE.....	110	KETOPROFEN.....	5	LACRISERT.....	109
ISORDIL TITRADOSE.....	12	ketoprofen.....	5	lactic acid (ammonium	
ISOSORBIDE DINITRATE.....	12	ketorolac tromethamine.....	5	lactate).....	64
isosorbide dinitrate.....	12	ketorolac tromethamine		lactulose.....	79
ISOSORBIDE DINITRATE		(ophth).....	112	lactulose (encephalopathy).....	73
ER.....	12	KETOSTIX.....	66	LAMICTAL.....	18
isosorbide mononitrate.....	12			LAMICTAL CHEWABLE	
isotretinoin.....	58			DISPERSIBLE.....	18
				LAMICTAL ODT.....	18
				LAMICTAL STARTER/NOT	
				TAKING CARBAMAZEPINE.....	18

LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	18	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	97	levothyroxine sodium	119
LAMICTAL STARTER/TAKING VALPROATE	18	LEADER UNIFINE PENTIPS/MINI/31GX3/16"	97	LEVSIN	120
LAMICTAL XR	18	LEDIPASVIR/SOFOSBUVIR	46	LEVSIN/SL	120
LAMISIL	27	leflunomide	5	LEXAPRO	21
lamivudine	44	LENVIMA 10 MG DAILY DOSE	38	LEXIVA	44
lamivudine (hbv)	46	LENVIMA 14 MG DAILY DOSE	38	LIALDA	72
lamivudine-zidovudine	44	LENVIMA 18 MG DAILY DOSE	38	LIBERTY MEDICAL LANCETS 30G	88
lamotrigine	18	LENVIMA 20 MG DAILY DOSE	38	LIBRAX	120
LANCETS	87	LENVIMA 24 MG DAILY DOSE	38	lidocaine	65
LANCETS 26G TWIST TOP	87	LENVIMA 8 MG DAILY DOSE	38	lidocaine hcl	65
LANCETS 28G	87	LESCOL XL	30	LIDOCAINE HCL	103
LANCETS 30G	87	LETAIRIS	51	lidocaine hcl (mouth-throat)	103
LANCETS 30G TWIST TOP	87	letrozole	36	lidocaine-prilocaine	65
LANCETS 30G/TWIST TOP	87	leucovorin calcium	39	LIDODERM	65
LANCETS 31G TWIST TOP	87	LEUKERAN	35	LIFESCAN UNISTIK 2 DEEP PENETRATION	88
LANCETS 33G UNIVERSAL DESIGN	87	LEUKINE	78	LIFESCAN UNISTIK II LANCETS	88
LANCETS MICRO THIN 33G	87	leuprolide acetate	36	linezolid	12
LANCETS SAFETY SEAL 21G	87	levabuterol hcl	15	LINZESS	73
LANCETS SAFETY SEAL 26G	87	levabuterol tartrate	15	LIORESAL INTRATHECAL	108
LANCETS SAFETY SEAL 28G	87	LEVAQUIN	71	liothyronine sodium	119
LANCETS SAFETY SEAL 30G	87	LEVBID	120	LIPITOR	30
LANCETS SUPER THIN 28G	87	LEVEMIR	25	LIPOFEN	30
LANCETS THIN	87	LEVEMIR FLEXTOUCH	25	lisinopril	31
LANCETS TWIST TOP	87	levetiracetam	18	lisinopril & hydrochlorothiazide	33
LANCETS ULTRA FINE	87	levobunolol hcl	109	LITE TOUCH LANCETS	88
LANCETS ULTRA THIN	88	levocarnitine (metabolic modifiers)	69	LITETOUCH LANCETS MICRO THIN 33G	88
LANCETS ULTRA THIN 30G	87	levocetirizine dihydrochloride	28	LITETOUCH PEN NEEDLES/31G X 3/16"	97
LANCETSBULLSEYE SAFETY	88	levofloxacin	71	LITETOUCH PEN NEEDLES/31G X 5MM/MINI	97
LANOXIN	50	levofloxacin (ophth)	110	LITHIUM	42
lansoprazole	121	levonorgestrel & eth estradiol	53	lithium carbonate	41
lanthanum carbonate	73	levonorgestrel (emergency oc)	54	LITHOBID	42
LANTUS	25	levonorgestrel-eth estradiol (triphasic)	53	LITHOSTAT	74
LANTUS SOLOSTAR	25	levonorgestrel-ethinyl estradiol (91-day)	53	LIVALO	30
LASIX	67	levonorgestrel-ethinyl estradiol (continuous)	53	LIVE BETTER LANCET SUPERTHIN 30G	88
LASTACAPT	112	levorphanol tartrate	7	LIVE BETTER LANCET ULTRATHIN 28G	88
latanoprost	113	LEVORPHANOL TARTRATE	7	LO LOESTRIN FE	53
LATANOPROST	113			LOCOID	63
LATUDA	42			LOCOID LIPOCREAM	63
LAZANDA	7			LOCORT 11-DAY	54
				LOCORT 7-DAY	54
				LODINE	5

LODOSYN.....	40	LYSTEDA.....	78	MEDLANCE PLUS LITE	
LOESTRIN 1.5/30-21.....	53	M-NATAL PLUS.....	104	LANCETS 25G.....	88
LOESTRIN 1/20-21.....	53	M-VIT.....	104	MEDLANCE PLUS SPECIAL	
LOESTRIN FE 1.5/30.....	53	MACROBID.....	122	LANCETS 0.8MM.....	88
LOESTRIN FE 1/20.....	53	MACRODANTIN.....	122	MEDLANCE PLUS SUPERLITE	
LOKELMA.....	103	mafenide acetate.....	61	30G.....	88
LOMAIRA.....	2	MAGNEBIND 400.....	101	MEDLANCE PLUS SUPERLITE	
LOMOTIL.....	26	magnesium sulfate.....	101	30G/COMFORT MAX.....	88
LONGS LANCETS		MAGNESIUM SULFATE.....	101	MEDLANCE PLUS UNIVERSAL	
STANDARD.....	88	MALARONE.....	34	LANCETS 21G.....	88
LONGS LANCETS THIN.....	88	malathion.....	66	MEDLANCE PLUS/LITE	
LONGS LANCETS ULTRA		maprotiline hcl.....	21	25G.....	88
THIN.....	88	MARATHON MEDICAL		MEDLANCE/EXTRA.....	88
LONSURF.....	37	PENTIPS31GX5MM.....	97	MEDLANCE/LITE.....	88
loperamide hcl.....	26	MARINOL.....	27	MEDLANCE/UNIVERSAL.....	88
LOPID.....	30	MARNATAL-F.....	104	MEDROL.....	54
lopinavir-ritonavir.....	44	MARPLAN.....	21	MEDROL DOSEPAK.....	54
LOPRESSOR.....	48	MATULANE.....	39	MEDROX-RX.....	65
LOPRESSOR HCT.....	33	MAVENCLAD.....	117	medroxyprogesterone	
LOPROX.....	59	MAVYRET.....	46	acetate.....	115
LOPROX SHAMPOO.....	59	MAXALT.....	100	mefenamic acid.....	5
lorazepam.....	13	MAXALT-MLT.....	100	MEFLOQUINE HCL.....	34
LORBRENA.....	38	MAXIDEX.....	111	MEGACE ES.....	115
LORTAB.....	8	MAXITROL.....	111	megestrol acetate.....	36
LORZONE.....	108	MAXZIDE.....	67	megestrol acetate	
losartan potassium.....	31	MAXZIDE-25.....	67	(appetite).....	115
losartan potassium &		meclofenamate sodium.....	5	MEIJER COLOR LANCETS	
hydrochlorothiazide.....	33	MEDICHOICE PRE-SET		UNIVERSAL 33G.....	89
LOSEASONIQUE.....	53	SAFETY LANCET DUAL		MEIJER LANCETS.....	89
LOTEMAX.....	111	USE.....	88	MEIJER LANCETS THIN.....	89
LOTENSIN.....	31	MEDICHOICE PRE-SET		MEIJER LANCETS	
LOTENSIN HCT.....	33	SAFETY LANCET LOW		UNIVERSAL21G.....	89
loteprednol etabonate.....	111	FLOW.....	88	MEIJER LANCETS	
LOTREL.....	33	MEDICHOICE PRE-SET		UNIVERSAL30G.....	89
LOTRISONE.....	59	SAFETY LANCET MEDIUM		MEIJER LANCETS	
LOTRONEX.....	73	FLOW.....	88	UNIVERSAL33G.....	89
lovastatin.....	30	MEDICHOICE PRE-SET		MEIJER SUPER THIN	
LOVAZA.....	29	SAFETY LANCET MODERATE		LANCETS.....	89
LOVENOX.....	17	FLOW.....	88	MEKINIST.....	38
loxapine succinate.....	42	MEDICHOICE SAFETY		MEKTOVI.....	38
LUCEMYRA.....	116	LANCETEXTRA.....	88	meloxicam.....	5
LUMIGAN.....	113	MEDICHOICE SAFETY		melphalan.....	35
LUNESTA.....	79	LANCETNORMAL.....	88	melphalan hcl.....	35
LUXIQ.....	63	MEDISENSE THIN		memantine hcl.....	116
LYNPARZA.....	38	LANCETS.....	88	MENEST.....	71
LYRICA.....	18	MEDLANCE PLUS EXTRA		MENOSTAR.....	71
LYSODREN.....	36	LANCETS 21G.....	88	meperidine hcl.....	7
		MEDLANCE PLUS		MEPERIDINE HCL.....	7
		LANCETS.....	88	meperidine hcl.....	7
		MEDLANCE PLUS LANCETS		MEPERIDINE	
		LITE 25G.....	88	HCL/PROMETHAZINE HCL.....	8
				MEPHYTON.....	124

meprobamate	12	METOPROLOL SUCCINATE		mitoxantrone hcl	37
MEPRON	11	ER/HYDROCHLOROTHIAZIDE	33	MM PEN NEEDLES 31G X	
mercaptapurine	36	metoprolol tartrate	48	3/16"	98
meropenem	11	METOPROLOL/HYDROCHLO		MM TWIST LANCETS	89
MERREM	11	ROTHIAZIDE	33	MOBIC	5
mesalamine	72	METROCREAM	65	modafinil	3
MESNEX	39	METROGEL	65	MODERIBA	46
MESTINON	35	METROGEL-VAGINAL	123	MODERIBA 1200 DOSE	
MESTINON TIMESPAN	35	METROLOTION	65	PACK	46
metaproterenol sulfate	15	metronidazole	11	MODERIBA 800 DOSE	
metaxalone	108	metronidazole (topical)	65,66	PACK	46
metformin hcl	24	metronidazole vaginal	123	moexipril hcl	31
METFORMIN		mexiletine hcl	13	moexipril-hydrochlorothiazide	33
HYDROCHLORIDE	24	MIACALCIN	68	MOLINDONE	
methadone hcl	7	MICARDIS	31	HYDROCHLORIDE	43
methamphetamine hcl	1	MICARDIS HCT	33	mometasone furoate	63
methazolamide	67	miconazole nitrate		mometasone furoate	
methenamine hippurate	122	vaginal	123	(nasal)	109
methenamine mandelate	122	MICROLET LANCETS	89	MONOCLATE-P	76
methimazole	119	MICROTAINER SAFETY		MONODOX	119
METHITEST	10	FLOW		MONOLET LANCETS	89
methocarbamol	108	LANCET/STERILE/SINGLE-		MONOLET OPD LANCETS	89
METHOTREXATE	4	USE	89	MONOLETTOR SAFETY	
methotrexate sodium	36	MICROZIDE	68	LANCETS	89
METHOTREXATE SODIUM	36	midazolam hcl	79	MONONINE	76
methotrexate sodium	36	midodrine hcl	124	montelukast sodium	14
methoxsalen rapid	60	MIGERGOT	99	MONUROL	122
methscopolamine bromide	120	miglitol	22	morphine sulfate	7
methyclothiazide	68	miglustat	77	MORPHINE SULFATE	7
methyl dopa	32	MIGRANAL	100	morphine sulfate	7
methyl dopa &		MILLIPRED	54	MORPHINE SULFATE	7
hydrochlorothiazide	33	MILLIPRED DP	54	morphine sulfate	7
methylergonovine maleate	114	MINASTRIN 24 FE	53	MORPHINE SULFATE ER	7
METHYLIN	2	MINIPRESS	32	MOVANTIK	73
methylphenidate hcl	2,3	MINIVELLE	71	MOVIPREP	79
methylprednisolone	54	MINOCIN	119	MOXATAG	114
methyltestosterone	10	minocycline hcl	119	MOXEZA	110
METHYLTESTOSTERONE	10	minoxidil	34	moxifloxacin hcl	72
METIPRANOLOL	109	MIRALAX	79	moxifloxacin hcl (ophth)	110
metoclopramide hcl	72	MIRAPEX	40	MPD SAFETY LANCET	
METOCLOPRAMIDE ODT	72	MIRAPEX ER	40	21G/1.8MM	89
metolazone	68	MIRCERA	78	MPD SAFETY LANCET	
METOPIRONE	66	MIRCETTE	53	28G/1.8MM	89
metoprolol &		mirtazapine	20	MPD SAFETY LANCET	
hydrochlorothiazide	33	MIRVASO	66	30G/1.8MM	89
metoprolol succinate	48	misoprostol	121	MPD SAFETY LANCETS	
		MITIGARE	75	23G/1.8MM	89
				MS CONTIN	7
				MUCOTROL	103
				MULPLETA	78

MULTAQ	13	NASACORT ALLERGY 24HR	109	NEXA PLUS	105
MULTIVITAMIN WITH FLUORIDE	103	NASACORT ALLERGY 24HR CHILDRENS	109	NEXAVAR	38
MULTIVITAMIN/FLUORIDE	103	NASONEX	109	NEXIUM	121
mupirocin	59	NATACHEW	104	niacin (antihyperlipidemic)	30
mupirocin calcium (topical)	59	NATACYN	110	NIACOR	30
MYALEPT	69	NATAZIA	53	NIASPAN	30
MYAMBUTOL	35	nateglinide	25	nicardipine hcl	49
MYCOBUTIN	35	NATELLE ONE	104	NICODERM CQ	118
mycophenolate mofetil	102	NATPARA	68	NICORETTE	118
mycophenolate sodium	102	NATROBA	66	NICORETTE MINI	118
MYDRIACYL	110	NATURE-THROID	119	NICORETTE STARTER KIT	118
MYFORTIC	102	NATURE-THROID NT- 2.5	119	nicotine	118
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	89	NEBUPENT	11	nicotine polacrilex	118
MYLERAN	35	NEBUSAL	56	NICOTINE TRANSDERMAL SYSTEM	118
MYNATAL ADVANCE	104	NEEVO DHA	104	NICOTROL INHALER	118
MYNATAL ULTRACAPLET	104	nefazodone hcl	21	NICOTROL NS	118
MYRBETRIQ	122	NEFAZODONE HYDROCHLORIDE	21	nifedipine	49
MYSOLINE	18	neomycin sulfate	3	NILANDRON	36
MYTESI	26	neomycin-bacitracin zn- polymyxin	110	nilutamide	36
nabumetone	5	neomycin-polymy- dexameth	111	nimodipine	49
nadolol	48	neomycin-polymyxin-hc (ophth)	111	NINLARO	38
NADOLOL/BENDROFLUMETHIA ZIDE	33	neomycin-polymyxin-hc (otic)	113	nisoldipine	49
NAFCILLIN	115	NEOMYCIN/POLYMYXIN/GRA MICIDIN	110	NISOLDIPINE ER	49
nafcillin sodium	115	NEONATAL COMPLETE	104	nitisinone	69
NAFCILLIN SODIUM	115	NEONATAL PLUS	105	NITRO-BID	12
naftifine hcl	59	NEORAL	102	NITRO-DUR	12
NAFTIN	59	NEOSPORIN	110	nitrofurantoin	122
NALFON	5	NEOTUSS PLUS	55	nitrofurantoin macrocrystal	122
NALOCET	8	NEPTAZANE	67	nitrofurantoin monohyd macro	122
naloxone hcl	26	NERLYNX	38	nitroglycerin	12
naltrexone hcl	26	NESINA	24	NITROLINGUAL PUMPSPRAY	12
NAMENDA	116	NESTABS	105	NITROMIST	12
NAMENDA TITRATION PAK	116	NESTABS ABC	105	NITROSTAT	12
NAMENDA XR	116	NESTABS DHA	105	NITYR	69
NAMENDA XR TITRATION PACK	116	NESTABS ONE	105	NIVA-PLUS	105
NAMZARIC	116	NETGROUP LANCETS	89	NIVESTYM	78
NAPROSYN	5	NEUPRO	40	nizatidine	120
naproxen	5	NEURONTIN	18	NIZATIDINE	120
naproxen sodium	5	NEVANAC	113	NIZORAL	59
naratriptan hcl	100	nevirapine	44	NOCTIVA	70
NARCAN	26	NEVIRAPINE ER	44	nonoxynol-9	122
NARDIL	21			NORCO	8
				NORDITROPIN FLEXPRO	69
				norethin acet & estrad-fe	53

norethindrone & eth estradiol	53	nystatin (mouth-throat)	103	ondansetron	26
norethindrone & ethinyl estradiol-fe	53	nystatin (topical)	59	ondansetron hcl	26
norethindrone & mestranol	53	nystatin-triamcinolone	59	ONETOUCH CLUB LANCETS FINE POINT	89
norethindrone (contraceptive)	54	O-CAL FA	105	ONETOUCH COMBO PACK	89
norethindrone acet & eth estra	53	OB COMPLETE ADVANCED	105	ONETOUCH DELICA LANCETS EXTRA FINE 33G	89
norethindrone acetate	115	OB COMPLETE ONE	105	ONETOUCH DELICA LANCETS FINE 30G	89
norethindrone acetate-ethinyl estradiol	71	OB COMPLETE PETITE	105	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	89
norethindrone acetate-ethinyl estradiol-fe	53	OB COMPLETE PREMIER	105	ONETOUCH DELICA PLUS LANCETS FINE 30G	89
norethindrone-eth estradiol (triphasic)	53	OB COMPLETE/DHA	105	ONETOUCH FINEPOINT LANCETS	89
norgestimate-ethinyl estradiol	53	OBIZUR	76	ONETOUCH ULTRA 2	90
norgestimate-ethinyl estradiol (triphasic)	53	OBREDON	55	ONETOUCH ULTRA BLUE	66
norgestrel & ethinyl estradiol	53	OBSTETRIX ONE	105	ONETOUCH ULTRASOFT LANCETS	90
NORITATE	66	OCALIVA	72	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM	90
NORPACE	13	OCTAGAM	114	ONETOUCH VERIO TEST STRIPS	66
NORPACE CR	13	OCTREOTIDE ACETATE	70	ONFI	17
NORPRAMIN	22	octreotide acetate	70	ONMEL	28
NORTHERA	124	OCUFLOX	110	OPANA	7
nortriptyline hcl	22	ODEFSEY	45	OPANA ER (CRUSH RESISTANT)	7
NORVASC	49	ODOMZO	36	opium tincture	26
NORVIR	45	OFEV	118	OPSUMIT	51
NOVA SAFETY LANCETS 23G	89	OFLOXACIN	72	OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE	123
NOVA SAFETY LANCETS 28G	89	ofloxacin	72	OPTIONS GYNOL II VAGINAL CONTRACEPTIVE	123
NOVA SUREFLEX LANCETS	89	ofloxacin (ophth)	110	ORACEA	66
NOVOEIGHT	76	ofloxacin (otic)	113	ORACIT	74
NOVOPEN ECHO	98	olanzapine	42	ORAL SALINE LAXATIVE	80
NOVOSEVEN RT	76	olanzapine-fluoxetine hcl	116	ORAP	117
NOXAFIL	28	olmesartan medoxomil	31	ORAPRED ODT	54
NUCORT	63	olmesartan medoxomil-amlodipine-hydrochlorothiazide	33	ORAVIG	103
NUCYNTA	7	olmesartan medoxomil-hydrochlorothiazide	33	ORENCIA	5
NUCYNTA ER	7	olopatadine hcl	113	ORENCIA CLICKJECT	5
NUEDEXTA	117	olopatadine hcl (nasal)	108	ORENITRAM	50
NULYTELY/FLAVOR PACKS	79	OLUX	63	ORFADIN	69
NUMBONEX	65	OLUX-E	63	ORKAMBI	118
NUPLAZID	42	OLYSIO	46	orphenadrine citrate	108
NUVARING	54	OMECLAMOX-PAK	121	ORTHO MICRONOR	54
NUVIGIL	3	omega-3-acid ethyl esters	29	ORTHO TRI-CYCLEN	53
NUWIQ	76	omeprazole	121		
NYMALIZE	49	OMEPRAZOLE + SYRSPEND SFALKA	121		
nystatin	27	OMNIFLEX DIAPHRAGM	81		
		OMNIPRED	112		
		ON CALL LANCETS	89		
		ON CALL PLUS LANCETS	89		

ORTHO TRI-CYCLEN LO ...	53	pantoprazole sodium	121	PENNSAID	59
ORTHO-CYCLEN	53	PAREGORIC	26	PENTASA	72
ORTHO-NOVUM 1/35	53	PAREMYD	113	pentazocine w/ naloxone	9
ORTHO-NOVUM 7/7/7	53	paricalcitol	70	PENTIPS 31G X 5MM	98
oseltamivir phosphate	47	PARLODEL	40	PENTIPS 31GX5MM	98
OSENI	23	PARNATE	21	pentoxifylline	77
OSMOPREP	80	paromomycin sulfate	3	PEPCID	120
OSPHENA	69	paroxetine hcl	21	PEPCID AC MAXIMUM STRENGTH	120
OTEZLA	5	PASER	35	PERCOCET	9
OTICIN HC NR	113	PATADAY	113	PERFECT LANCETS 30G ...	90
OTOVEL	113	PATANASE	108	PERFECT PRESSURE ACTIVATED SAFETY LANCETS	
OTREXUP	4	PATANOL	113	28G	90
OVACE PLUS	61	PAXIL	21	PERIDEX	103
OVACE PLUS WASH	61	PAXIL CR	21	perindopril erbumine	31
OVACE WASH	61	PC LANCETS SUPER THIN 30G	90	permethrin	66
OVIDE	66	PC UNIFINE PENTIPS 31G X5MM MINI	98	perphenazine	43
oxacillin sodium	115	PCE	81	perphenazine-amitriptyline	116
OXANDRIN	9	ped multivitamins w/fl & iron	104	PERSERIS	42
oxandrolone	9	PEDIAPRED	54	PERTZYE	67
oxaprozin	5	pediatric multivitamins w/fl	103	PFIZERPEN	115
OXAYDO	7	pediatric vitamins acd fluoride & iron	104	PHARMACIST CHOICE ULTRA THIN LANCETS	90
OXAZEPAM	13	pediatric vitamins acd w/ fluoride	103	PHARMACIST CHOICE ULTRA THIN LANCETS 28G	90
oxazepam	13	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	79	PHARMACIST CHOICE ULTRA THIN LANCETS 30G	90
OXAZEPAM	13	peg 3350-potassium chloride- sod bicarbonate-sod chloride	79	PHARMACIST CHOICE ULTRA THIN LANCETS 31G	90
oxcarbazepine	19	PEGANONE	20	PHARMACIST CHOICE ULTRA THIN LANCETS 33G	90
OXERVATE	111	PEGASYS	46	PHARMACY COUNTER LANCETS	90
oxiconazole nitrate	60	PEGASYS PROCLICK	46	phenelzine sulfate	21
OXISTAT	60	PEGINTRON	46	PHENERGAN	28
OXSORALEN ULTRA	60	PEN NEEDLES 31G X 3/16"	98	phenobarbital	78
OXTELLAR XR	19	PEN NEEDLES 31G X 5MM	98	phenoxybenzamine hcl	31
oxybutynin chloride	122	penicillamine	102	phentermine hcl	2
oxycodone hcl	7	penicillin g potassium	114	PHENTERMINE HYDROCHLORIDE	2
oxycodone w/ acetaminophen	8	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	114	phenylephrine hcl (mydriatic)	110
OXYCODONE/ACETAMINOPHE N	8	PENICILLIN G PROCAINE	114	phenylephrine w/ dm-gg	56
OXYCODONE/IBUPROFEN ..	8	PENICILLIN G SODIUM ..	114	PHENYTEK	20
oxymorphone hcl	7	PENICILLIN V POTASSIUM	115	phenytoin	20
OXYMORPHONE HYDROCHLORIDE ER	7	penicillin v potassium	115	phenytoin sodium extended	20
OXYMORPHONE HYDROCHLORIDEER	7			PHOSLYRA	73
OZEMPIC	24			PHOSPHOLINE IODIDE ...	110
paliperidone	42			phytonadione	124
PALYNZIQ	69			PICATO	60
PAMELOR	22				
PANCREAZE	67				
PANRETIN	60				

PIFELTRO.....	45	POMALYST.....	37	PRECISION ULTRA	
pilocarpine hcl.....	110	PONSTEL.....	5	LANCET.....	90
pilocarpine hcl (oral).....	103	posaconazole.....	28	PRECISION XTRA BLOOD	
pimecrolimus.....	64	pot & sod citrates w/citric		GLUCOSE TEST STRIPS.....	66
PIMOZIDE.....	117	ac.....	74	PRECOSE.....	23
pindolol.....	48	pot phosphate monobasic w/		PRED FORTE.....	112
pioglitazone hcl.....	24	sod phosphate dibasic &		PRED MILD.....	112
pioglitazone hcl-glimepiride.....	23	monobasic.....	101	PRED-G.....	112
pioglitazone hcl-metformin		POTABA.....	124	PRED-G S.O.P.....	112
hcl.....	23	potassium bicarb &		prednicarbate.....	63
PIP LANCETS/28G.....	90	chloride.....	101	PREDNICARBATE.....	63
PIP LANCETS/30G.....	90	potassium bicarbonate.....	101	prednisolone.....	54
piperacillin sodium-tazobactam		potassium chloride.....	101	prednisolone acetate	
sodium.....	115	POTASSIUM CHLORIDE.....	102	(ophth).....	112
PIQRAY 200MG DAILY		POTASSIUM CHLORIDE		PREDNISOLONE SODIUM	
DOSE.....	38	ER.....	101	PHOSPHATE.....	54
PIQRAY 250MG DAILY		potassium chloride in dextrose		prednisolone sodium	
DOSE.....	38	& sodium chloride.....	101	phosphate.....	54
PIQRAY 300MG DAILY		potassium chloride		PREDNISOLONE SODIUM	
DOSE.....	38	microencapsulated crystals		PHOSPHATE.....	112
piroxicam.....	5	er.....	101	PREDNISOLONE SODIUM	
PLAN B ONE-STEP.....	54	POTASSIUM		PHOSPHATE/MOXIFLOXACIN	
PLAQUENIL.....	34	CHLORIDE/DEXTROSE/SODI		IN.....	112
PLAVIX.....	77	UM CHLORIDE.....	101	prednisone.....	55
PLEGRIDY.....	117	potassium citrate		PREDNISONE INTENSOL.....	55
PLEGRIDY STARTER		(alkalinizer).....	74	PREFERA OB.....	105
PACK.....	117	potassium citrate-citric acid	74	PREFERA OB +DHA.....	105
PLENVU.....	79	POVIDONE IODINE.....	111	PREFERRED PLUS LANCETS	
PLEXION.....	58	PR NATAL 400 EC.....	105	COLORED 21G.....	90
PLEXION CLEANSER.....	58	PR NATAL 430.....	105	PREFERRED PLUS LANCETS	
PNV FOLIC ACID + IRON		PR NATAL 430 EC.....	105	SUPER THIN 30G.....	90
MULTIVITAMIN.....	105	PRADAXA.....	17	PREFERRED PLUS LANCETS	
PNV OB+DHA.....	105	PRALUENT.....	30	THIN 26G.....	90
PNV PRENATAL PLUS		pramipexole		PREFERRED PLUS UNIFINE	
MULTIVITAMIN.....	105	dihydrochloride.....	41	PENTIPS/MINI/31GX5MM.....	98
PNV TABS 29-1.....	105	PRAMOSONE.....	63	PREFEST.....	71
PNV-DHA+DOCUSATE.....	105	PRAMOSONE E.....	63	pregabalin.....	19
PNV-OMEGA.....	105	PRAMOTIC.....	113	PREMARIN.....	71,123
PNV-SELECT.....	105	pramoxine-hc-chloroxylenol		PREMIUM SCAR PATCH.....	65
PNV-TOTAL.....	105	.....	113	PREMPHASE.....	71
PODOCON 25 IN BENZOIN		PRANDIN.....	25	PREMPRO.....	71
TINCTURE.....	65	prasugrel hcl.....	77	PRENA 1 TRUE.....	105
podofilox.....	65	PRAVACHOL.....	30	PRENA1 CHEW.....	105
POLY HUB NEEDLE/30G X		pravastatin sodium.....	30	PRENA1 PEARL.....	105
1/2".....	98	praziquantel.....	10	PRENAISSANCE.....	105
POLY-VI-FLOR.....	103	prazosin hcl.....	32	PRENAISSANCE	
POLY-VI-FLOR/IRON.....	104	PRECISION THIN		BALANCE.....	105
polyethylene glycol 3350.....	80	LANCETS.....	90	PRENAISSANCE HARMONY	
polymyxin b-trimethoprim.....	110	PRECISION THINS GP		DHA.....	105
POLYTRIM.....	110	LANCET.....	90	PRENAISSANCE NEXT.....	105

PRENAISSANCE NEXT-B	105	PRIVIGEN	114	propranolol & hydrochlorothiazide	33
PRENAISSANCE PLUS	105	PRO COMFORT LANCETS 30G	90	propranolol hcl	48
PRENATA	105	PRO COMFORT LANCETS 31G	90	propylthiouracil	119
PRENATABS RX	105	PRO-RED AC	56	PROSCAR	74
PRENATAL	105	PROAIR HFA	15	PROSTIN E2	114
PRENATAL + DHA	105	PROAIR RESPICLICK	16	PROTONIX	121
PRENATAL 19	105	probenecid	75	PROTOPIC	65
PRENATAL PLUS	105	PROBUPHINE IMPLANT KIT	9	protriptyline hcl	22
PRENATAL PLUS IRON	105	PROCARDIA	49	PROVENTIL HFA	16
prenatal vit w/ docusate-fe fumarate-folic acid	106	PROCARDIA XL	49	PROVERA	115
prenatal vit w/ docusate-iron carbonyl-folic acid	106	PROCENTRA	1	PROVIDA DHA	106
prenatal vit w/ ferrous fumarate- folic acid	106	prochlorperazine	43	PROVIGIL	3
PRENATAL VITAMINS PLUS LOW IRON	106	prochlorperazine maleate	43	PROZAC	21
prenatal without a w/ fe fumarate- l methylfolate-fa-dha	106	PROCTOFOAM HC	10	PRUDOXIN	60
PRENATAL-U	106	PROCYSBI	74	pseudoephed-bromphen-dm	56
PRENATE	106	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	90	pseudoephed-cpm w/ hydrocod	56
PRENATE DHA	106	PRODIGY SAFETY LANCETS	90	pseudoephedrine w/ codeine- gg	56
PRENATE ELITE	106	PRODIGY TWIST TOP LANCETS	90	PSS SELECT GP LANCETS	90
PRENATE ENHANCE	106	PROFILNINE	76	PSS SELECT SAFETY LANCETS	90
PRENATE ESSENTIAL	106	PROFILNINE SD	76	PULMICORT	15
PRENATE MINI	106	progesterone	115	PULMICORT FLEXHALER	15
PRENATE PIXIE	106	PROGESTERONE CONCENTRATE	52	PULMOZYME	118
PRENATE RESTORE	106	progesterone micronized	115	PURIXAN	36
PREPIDIL	114	PROGLYCEM	24	PUSH BUTTON SAFETY LANCETS 21G	90
PREPLUS	106	PROGRAF	102	PUSH BUTTON SAFETY LANCETS 28G	90
PREPOPIK	79	PROLENSA	113	PX LANCETS ULTRA THIN	91
PRESSURE ACTIVATED SAFETYLANCET 21G	90	PROLIA	68	PX LANCETS ULTRA THIN 28G	90
PREVACID	121	PROMACTA	78	PX MINI PEN NEEDLES 31GX5MM	98
PREVACID 24HR	121	promethazine & phenylephrine	56	PYLERA	122
PREVACID SOLUTAB	121	promethazine hcl	28,29	pyrazinamide	35
PREVPAC	121	promethazine w/codeine	56	pyridostigmine bromide	35
PREZCOBIX	45	promethazine-phenylephrine- codeine	56	QBRELIS	31
PREZISTA	45	PROMETHAZINE/DEXTROME THORPHAN	56	QC LANCETS SUPER THIN	91
PRIFTIN	35	PROMETHAZINE/PHENYLEP HRINE	56	QC LANCETS ULTRA THIN	91
PRILOSEC	121	PROMETHAZINE/PHENYLEP HRINE/CODEINE	56	QC UNILET LANCETS 28G/ULTRA THIN	91
primaquine phosphate	34	PROMETRIUM	115	QC UNILET LANCETS 33G/MICRO THIN	91
PRIMAQUINE PHOSPHATE	34	propafenone hcl	13	QSYMIA	2
PRIMAXIN IV	11	propantheline bromide	120	QUALAQUIN	34
primidone	19	proparacaine hcl	111	QUARTETTE	53
PRIMLEV	9			quazepam	79
PRIMSOL	11				
PRINIVIL	31				
PRISTIQ	22				

QUDEXY XR.....	19	READYLANCE SAFETY LANCETS/28G/1.8MM.....	91	REPATHA.....	30
QUESTRAN.....	29	READYLANCE SAFETY LANCETS/30G/1.6MM.....	91	REPATHA PUSHTRONEX SYSTEM.....	30
QUESTRAN LIGHT.....	29	REALITY LANCETS.....	91	REPATHA SURECLICK.....	30
quetiapine fumarate.....	42,43	REALITY TRIGGER LANCETS.....	91	REQUIP.....	41
QUFLORA FE PEDIATRIC.....	104	REBETOL.....	46	REQUIP XL.....	41
QUFLORA GUMMIES.....	103	REBIF.....	117	RESCRIPTOR.....	45
QUFLORA PEDIATRIC.....	103	REBIF REBIDOSE.....	117	RESTASIS.....	111
QUILLIVANT XR.....	3	REBIF REBIDOSE TITRATIONPACK.....	117	RESTASIS MULTIDOSE.....	111
quinapril hcl.....	31	REBIF TITRATION PACK.....	117	RESTORIL.....	79
quinapril-hydrochlorothiazide.....	33	RECOMBINATE.....	76	RETACRIT.....	78
quinidine gluconate.....	13	RECTIV.....	10	RETIN-A.....	58
QUINIDINE SULFATE.....	13	REGIMEX.....	2	RETIN-A MICRO.....	58
quinine sulfate.....	34	REGLAN.....	72	RETIN-A MICRO PUMP.....	58
QVAR.....	15	REGRANEX.....	66	RETROVIR.....	45
QVAR REDIHALER.....	15	RELENZA DISKHALER.....	47	REVATIO.....	51
R-NATAL OB.....	106	RELION INSULIN SYRINGE 0.5ML/31G X 15/64".....	98	REVLIMID.....	102
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G.....	91	RELION INSULIN SYRINGE 1ML/31GX15/64".....	98	REXALL LANCETS ULTRA THIN.....	91
RA E-ZJECT LANCETS 28G.....	91	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64".....	98	REXULTI.....	43
RA E-ZJECT LANCETS THIN 26G.....	91	RELION KETONE.....	66	REYATAZ.....	45
RA E-ZJECT LANCETS THIN 28G.....	91	RELION LANCETS MICRO-THIN33G.....	91	RHOFADE.....	66
RA E-ZJECT LANCETS ULTRATHIN 30G.....	91	RELION LANCETS STANDARD 21G.....	91	RIAX.....	58
RA PEN NEEDLES 31G X 5MM3/16".....	98	RELION LANCETS THIN 26G.....	91	RIBASPHERE RIBAPAK.....	46
rabeprazole sodium.....	121	RELION LANCETS ULTRA-THIN30G.....	91	ribavirin.....	48
RABEPRAZOLE SODIUM DR SPRINKLE.....	121	RELION ULTRA THIN LANCETS/30G.....	91	ribavirin (hepatitis c).....	46
raloxifene hcl.....	69	RELION ULTRA THIN LANCETS30G.....	91	RIDAURA.....	4
ramelteon.....	79	RELION ULTRA THIN PLUS LANCETS 32G.....	91	rifabutin.....	35
ramipril.....	31	RELION ULTRA THIN PLUS LANCETS 33G.....	91	RIFADIN.....	35
RANEXA.....	12	RELISTOR.....	73	RIFAMATE.....	35
ranitidine hcl.....	121	RELNATE DHA.....	106	rifampin.....	35
ranolazine.....	12	RELPAK.....	100	RIFATER.....	35
RAPAFLO.....	74	REMERON.....	20	RIGHTEST GL300 LANCETS.....	91
RAPAMUNE.....	102	REMERON SOLTAB.....	20	RILUTEK.....	109
rasagiline mesylate.....	41	REMICADE.....	72	riluzole.....	109
RASUVO.....	4	RENAGEL.....	73	rimantadine hydrochloride.....	47
RAVICTI.....	70	REVELA.....	73	RINVOQ.....	4
RAZADYNE.....	116	repaglinide.....	25	RIOMET.....	24
RAZADYNE ER.....	116	REPAGLINIDE/METFORMIN HYDROCHLORIDE.....	23	risedronate sodium.....	68
READYLANCE SAFETY LANCETS/21G/2.2MM.....	91			RISPERDAL.....	42
READYLANCE SAFETY LANCETS/23G/1.8MM.....	91			RISPERDAL M-TAB.....	42
READYLANCE SAFETY LANCETS/26G/1.8MM.....	91			risperidone.....	42
				RISPERIDONE ODT.....	42
				RITALIN.....	3
				RITALIN LA.....	3
				ritonavir.....	45

rivastigmine.....	116	SALAGEN.....	103	SHOPKO UNIFINE PENTIPS	
rivastigmine tartrate.....	116	SALEX.....	65	PEN NEEDLES/MINI/31GX5MM	98
RIXUBIS.....	76	salicylic acid.....	65	.....	98
rizatriptan benzoate.....	100	SALICYLIC ACID.....	65	SHOPKO UNIFINE PENTIPS	
ROBAXIN.....	108	salsalate.....	6	PLUS PEN	
ROBAXIN-750.....	108	SANCUSO.....	27	NEEDLES/MINI/REMOVER/31G	
ROBINUL.....	120	SANDIMMUNE.....	102	X5MM.....	98
ROBINUL FORTE.....	120	SANDOSTATIN.....	70	SHOPKO UNILET LANCETS	
ROCALTROL.....	70	SANTYL.....	64	SUPER THIN 30G.....	92
ROMIDEPSIN.....	38	SAPHRIS.....	43	SHOPKO UNILET LANCETS	
ropinirole hydrochloride.....	41	SAPS HEALTH CARE TWIST		ULTRA THIN 28G.....	92
rosuvastatin calcium.....	30	TOP LANCETS.....	92	SHUR-SEAL.....	123
ROXICODONE.....	7,8	SAPS HEALTH TWIST TOP		SIDE BUTTON SAFETY	
ROZEREM.....	79	LANCETS 30G.....	92	LANCET21G.....	92
ROZLYTREK.....	38	SAPSCARE TWIST TOP		SIGNIFOR.....	70
RUBRACA.....	38	LANCETS 30G.....	92	SIKLOS.....	77
RUZURGI.....	35	SARAFEM.....	117	sildenafil citrate.....	50
RYCLORA.....	28	SAVAYSA.....	16	sildenafil citrate (pulmonary	
RYDAPT.....	38	SAVELLA.....	116	hypertension).....	51
RYTARY.....	41	SAVELLA TITRATION		SILIQ.....	60
RYTHMOL SR.....	13	PACK.....	116	silodosin.....	74
RYVENT.....	28	SAXENDA.....	2	SILVADENE.....	61
SABRIL.....	20	SB LANCETS THIN.....	92	silver sulfadiazine.....	61
SAFE-T-LANCE LOW FLOW		SB LANCETS ULTRA		SIMBRINZA.....	110
25G.....	91	THIN.....	92	SIMPONI.....	3
SAFE-T-LANCE NORMAL		scopolamine.....	27	simvastatin.....	30
FLOW21G.....	91	SE-NATAL 19.....	106	SINEMET.....	41
SAFE-T-LANCE PLUS		SEASONIQUE.....	53	SINEMET CR.....	41
SAFETYLANCET HIGH		SEEBRI NEOHALER.....	14	SINGLE-LET.....	92
FLOW.....	91	SEGLUROMET.....	23	SINGULAIR.....	14
SAFE-T-LANCE PLUS		SELECT-OB.....	106	sirolimus.....	102
SAFETYLANCET LOW		SELECT-OB+DHA.....	106	SIVEXTRO.....	12
FLOW.....	91	selegiline hcl.....	41	SKELAXIN.....	108
SAFE-T-LANCE PLUS		SELEGILINE HCL.....	41	SKLICE.....	66
SAFETYLANCET NORMAL		selenium sulfide.....	61	SM MICRO THIN LANCETS	
FLOW.....	91	SELZENTRY.....	45	33G.....	92
SAFETY LANCET		SENSIPAR.....	70	SMART SENSE COLOR	
21G/PRESSURE		SEREVENT DISKUS.....	16	LANCETS UNIVERSAL 33G.....	92
ACTIVATED.....	92	SEROQUEL.....	43	SMART SENSE STANDARD	
SAFETY LANCET		SEROQUEL XR.....	43	LANCETS UNIVERSAL 21G.....	92
28G/PRESSURE		SEROSTIM.....	69	SMART SENSE SUPER THIN	
ACTIVATED.....	92	sertraline hcl.....	21	LANCETS UNIVERSAL 30G.....	92
SAFETY LANCETS.....	92	sevelamer carbonate.....	73	SMART SENSE THIN	
SAFETY LANCETS 21G.....	92	sevelamer hcl.....	73	LANCETSUNIVERSAL 26G.....	92
SAFETY LANCETS 28G.....	92	SEVELAMER		SMARTEST LANCETS 28G.....	92
SAFETY LET LANCETS.....	92	HYDROCHLORIDE.....	73	sodium chloride (inhalant)...	56
SAFETY SEAL LANCETS		SFROWASA.....	72	sodium citrate & citric acid...	74
28G.....	92	SHOPKO ON-THE-GO		sodium fluoride.....	101
SAFETY SEAL LANCETS		COMFORTLANCETS 30G.....	92	SODIUM HYALURONATE.....	64
30G.....	92			sodium phenylbutyrate.....	70
SAFYRAL.....	53			sodium polystyrene	
				sulfonate.....	103

SODIUM SULFACETAMIDE WASH.....	61	STERILANCE TL.....	92	SURE COMFORT LANCETS 30G.....	93
SODIUM SULFACETAMIDE/SULFUR.....	58	STIMATE.....	70	SURE COMFORT PEN NEEDLES 31GX3/16" (5MM).....	98
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA.....	58	STIOLTO RESPIMAT.....	16	SURE-FINE PEN NEEDLES 31GX3/16" 5MM.....	98
SOFOSBUVIR/VELPATASVIR.....	47	STIVARGA.....	38	SURE-LANCE FLAT LANCETS.....	93
solifenacin succinate.....	122	STRATTERA.....	2	SURE-LANCE LANCETS 26G.....	93
SOLTAMOX.....	36	STRENSIQ.....	70	SURE-LANCE THIN LANCETS 28G.....	93
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G.....	92	STREPTOMYCIN SULFATE.....	3	SURE-LANCE ULTRA THIN LANCETS.....	93
SOLUS V2 TWIST LANCETS 30G.....	92	STRIANT.....	10	SURE-TOUCH LANCETS UNIVERSAL.....	93
SOMA.....	108	STRIBILD.....	45	SURELITE LANCETS.....	93
SOMAVERT.....	68	STRIVERDI RESPIMAT.....	16	SURMONTIL.....	22
SONATA.....	79	STROMECTOL.....	10	SUSTIVA.....	45
SOOLANTRA.....	66	SUBLOCADE.....	9	SUTENT.....	38
SORIATANE.....	60	SUBSYS.....	8	SYLATRON.....	39
SORILUX.....	60	SUCRAID.....	67	SYMBICORT.....	16
sotalol hcl.....	48	sucralfate.....	121	SYMBYAX.....	116
sotalol hcl (afib/afib).....	48	SULAR.....	49	SYMDEKO.....	118
SOTYLIZE.....	48	sulfacetamide sod-prednisolone.....	112	SYMFI.....	45
SOVALDI.....	47	sulfacetamide sodium.....	61	SYMFI LO.....	45
SPECTRACEF.....	52	sulfacetamide sodium (acne).....	58	SYMJEPI.....	124
SPINOSAD.....	66	sulfacetamide sodium (ophth).....	111	SYMLINPEN 120.....	23
SPIRIVA HANDIHALER.....	14	sulfacetamide sodium w/ sulfur.....	58	SYMLINPEN 60.....	23
SPIRIVA RESPIMAT.....	14	SULFACETAMIDE SODIUM/PREDNISOLONE.....	112	SYMTUZA.....	45
spironolactone.....	67	SODIUM PHOSPHATE.....	112	SYNALAR.....	63
spironolactone & hydrochlorothiazide.....	67	SULFADIAZINE.....	118	SYNALGOS-DC.....	9
SPORANOX.....	28	sulfamethoxazole-trimethoprim.....	11	SYNAREL.....	69
SPORANOX PULSEPAK.....	28	SULFAMYLON.....	61	SYNDROS.....	27
SPRIX.....	5	sulfasalazine.....	73	SYNJARDY.....	23
SPRYCEL.....	38	sulindac.....	5	SYNJARDY XR.....	23
SSS 10-5.....	58	sumatriptan.....	100	SYNTHROID.....	119
STALEVO 100.....	41	sumatriptan succinate.....	100	SYPRINE.....	102
STALEVO 125.....	41	SUMATRIPTAN SUCCINATE.....	100	TABLOID.....	36
STALEVO 150.....	41	sumatriptan succinate.....	101	TACLONEX.....	63
STALEVO 200.....	41	SUPER THIN LANCETS.....	92	tacrolimus.....	102
STALEVO 50.....	41	SUPRAX.....	52	tacrolimus (topical).....	65
STALEVO 75.....	41	SUPREP BOWEL PREP KIT.....	79	tadalafil (pulmonary hypertension).....	51
STARLIX.....	25	SURE COMFORT LANCETS 18G.....	92	TAFINLAR.....	38
stavudine.....	45	SURE COMFORT LANCETS 21G.....	92	TAGRISSE.....	38
STAXYN.....	50	SURE COMFORT LANCETS 23G.....	92	TALTZ.....	60
STEGLATRO.....	25	SURE COMFORT LANCETS 28G.....	92	TALZENNA.....	38
STELARA.....	60			TAMIFLU.....	47
				tamoxifen citrate.....	36

tamsulosin hcl.....	74	TENORETIC 100.....	33	TIKOSYN.....	13
TANZEUM.....	24	TENORETIC 50.....	33	timolol maleate.....	48
TAPAZOLE.....	119	TENORMIN.....	48	timolol maleate (ophth).....	109
TAPERDEX 12-DAY.....	55	TERAZOL 7.....	123	TIMOLOL MALEATE	
TAPERDEX 7-DAY.....	55	terazosin hcl.....	32	OPHTHALMIC GEL	
TARCEVA.....	39	terbinafine hcl.....	27	FORMING.....	109
TARGRETIN.....	39,60	terbutaline sulfate.....	16	TIMOPTIC.....	109
TARKA.....	33	TERCONAZOLE.....	123	TIMOPTIC OCUDOSE.....	109
TARON-BC.....	106	terconazole vaginal.....	123	TIMOPTIC-XE.....	109
TARON-C DHA.....	106	TESSALON PERLES.....	55	TINDAMAX.....	11
TARON-PREX.....	106	TESTIM.....	10	tinidazole.....	11
TASIGNA.....	39	testosterone.....	10	TIVICAY.....	45
TASMAR.....	40	TESTRED.....	10	TIVORBEX.....	5
TAVALISSE.....	77	tetrabenazine.....	117	tizanidine hcl.....	108
TAYTULLA.....	53	tetracaine hcl (ophth).....	111	TL-CARE DHA.....	107
tazarotene.....	60	tetracycline hcl.....	119	TL-SELECT.....	107
TAZORAC.....	61	TEXACORT.....	64	TOBI.....	3
TECFIDERA.....	117	TGT LANCET MICRO THIN		TOBI PODHALER.....	3
TECFIDERA STARTER		33G.....	93	TOBRADEX.....	112
PACK.....	117	TGT LANCET THIN 26G..	93	TOBRADEX ST.....	112
TECHLITE AST LANCETS..	93	TGT LANCET ULTRA THIN		tobramycin.....	3
TECHLITE INSULIN SYRINGEU-		30G.....	93	TOBRAMYCIN.....	3
100/0.5ML/31G X 15/64"	98	THALOMID.....	102	tobramycin (ophth).....	111
TECHLITE INSULIN SYRINGEU-		THEO-24.....	16	TOBRAMYCIN SULFATE.....	3
100/1ML/31G X 15/64"	98	THEOCHRON.....	16	tobramycin sulfate.....	3
TECHLITE LANCETS.....	93	theophylline.....	16	tobramycin-	
TECHLITE LANCETS 30G..	93	THEOPHYLLINE ER.....	16	dexamethasone.....	112
TECHLITE PEN NEEDLES 31GX		THERANATAL CORE		TOBREX.....	111
5MM.....	98	NUTRITION.....	107	TODAY SPONGE.....	123
TECHLITE PEN NEEDLES/31GX		THINLETS GP LANCETS..	93	TODAYS HEALTH SUPER	
5MM.....	99	THINLETS LANCET.....	93	THINLANCETS 30G.....	93
TECHNIVIE.....	47	THIOLA.....	74	TODAYS HEALTH ULTRA	
TEGRETOL.....	19	thioridazine hcl.....	43	THINLANCETS 28G.....	93
TEGRETOL-XR.....	19	thiothixene.....	43	TOFRANIL.....	22
TEGSEDI.....	118	THRIVITE 19.....	107	TOLAZAMIDE.....	26
TEKTURNA.....	34	THRIVITE RX.....	107	tolazamide.....	26
TEKTURNA HCT.....	33	THYMOGLOBULIN.....	102	tolbutamide.....	26
telmisartan.....	31	thyroid.....	119	tolcapone.....	40
telmisartan-amlodipine.....	33	THYROLAR-1.....	119	TOLMETIN SODIUM.....	5
telmisartan-hydrochlorothiazide		THYROLAR-1/2.....	120	tolmetin sodium.....	5
.....	33	THYROLAR-1/4.....	120	tolterodine tartrate.....	122
temazepam.....	79	THYROLAR-2.....	120	TOPAMAX.....	19
TEMIXYS.....	45	THYROLAR-3.....	120	TOPAMAX SPRINKLE.....	19
TEMODAR.....	35	tiagabine hcl.....	20	TOPCARE LANCETS MICRO-	
TEMOVATE.....	64	TIAZAC.....	49	THIN 33G.....	93
temozolomide.....	35	TIBSOVO.....	39	TOPICORT.....	64
temsirolimus.....	39	TIGAN.....	27	topiramate.....	19
TENCON.....	6			TOPIRAMATE ER.....	19
tenofovir disoproxil fumarate..	45				

topotecan hcl.....	40	triamterene &		TRUEPLUS LANCETS 33G	93
TOPROL XL.....	48	hydrochlorothiazide.....	67	TRUEPLUS LANCETS 33G	
toremifene citrate.....	37	triazolam.....	79	MICRO THIN.....	93
TORISEL.....	39	TRIBENZOR.....	34	TRUEPLUS PEN NEEDLES	
toremide.....	67	TRICARE.....	107	31GX5MM.....	99
TOUJEO MAX SOLOSTAR.....	25	TRICARE PRENATAL.....	107	TRUEPLUS SAFETY LANCETS	
TOUJEO SOLOSTAR.....	25	TRICARE PRENATAL DHA		28G.....	93
TOVIAZ.....	122	ONE.....	107	TRULICITY.....	24
TRACLEER.....	51	TRICARE PRENATAL DHA		TRUSOPT.....	113
TRADJENTA.....	24	ONE/FOLATE.....	107	TRUVADA.....	45
tramadol hcl.....	8	TRICOR.....	30	TUDORZA PRESSAIR.....	14
TRAMADOL HCL ER.....	8	TRIDESILON.....	64	TURALIO.....	39
tramadol-acetaminophen.....	9	trientine hcl.....	102	TUSNEL.....	56
trandolapril.....	31	trifluoperazine hcl.....	43	TUSSICAPS.....	56
trandolapril-verapamil hcl.....	33	trifluridine.....	111	TUSSIONEX PENNKINETIC	
TRANDOLAPRIL/VERAPAMIL		TRIFLURIDINE.....	111	EXTENDED RELEASE.....	56
HCL ER.....	33	TRIGLIDE.....	30	TUSSLIN.....	56
tranexamic acid.....	78	trihexyphenidyl hcl.....	40	TUSSLIN PEDIATRIC.....	56
TRANSDERM SCOP.....	27	TRILEPTAL.....	19	TWYNSTA.....	34
TRANSDERM-SCOP.....	27	TRILIPIX.....	30	TYBOST.....	45
TRANXENE T.....	13	trimethobenzamide hcl.....	27	TYKERB.....	39
tranylcypromine sulfate.....	21	trimethoprim.....	11	TYLENOL/CODEINE #3.....	9
TRAVATAN Z.....	113	trimipramine maleate.....	22	TYLENOL/CODEINE #4.....	9
TRAVEL LANCETS 30G.....	93	TRIMPEX.....	11	TYMLOS.....	68
TRAVEL LANCETS ADVANCED		TRINATAL RX 1.....	107	TYSABRI.....	117
28G.....	93	TRINTELLIX.....	22	TYVASO.....	50
trazodone hcl.....	21	triprolidine-phenylephrine.....	56	TYVASO REFILL.....	50
TRECATOR.....	35	TRISTART DHA.....	107	TYVASO STARTER.....	50
TRELEGY ELLIPTA.....	16	TRISTART ONE.....	107	UCERIS.....	10,55
TRESIBA.....	25	TRIUMEQ.....	45	UDENYCA.....	78
TRESIBA FLEXTOUCH.....	25	TRIZIVIR.....	45	ULORIC.....	75
TRETIN-X.....	58	TROKENDI XR.....	19	ULTICARE PEN NEEDLES	
tretinoin.....	58	tropicamide.....	110	31GX 5MM/MINI.....	99
tretinoin (chemotherapy).....	39	tropium chloride.....	122	ULTIGUARD SAFEPACK/MINI	
tretinoin microsphere.....	58	TRUE COMFORT PEN		PEN NEEDLE/31G X	
TRETTEN.....	76	NEEDLES31G X 5MM.....	99	3/16"/SHARPS CONTAI.....	99
TREXALL.....	36	TRUE COMFORT TWIST TOP		ULTILET CLASSIC	
TRI-NORINYL 28.....	53	LANCETS 30G.....	93	LANCETS.....	93
TRI-TABS DHA.....	107	TRUEPLUS 5-BEVEL PEN		ULTILET INSULIN SYRINGE/U-	
TRI-VI-FLOR.....	103	NEEDLES 31GX5MM.....	99	100/0.5ML/31GX6MM.....	99
TRI-VI-FLORO.....	104	TRUEPLUS LANCETS		ULTILET LANCETS.....	93
triamcinolone acetonide		26G.....	93	ULTILET LANCETS 33G.....	93
(mouth).....	103	TRUEPLUS LANCETS		ULTILET PEN NEEDLE	
triamcinolone acetonide		28G.....	93	31GX5MM.....	99
(nasal).....	109	TRUEPLUS LANCETS 28G		ULTILET SAFETY LANCETS	
triamcinolone acetonide		SUPER THIN.....	93	21G X 2.2MM.....	94
(topical).....	64	TRUEPLUS LANCETS		ULTILET SAFETY LANCETS	
triamterene.....	67	30G.....	93	23G.....	94
		TRUEPLUS LANCETS 30G		ULTILET SHORT PEN	
		ULTRA THIN.....	93	NEEDLES31GX3/16".....	99
				ULTIMATECARE ONE.....	107

ULTRA THIN LANCETS		UNISTIK TOUCH SAFETY		VALUE PLUS LANCETS THIN	
31G.....	94	LANCETS 21G.....	94	26G.....	95
ULTRA-CARE LANCETS		UNISTIK TOUCH SAFETY		VALUMARK LANCET SUPER	
30G.....	94	LANCETS 23G.....	94	THIN 30G.....	95
ULTRA-THIN II AUTO		UNISTIK TOUCH SAFETY		VALUMARK LANCET ULTRA	
LANCET.....	94	LANCETS 28G.....	94	THIN 28G.....	95
ULTRA-THIN II LANCETS		UNISTIK TOUCH SAFETY		VANCOCIN.....	11
28G.....	94	LANCETS 30G.....	94	VANCOCIN HCL.....	11
ULTRA-THIN II LANCETS		UNIVERSAL 1 LANCETS		vancomycin hcl.....	11
30G.....	94	THIN26G.....	94	VANOS.....	64
ULTRA-THIN II MINI PEN		UNIVERSAL 1 LANCETS		vardenafil hcl.....	50
NEEDLES/31GX3/16".....	99	ULTRA THIN 30G.....	94	VARUBI.....	27
ULTRA-THIN II SAFETY		UNIVERSAL 1		VASCEPA.....	29
AUTOLANCETS 26G.....	94	LANCETS/33G/MICRO-THIN		VASERETIC.....	34
ULTRACARE PEN		.....	94	VASOTEC.....	31
NEEDLES/31G X 3/16".....	99	UPTRAVI.....	51	VCF VAGINAL	
ULTRACET.....	9	URAMAXIN.....	64	CONTRACEPTIVE FILM.....	123
ULTRAM.....	8	URAMAXIN GT.....	64	VCF VAGINAL	
ULTRAVATE.....	64	urea.....	64	CONTRACEPTIVE FOAM.....	123
UNASYN.....	115	UREA.....	64	VECAMYL.....	34
UNASYN BULK PACK.....	115	urea in lactic acid vehicle.....	64	VECTICAL.....	61
UNIFINE PENTIPS 31G X		UREA IN ZINC		VELCADE.....	39
3/16".....	99	UNDECYLENATE/LACTIC		VELTASSA.....	103
UNIFINE PENTIPS		ACID VEHICLE.....	64	VELTIN.....	58
31GX5MM.....	99	UREA NAIL.....	64	VEMAVITE-PRX 2.....	107
UNIFINE PENTIPS PLUS		UREA TOPICAL.....	64	VEMLIDY.....	47
31GX5MM.....	99	URECHOLINE.....	122	VENA-BAL DHA.....	107
UNILET COMFORTOUCH		UROCIT-K 10.....	74	VENCLEXTA.....	36
LANCET.....	94	UROCIT-K 15.....	74	VENCLEXTA STARTING	
UNILET EXCELITE.....	94	UROCIT-K 5.....	74	PACK.....	36
UNILET EXCELITE II.....	94	UROXATRAL.....	74	venlafaxine hcl.....	22
UNILET G.P. LANCET.....	94	URSO 250.....	72	VENTAVIS.....	50
UNILET G.P. SUPERLITE		URSO FORTE.....	72	VENTOLIN HFA.....	16
LANCET.....	94	ursodiol.....	72	verapamil hcl.....	49
UNILET GP 28 ULTRA THIN		UTIBRON NEOHALER.....	16	VERAPAMIL HCL ER.....	49
94		VAGIFEM.....	123	VERAPAMIL HCL SR.....	49
UNILET LANCET.....	94	valacyclovir hcl.....	47	VEREGEN.....	58
UNILET LANCETS MICRO-		VALCHLOR.....	60	VERELAN.....	49,50
THIN33G.....	94	VALCYTE.....	46	VERELAN PM.....	50
UNILET LANCETS SUPER-		valganciclovir hcl.....	46	VERIPRED 20.....	55
THIN30G.....	94	VALIUM.....	13	VERSACLOZ.....	43
UNILET LANCETS ULTRA-THIN		valproate sodium.....	20	VERZENIO.....	39
28G.....	94	valproic acid.....	20	VESICARE.....	122
UNILET SUPERLITE		valsartan.....	31	VFEND.....	28
LANCET.....	94	valsartan-hydrochlorothiazide		VIAGRA.....	50
UNISTIK 3 GENTLE.....	94	.....	34	VIBERZI.....	73
UNISTIK PRO SAFETY LANCET		VALTREX.....	47	VIBRAMYCIN.....	119
21G.....	94	VALUE PLUS LANCETS		VICTOZA.....	24
UNISTIK PRO SAFETY LANCET		STANDARD 21G.....	95		
25G.....	94	VALUE PLUS LANCETS			
UNISTIK PRO SAFETY LANCET		SUPERTHIN 30G.....	95		
28G.....	94				
UNISTIK SAFETY LANCETS					
28G.....	94				
UNISTIK SAFETY LANCETS					
30G.....	94				

VIDA MIA UNILET LANCETS SUPER THIN 30G	95	VIZIMPRO	39	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	81
VIDA MIA UNILET LANCETS ULTRA THIN 28G	95	VOL-PLUS	107	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	81
VIDEX EC	45	VOL-TAB RX	107	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	81
VIDEXPEDIATRIC	45	VOLTAREN	59	WILATE	77
VIEKIRA PAK	47	VONVENDI	76	WP THYROID	120
VIEKIRA XR	47	voriconazole	28	XADAGO	41
vigabatrin	20	VOSEVI	47	XALATAN	113
VIGAMOX	111	VOTRIENT	39	XALKORI	39
VIIBRYD	22	VP-CH-PNV	107	XANAX	13
VIIBRYD STARTER PACK	22	VP-GGR-B6 PRENATAL	107	XANAX XR	13
VIL-RX	107	VP-HEME OB	107	XARELTO	16
VIMPAT	19	VP-HEME OB + DHA	107	XARELTO STARTER PACK	16
VINATE DHA RF	107	VP-PNV-DHA	107	XATMEP	36
VINATE ONE	107	VRAYLAR	42	XELJANZ	4
VIOKACE	67	VYTONE	60	XELJANZ XR	4
VIRACEPT	45	VYTORIN	29	XELODA	36
VIRAMUNE	45	VYVANSE	1	XENAZINE	117
VIRAMUNE XR	45	W&F LANCETS 26G	95	XENICAL	2
VIRAZOLE	48	W&F LANCETS COLORED 21G	95	XERAC AC	65
VIREAD	45	WALGREENS ADVANCED TRAVELLANCETS 28G	95	XERMELLO	73
VIROPTIC	111	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	95	XIFAXAN	11
VIRT-C DHA	107	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	95	XIGDUO XR	23
VIRT-NATE DHA	107	WALGREENS LANCETS	95	XIIDRA	111
VIRT-PN	107	WALGREENS THIN LANCETS	95	XIMINO	119
VIRT-PN DHA	107	WALGREENS ULTRA THIN LANCETS	95	XODOL	9
VIRT-PN PLUS	107	warfarin sodium	16	XOLAIR	13
VISTARIL	12	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	99	XOPENEX	16
VISTOGARD	26	WELCHOL	29	XOPENEX CONCENTRATE	16
VITAFOL FE+	107	WELLBUTRIN SR	21	XOPENEX HFA	16
VITAFOL GUMMIES	107	WELLBUTRIN XL	21	XOSPATA	39
VITAFOL-NANO	107	WESTCORT	64	XTANDI	37
VITAFOL-ONE	107	WESTHROID	120	XULANE	54
VITALET PRO LANCETS	95	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	81	XURIDEN	70
VITALET PRO PLUS LANCETS	95	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	81	XYNTHA	77
VITAMEDMD ONE RX/QUATREFOLIC	107	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	81	XYNTHA SOLOFUSE	77
VITAMEDMD REDICHEW RX	107	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	81	XYREM	116
VITAPEARL	107	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	81	XYZAL ALLERGY 24HR	28
VITATHELY/GINGER	107			XYZAL ALLERGY 24HR CHILDRENS	28
VITATRUE	107			YASMIN 28	54
VITRAKVI	39			YAZ	54
VIVA DHA	107			YONSA	37
VIVAGUARD LANCETS	95			zafirlukast	14
VIVELLE-DOT	71			zaleplon	79
				ZANAFLEX	108

ZANTAC.....	121	ZONEGRAN.....	19
ZANTAC 150 MAXIMUM STRENGTH.....	121	zonisamide.....	19
ZARONTIN.....	20	ZORBTIVE.....	69
ZARXIO.....	78	ZORTRESS.....	102
ZATEAN-PN DHA.....	107	ZOSYN.....	115
ZATEAN-PN PLUS.....	107	ZOVIRAX.....	47,61
ZAVESCA.....	77	ZUPLENZ.....	27
ZEJULA.....	39	ZURAMPIC.....	75
ZELAPAR.....	41	ZUTRIPRO.....	56
ZELBORAF.....	39	ZYBAN.....	118
ZEMPLAR.....	70	ZYDELIG.....	39
ZENPEP.....	67	ZYFLO.....	14
ZENZEDI.....	1	ZYFLO CR.....	14
ZEPATIER.....	47	ZYKADIA.....	39
ZERIT.....	45	ZYLET.....	112
ZESTORETIC.....	34	ZYLOPRIM.....	75
ZESTRIL.....	31	ZYMAXID.....	111
ZETIA.....	30	ZYPREXA.....	43
ZIAC.....	34	ZYPREXA ZYDIS.....	43
ZIAGEN.....	45	ZYTIGA.....	37
ZIANA.....	58	ZYVOX.....	12
zidovudine.....	46		
zileuton.....	14		
ZINBRYTA.....	117		
ZIOPTAN.....	113		
ziprasidone hcl.....	42		
ZIRGAN.....	111		
ZITHROMAX.....	80		
ZITHROMAX TRI-PAK.....	80		
ZITHROMAX Z-PAK.....	80		
ZMAX.....	80		
ZOCOR.....	30		
ZODEX 12-DAY.....	55		
ZOFRAN.....	27		
ZOFRAN ODT.....	27		
ZOLINZA.....	39		
zolmitriptan.....	101		
ZOLOFT.....	21		
zolpidem tartrate.....	79		
ZOMACTON.....	69		
ZOMIG.....	101		
ZOMIG ZMT.....	101		
ZONACORT 11 DAY.....	55		
ZONACORT 7 DAY.....	55		
ZONALON.....	60		