

California

3 Tier with Specialty

Drug List

California Small and Large Group Members

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 All previous versions are no longer in effect.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

California Small and Large Group members

Go to

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

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

Small Group

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

Hours of Operation

8:00am – 6:00pm Monday through Friday

Large Group

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

Hours of Operation

8:00am – 6:00pm Monday through Friday

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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

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

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

How do I find a drug in the Drug List?

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

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

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

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

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

How are the drugs listed in the categorical list?

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

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

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

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

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

Generic Drug Example: *terbutaline sulfate tabs*

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

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

How much will I pay for my drugs?

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

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

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

Tier Descriptions

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

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

Are there any limits on my drug coverage?

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

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.
AC	Anti-cancer	These oral cancer drugs have a maximum \$250 copayment for a one-month supply, before any deductible has been met, per state law (or \$750 maximum for a three-month supply through mail order, if applicable).
LA	Limited Access	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 do not get approval, we may not cover the drug.
PV	Preventive Drugs	Preventive Health Drugs are Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers all self-administered hormonal contraceptives on the Formulary, up to a 12-month supply when dispensed at one time.
RX/OTC	Prescription & Over-the-Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan, except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.

SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.
ST	Step Therapy	Step therapy is when you are required to use one drug before another in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

How often does the Drug List change?

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

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

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

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

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

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

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

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

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

If we approve an exception for a drug that is not on the drug list, the non-preferred brand drug tier (Tier 3) or Tier 4 (Specialty) copayment applies.

Health Net will cover all medically necessary drugs. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving an expedited request, the request will be approved, and Health Net may not deny the request thereafter.

Step Therapy Exception

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

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

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

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

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

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

Are all contraceptives covered?

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

What blood glucose supplies are covered?

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

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

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

Are preventive drugs covered?

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

What drugs are covered under my medical benefit?

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

Can I go to any pharmacy?

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

Some injectable and high-cost drugs are considered specialty drugs. These drugs must be filled at an in-network specialty pharmacy. Specialty drugs are noted on the drug list in the Requirements/Limits column with the abbreviation “LA” or a statement indicating the drug must be dispensed from a network specialty pharmacy. After your drug has been approved, we will arrange for the specialty pharmacy to contact you to set up delivery.

Can I use a mail order pharmacy?

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

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Definitions

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

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 pays the rest.

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

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

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

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

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

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

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

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

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

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

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

Prior Authorization: Is a decision by the plan that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in the drug list, your doctor must request approval

from the plan to cover the drug before you fill your prescription. The plan must grant a prior authorization request when it is medically necessary for you to take the drug.

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	3	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	7	QL(2 ea daily; 90 Day(s) limit)
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	7	
<i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1	QL(2 ea daily; 90 Day(s) limit)
<i>amphetamine-dextroamphetamine TABS</i>	1	
DESOXYN (<i>methamphetamine hcl</i>)	7	PA
DEXEDRINE CP24 (<i>dextroamphetamine sulfate</i>)	7	
<i>dextroamphetamine sulfate CP24</i>	1	
<i>dextroamphetamine sulfate SOLN</i>	3	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 ea daily)
<i>lisdexamfetamine dimesylate CHEW</i>	1	QL(1 ea daily)
<i>methamphetamine hcl</i>	3	PA
Analeptics		
<i>caffeine citrate SOLN OR</i>	1	
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (<i>phentermine hcl</i>)	7	Check plan documents for coverage; PA
<i>phentermine hcl CAPS</i>	4	Check plan documents for coverage; PA
QSYMIA	4	Check plan documents for coverage; QL(1 ea daily); PA
Anti-Obesity Agents		
CONTRAVE	4	Check plan documents for coverage; PA
<i>orlistat</i>	4	Check plan documents for coverage; PA
SAXENDA	4	QL(0.5 ml daily); PA
XENICAL (<i>orlistat</i>)	7	Check plan documents for coverage; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 ea daily)
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 ea daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 ea daily)
INTUNIV (<i>guanfacine hcl (adhd)</i>)	7	QL(1 ea daily)
STRATTERA 60 MG, 80 MG, 100 MG (<i>atomoxetine hcl</i>)	7	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (<i>atomoxetine hcl</i>)	7	QL(2 ea daily)
Stimulants - Misc.		
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	7	QL(1 ea daily)
<i>armodafinil</i>	1	ST; PA
CONCERTA TBCR 54 MG (<i>methylphenidate hcl</i>)	7	QL(2 ea daily)
CONCERTA TBCR 18 MG, 27 MG, 36 MG (<i>methylphenidate hcl</i>)	7	QL(1 ea daily)
DAYTRANA PTCH (<i>methylphenidate</i>)	7	
<i>dexmethylphenidate hcl CP24</i>	3	QL(1 ea daily)
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 ea daily)
FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	7	QL(1 ea daily)
FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	7	QL(2 ea daily)
METADATE CD CPCR (<i>methylphenidate hcl</i>)	7	QL(1 ea daily)
METHYLIN SOLN (<i>methylphenidate hcl</i>)	7	
<i>methylphenidate hcl CHEW</i>	3	
<i>methylphenidate hcl CP24</i>	1	QL(1 ea daily)
<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG</i>	3	
<i>methylphenidate hcl CP24 60 MG</i>	3	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate hcl CPCR</i>	1	QL(1 ea daily)
<i>methylphenidate hcl SOLN</i>	1	
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 ea daily)
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 ea daily; 180 ea per fill retail)
<i>methylphenidate hcl TBCR 20 MG</i>	1	QL(1 ea daily; 90 Day(s) limit)
<i>methylphenidate hcl TBCR 10 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 ea daily)
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 ea daily)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG	3	QL(1 ea daily)
<i>methylphenidate PTCH</i>	3	
<i>modafinil</i>	3	QL(1 ea daily); ST
NUVIGIL (<i>armodafinil</i>)	7	ST; PA
PROVIGIL (<i>modafinil</i>)	7	QL(1 ea daily); ST
QUILLICHEW ER CHER	3	PA
QUILLIVANT XR SRER	3	ST; QL(12 ml daily); PA
RELEXXII TBCR 18 MG, 27 MG, 36 MG	2	QL(1 ea daily)
RELEXXII TBCR 54 MG	2	QL(2 ea daily)
RELEXXII TBCR 72 MG	3	QL(1 ea daily)
RITALIN LA CP24 (<i>methylphenidate hcl</i>)	7	
RITALIN TABS 5 MG, 10 MG (<i>methylphenidate hcl</i>)	7	
RITALIN TABS 20 MG (<i>methylphenidate hcl</i>)	7	QL(3 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARIKAYCE	4	PA	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	4	ST; PA
BETHKIS NEBU (<i>tobramycin</i>)	7	PA	RASUVO SOAJ 20 MG/0.4ML	4	ST; PA
HUMATIN	2		Anti-TNF-alpha - Monoclonal Antibodies		
KITABIS PAK NEBU (<i>tobramycin</i>)	7	PA	ADALIMUMAB-ADAZ SOAJ	4	QL(0.143 ml daily); PA
<i>neomycin sulfate TABS</i>	1		ADALIMUMAB-ADAZ SOSY	4	QL(0.143 ml daily); PA
TOBI PODHALER CAPS	4	PA	HADLIMA PUSHTOUCH SOAJ	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
TOBI NEBU (<i>tobramycin</i>)	7	PA	HADLIMA SOSY	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
<i>tobramycin NEBU</i>	4	PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 ea per 365 days retail); PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	Check plan documents for coverage; QL(2 ea per 365 days retail); PA
Antirheumatic - Enzyme Inhibitors			HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(1 ea per 365 days retail); PA
RINVOQ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA
XELJANZ XR TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	Antirheumatic Antimetabolites		
XELJANZ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA	OTREXUP SOAJ 10 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	ST; PA
XELJANZ TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	Check plan documents for coverage; QL(4 ea per 365 days retail); PA	KEVZARA SOAJ	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
HUMIRA PEN PNKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(0.072 ea daily; 2 ea per 28 days retail); PA	KEVZARA SOSY	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
HUMIRA PEN PNKT	4	Check plan documents for coverage; QL(0.143 ea daily); PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
HUMIRA PEN-PS/UV STARTER PNKT	4	Check plan documents for coverage; QL(3 ea per 365 days retail); PA	(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG	3	
HUMIRA PEN-PS/UV STARTER PNKT	4	Check plan documents for coverage; QL(0.143 ea daily); PA	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
HUMIRA PSKT	4	Check plan documents for coverage; QL(0.143 ea daily); PA	(Indomethacin) INDOCIN SUPP	3	
Gold Compounds			(Nabumetone) RELAFEN 500 MG	1	QL(4 ea daily)
RIDAURA	2		(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)
Interleukin-1 Blockers			ANAPROX DS TABS (<i>naproxen sodium</i>)	7	
ARCALYST	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	ARTHROTEC 50 TBEC (<i>diclofenac w/ misoprostol</i>)	7	
Interleukin-6 Receptor Inhibitors			ARTHROTEC 75 TBEC (<i>diclofenac w/ misoprostol</i>)	7	
			CELEBREX 50 MG, 100 MG, 200 MG (<i>celecoxib</i>)	7	QL(2 ea daily)
			CELEBREX 400 MG (<i>celecoxib</i>)	7	QL(2 ea daily); PA
			<i>celecoxib 400 MG</i>	1	QL(2 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 ea daily)
DAYPRO TABS (<i>oxaprozin</i>)	7	
<i>diclofenac potassium TABS 50 MG</i>	3	
<i>diclofenac sodium TB24</i>	3	
<i>diclofenac sodium TBEC</i>	1	
<i>diclofenac w/ misoprostol TBEC</i>	3	
<i>etodolac CAPS</i>	1	
<i>etodolac TABS</i>	1	
<i>etodolac TB24</i>	1	QL(2 ea daily)
FELDENE CAPS 10 MG (<i>piroxicam</i>)	7	
FELDENE CAPS 20 MG (<i>piroxicam</i>)	7	QL(1 ea daily)
<i>fenoprofen calcium CAPS 200 MG</i>	1	
<i>fenoprofen calcium CAPS 400 MG</i>	3	
FENOPROFEN CALCIUM CAPS 200 MG	2	
<i>fenoprofen calcium TABS</i>	1	
<i>flurbiprofen TABS</i>	1	
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
INDOCIN SUSP (<i>indomethacin</i>)	7	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
<i>indomethacin CPCR</i>	1	
<i>indomethacin SUPP</i>	3	
<i>indomethacin SUSP</i>	1	
<i>ketoprofen CAPS 75 MG</i>	1	
<i>ketoprofen CP24</i>	3	
<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per fill retail)
LODINE TABS (<i>etodolac</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
<i>meclofenamate sodium CAPS</i>	1	
<i>mefenamic acid CAPS</i>	3	
<i>meloxicam CAPS 5 MG</i>	3	ST; PA
<i>meloxicam CAPS 10 MG</i>	3	PA
<i>meloxicam TABS 7.5 MG</i>	1	QL(2 ea daily)
<i>meloxicam TABS 15 MG</i>	1	QL(1 ea daily)
MOBIC TABS 15 MG (<i>meloxicam</i>)	7	QL(1 ea daily)
MOBIC TABS 7.5 MG (<i>meloxicam</i>)	7	QL(2 ea daily)
<i>nabumetone 500 MG</i>	1	QL(4 ea daily)
<i>nabumetone 750 MG</i>	1	QL(3 ea daily)
NALFON TABS (<i>fenoprofen calcium</i>)	7	
NAPROSYN SUSP (<i>naproxen</i>)	7	
NAPROSYN TABS 500 MG (<i>naproxen</i>)	7	
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	
<i>naproxen SUSP</i>	1	
<i>naproxen TABS</i>	1	
<i>oxaprozin TABS</i>	1	
<i>piroxicam CAPS 10 MG</i>	1	
<i>piroxicam CAPS 20 MG</i>	1	QL(1 ea daily)
<i>sulindac TABS 200 MG</i>	1	
<i>sulindac TABS 150 MG</i>	1	QL(2 ea daily)
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(2 ea daily); PA
OTEZLA TBPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 ea per 365 days retail); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Pyrimidine Synthesis Inhibitors			ENBREL SOSY 50 MG/ML		
ARAVA 10 MG (<i>leflunomide</i>)	7	QL(2 ea daily)		4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ml daily); SP; PA
ARAVA 20 MG (<i>leflunomide</i>)	7	QL(1 ea daily)	ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>leflunomide</i> 10 MG	1	QL(2 ea daily)	Analgesic Combinations		
<i>leflunomide</i> 20 MG	1	QL(1 ea daily)	(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	3	
Soluble Tumor Necrosis Factor Receptor Agents			(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	3	
ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ml daily); SP; PA	(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG	1	
ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA	(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	
ENBREL SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA	<i>butalbital-acetaminophen-caffeine</i> CAPS 40 MG-50 MG-325 MG	1	
ENBREL SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.286 ea daily); SP; PA	<i>butalbital-acetaminophen-caffeine</i> CAPS 40 MG-50 MG-300 MG	3	
ENBREL SOSY 25 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ml daily); SP; PA	<i>butalbital-acetaminophen-caffeine</i> TABS 40 MG-50 MG-325 MG	1	
			<i>butalbital-acetaminophen</i> TABS 50 MG-300 MG, 50 MG-325 MG	3	
			<i>butalbital-aspirin-caffeine</i> CAPS	1	
			ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	7	
			FIORICET CAPS (<i>butalbital-acetaminophen-caffeine</i>)	7	
			Salicylates		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG	5	PV	(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN ADULT LOW STRENGTH, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	5	PV
			<i>aspirin CHEW</i>	5	PV
			<i>aspirin TBEC 81 MG</i>	5	PV
			<i>diflunisal TABS</i>	3	
			<i>salsalate</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
			(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	1	
			(Methadone Hcl) METHADOSE TBSO	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACTIQ LPOP 1600 MCG (fentanyl citrate)	7	ST; QL(4 ea daily); PA	methadone hcl CONC	1	
ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (fentanyl citrate)	7	ST; PA	methadone hcl SOLN OR	1	
codeine sulfate TABS	1		methadone hcl TABS	1	QL(12 ea daily)
CONZIP CP24 (tramadol hcl)	7		methadone hcl TBSO	1	
DILAUDID LIQD (hydromorphone hcl)	7		METHADOSE SUGAR-FREE CONC (methadone hcl)	7	
DILAUDID TABS (hydromorphone hcl)	7		METHADOSE CONC (methadone hcl)	7	
fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	1	ST; PA	morphine sulfate beads	1	QL(1 ea daily)
fentanyl citrate LPOP 1600 MCG	1	ST; QL(4 ea daily); PA	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	1	QL(2 ea daily)
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	1	Limit 15 per month; QL(0.5 ea daily)	morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	1	
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	1	Limit 15 patches per month; QL(0.5 ea daily)	morphine sulfate SUPP	1	
hydrocodone bitartrate CP12	3	PA	morphine sulfate TABS	1	
hydrocodone bitartrate T24A	3	PA	morphine sulfate TBCR	1	QL(3 ea daily)
hydromorphone hcl LIQD	1		MS CONTIN TBCR (morphine sulfate)	7	QL(3 ea daily)
hydromorphone hcl TABS	1		OXAYDO TABS 5 MG	2	
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	3	QL(4 ea daily)	oxycodone hcl CAPS	1	
hydromorphone hcl TB24 32 MG	3	QL(2 ea daily)	oxycodone hcl CONC 100 MG/5ML	1	
HYSINGLA ER T24A	3	PA	oxycodone hcl SOLN	1	
levorphanol tartrate TABS	3	ST; PA	oxycodone hcl TABS 30 MG	1	QL(4 ea daily)
meperidine hcl SOLN OR 50 MG/5ML	1		oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	1	
meperidine hcl TABS 50 MG	1		oxymorphone hcl TABS 10 MG	3	QL(8 ea daily)
			oxymorphone hcl TABS 5 MG	3	
			oxymorphone hcl TB12	1	QL(2 ea daily)
			ROXICODONE TABS 5 MG, 15 MG (oxycodone hcl)	7	

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ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	7	QL(4 ea daily)	<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 ea daily)
SUBSYS LIQD 1200 MCG, 1600 MCG	4	PA	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	3	QL(12 ea daily)
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	3		<i>butalbital-acetaminophen-caffeine w/ codeine</i>	3	
<i>tramadol hcl TABS 100 MG</i>	1		<i>butalbital-aspirin-caffeine w/cod</i>	3	
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 ea daily)	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	7	
<i>tramadol hcl TB24 200 MG</i>	3	QL(1 ea daily)	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	
<i>tramadol hcl TB24</i>	3		<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 ea daily)
<i>tramadol hcl TB24 100 MG</i>	3	QL(3 ea daily)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	
ULTRAM TABS (<i>tramadol hcl</i>)	7	QL(8 ea daily)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 ea per fill retail)
Opioid Combinations			<i>hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG</i>	1	
(Acetaminophen-Caff-Dihydrocod) TREZIX CAPS 30 MG-320.5 MG-16 MG	3	QL(12 ea daily)	<i>hydrocodone-ibuprofen 10 MG-200 MG</i>	1	Not available through mail order
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	3		LORTAB ELIX	3	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	3	QL(4 ea daily)	OXYCODONE AND ACETAMINOPHEN TABS	3	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 ea daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 ea daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	3				
<i>acetaminophen w/ codeine SOLN</i>	1				
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	3		<i>buprenorphine PTWK 20 MCG/HR</i>	3	Limit 4 patches per month; QL(4 ea per 28 days retail)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	3	QL(4 ea daily)	<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR</i>	3	Limited to 4 patches per month; QL(4 ea per 28 days retail)
OXYCODONE/ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG	3		<i>buprenorphine PTWK 15 MCG/HR</i>	3	Limit 4 patches per 28 days; QL(4 ea per 28 days retail)
PERCOCET TABS 325 MG-5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(6 ea daily)	<i>butorphanol tartrate NA 10 MG/ML</i>	3	Limit 7.5mls per month; QL(0.25 ml daily)
PERCOCET TABS 325 MG-2.5 MG (<i>oxycodone w/ acetaminophen</i>)	7		<i>pentazocine w/ naloxone hcl</i>	3	
PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(4 ea daily)	SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(2 ea daily)
PROLATE TABS	3		SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(3 ea daily)
<i>tramadol-acetaminophen</i>	3	QL(8 ea daily)	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
ULTRACET (<i>tramadol-acetaminophen</i>)	7	QL(8 ea daily)	Anabolic Steroids		
Opioid Partial Agonists			<i>oxandrolone 2.5 MG</i>		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily)	<i>oxandrolone 10 MG</i>	1	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1	QL(3 ea daily)	Androgens		
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 ea daily)	(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ml per fill retail)
<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 ea daily)	ANDROGEL PUMP GEL TD 1.62 % (<i>testosterone</i>)	7	Limited to 300 gms per month; QL(10 gm daily)
<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 ea daily)	ANDROGEL GEL TD 25 MG/2.5GM (<i>testosterone</i>)	7	QL(10 gm daily)
<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>	3	QL(4 ea per 28 days retail)			

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ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (<i>testosterone</i>)	7	Limited to 300 gms per month; QL(10 gm daily)
<i>danazol CAPS</i>	1	
FORTESTA GEL TD (<i>testosterone</i>)	7	QL(4 gm daily)
METHITEST TABS	2	
<i>methyltestosterone CAPS</i>	1	
TESTIM GEL TD (<i>testosterone</i>)	7	QL(10 gm daily); PA
<i>testosterone cypionate SOLN IM</i>	1	QL(10 ml per fill retail)
<i>testosterone enanthate SOLN IM</i>	1	
<i>testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	1	Limited to 300 gms per month; QL(10 gm daily)
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 gm daily)
<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	1	Limit 300gms per month; QL(10 gm daily)
VOGELXO PUMP GEL TD (<i>testosterone</i>)	7	QL(10 gm daily)
VOGELXO GEL TD (<i>testosterone</i>)	7	QL(10 gm daily); PA
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	3	ST; PA
CORTENEMA (<i>hydrocortisone intrarectal</i>)	7	QL(60 ml daily)
CORTIFOAM EX 10 %	2	
<i>hydrocortisone intrarectal</i>	1	QL(60 ml daily)
UCERIS (<i>budesonide intrarectal</i>)	7	ST; PA

Drug Name	Drug Tier	Requirements/Limits
Rectal Combinations		
ANALPRAM-HC LOTN EX	3	
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	7	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
Vasodilating Agents		
RECTIV 0.4 % (<i>nitroglycerin (intra-anal)</i>)	7	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	3	QL(4 ea per fill retail)
ALBENZA (<i>albendazole</i>)	7	QL(4 ea per fill retail)
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE (<i>praziquantel</i>)	7	
<i>ivermectin</i>	1	QL(5 ea per fill retail); PA
<i>praziquantel</i>	1	
STROMEKTOL (<i>ivermectin</i>)	7	QL(5 ea per fill retail); PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG (<i>ranolazine</i>)	7	

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Drug Name	Drug Tier	Requirements/Limits
RANEXA TB12 500 MG <i>(ranolazine)</i>	7	QL(4 ea daily)
<i>ranolazine TB12 1000 MG</i>	3	
<i>ranolazine TB12 500 MG</i>	3	QL(4 ea daily)
Nitrates		
ISORDIL TITRADOSE TABS <i>(isosorbide dinitrate)</i>	7	
<i>isosorbide dinitrate TABS</i>	1	
<i>isosorbide mononitrate TABS</i>	1	
<i>isosorbide mononitrate TB24</i>	1	
NITRO-BID OINT	2	
NITRO-DUR PT24 <i>(nitroglycerin)</i>	7	QL(1 ea daily)
NITRO-DUR PT24	2	QL(1 ea daily)
<i>nitroglycerin PT24</i>	1	QL(1 ea daily)
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
NITROLINGUAL SOLN TL <i>(nitroglycerin)</i>	7	
NITROSTAT SUBL <i>(nitroglycerin)</i>	7	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	
<i>hydroxyzine pamoate CAPS</i>	1	
VISTARIL CAPS <i>(hydroxyzine pamoate)</i>	7	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	

Drug Name	Drug Tier	Requirements/Limits
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam TABS</i>	1	
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	1	
ATIVAN TABS <i>(lorazepam)</i>	7	
<i>chlordiazepoxide hcl CAPS</i>	1	
<i>clorazepate dipotassium TABS</i>	1	
<i>diazepam CONC</i>	1	
<i>diazepam SOLN OR 5 MG/5ML</i>	1	
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 ea daily)
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 ea daily)
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
TRANXENE T TABS 7.5 MG <i>(clorazepate dipotassium)</i>	7	
VALIUM TABS 2 MG, 5 MG <i>(diazepam)</i>	7	
VALIUM TABS 10 MG <i>(diazepam)</i>	7	QL(4 ea daily)
XANAX XR TB24 <i>(alprazolam)</i>	7	
XANAX TABS <i>(alprazolam)</i>	7	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		

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Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate CAPS</i>	1	
NORPACE CR CP12	2	
NORPACE CAPS (<i>disopyramide phosphate</i>)	7	
<i>quinidine gluconate TBCR</i>	1	
<i>quinidine sulfate TABS</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	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 (<i>propafenone hcl</i>)	7	
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	1	
TIKOSYN (<i>dofetilide</i>)	7	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	PA;AC; Must use Acaria Specialty (844) 538-4661; PA
NUCALA SOAJ	4	PA; Must use Acaria Specialty (844) 538-4661; PA
NUCALA SOLR	4	PA; Must use Acaria Specialty (844) 538-4661; SP; PA

Drug Name	Drug Tier	Requirements/Limits
NUCALA SOSY 100 MG/ML	4	PA; Must use Acaria Specialty (844) 538-4661; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	7	QL(1 ea daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 gm daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
<i>tiotropium bromide monohydrate CAPS</i>	1	QL(1 ea daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily)
<i>montelukast sodium PACK</i>	1	QL(1 ea daily)
<i>montelukast sodium TABS</i>	1	QL(1 ea daily)
SINGULAIR CHEW (<i>montelukast sodium</i>)	7	QL(1 ea daily)
SINGULAIR PACK (<i>montelukast sodium</i>)	7	QL(1 ea daily)
SINGULAIR TABS (<i>montelukast sodium</i>)	7	QL(1 ea daily)
<i>zileuton TB12</i>	3	ST
ZYFLO TABS	3	ST

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Drug Name	Drug Tier	Requirements/Limits
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (<i>roflumilast</i>)	7	QL(1 ea daily)
<i>roflumilast</i>	1	QL(1 ea daily)
Steroid Inhalants		
ARNUITY ELLIPTA	2	QL(1 ea daily)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ml daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ml daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ml daily)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 ea daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 ea daily)
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 ea daily)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 gm daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 gm daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 ea daily)
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 ea daily)
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(2 ml daily)
PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(4 ml daily)
PULMICORT SUSP 0.25 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(8 ml daily)

Drug Name	Drug Tier	Requirements/Limits
QVAR REDHALER 80 MCG/ACT	2	QL(0.72 gm daily)
Sympathomimetics		
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 ea daily)
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	7	QL(2 ea daily)
<i>albuterol sulfate AERS</i>	1	QL(1.2 gm daily)
<i>albuterol sulfate AERS</i>	1	QL(0.47 gm daily)
<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1	
ALBUTEROL SULFATE NEBU	2	
<i>albuterol sulfate SYRP</i>	1	
<i>albuterol sulfate TABS</i>	1	
ANORO ELLIPTA	2	QL(2 ea daily)
<i>arformoterol tartrate</i>	1	QL(4 ml daily)
BREZTRI AEROSPHERE	2	QL(0.36 gm daily)
BROVANA (<i>arformoterol tartrate</i>)	7	QL(4 ml daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 gm daily)
<i>fluticasone furoate-vilanterol</i>	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol</i> <i>AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 ea daily)
<i>fluticasone-salmeterol</i> <i>AERO</i>	1	Limit 1 inhaler per month; QL(0.4 gm daily)
<i>formoterol fumarate</i> <i>NEBU</i>	1	QL(4 ml daily)
<i>ipratropium-albuterol</i> <i>SOLN</i>	1	
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	QL(0.5 gm daily)
PERFORMIST NEBU <i>(formoterol fumarate)</i>	7	QL(4 ml daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 ea daily)
SEREVENT DISKUS	2	QL(2 ea daily)
STIOLTO RESPIMAT	2	QL(0.14 gm daily)
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
SYMBICORT <i>(budesonide-formoterol fumarate dihydrate)</i>	7	
<i>terbutaline sulfate</i> TABS	1	
TRELEGY ELLIPTA	2	QL(2 ea daily)
XOPENEX <i>(levalbuterol hcl)</i>	7	
XOPENEX CONCENTRATE <i>(levalbuterol hcl)</i>	7	
Xanthines		
(Theophylline) ELIXOPHYLLIN ELIX	3	
THEO-24 CP24	2	

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline</i> ELIX	3	
<i>theophylline</i> SOLN	3	
<i>theophylline</i> TB12 300 MG	1	QL(2 ea daily)
<i>theophylline</i> TB12 450 MG	1	QL(1 ea daily)
<i>theophylline</i> TB24	1	QL(1 ea daily)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN TABS	1	
<i>warfarin sodium</i> TABS	1	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	2	QL(74 ea per 30 days retail)
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 days retail)
XARELTO SUSR	2	QL(900 ml per 30 days retail)
XARELTO TABS	2	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA 5 MG/0.4ML <i>(fondaparinux sodium)</i>	7	QL(3 ml per 90 days retail)
ARIXTRA 10 MG/0.8ML <i>(fondaparinux sodium)</i>	7	QL(6 ml per 90 days retail)
ARIXTRA 2.5 MG/0.5ML, 7.5 MG/0.6ML <i>(fondaparinux sodium)</i>	7	QL(4 ml per 90 days retail)
<i>enoxaparin sodium</i> SOLN IJ 300 MG/3ML	1	QL(42 ml per 7 days retail)
<i>enoxaparin sodium</i> SOSY 60 MG/0.6ML	1	QL(8.4 ml per 7 days retail)
<i>enoxaparin sodium</i> SOSY 100 MG/ML, 150 MG/ML	1	QL(14 ml per 7 days retail)
<i>enoxaparin sodium</i> SOSY 80 MG/0.8ML, 120 MG/0.8ML	1	QL(11.2 ml per 7 days retail)
<i>enoxaparin sodium</i> SOSY 30 MG/0.3ML	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	1	QL(5.6 ml per 7 days retail)
<i>fondaparinux sodium 10 MG/0.8ML</i>	4	QL(6 ml per 90 days retail)
<i>fondaparinux sodium 2.5 MG/0.5ML, 7.5 MG/0.6ML</i>	4	QL(4 ml per 90 days retail)
<i>fondaparinux sodium 5 MG/0.4ML</i>	4	QL(3 ml per 90 days retail)
FRAGMIN SOLN 95000 UNIT/3.8ML	4	PA
FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	QL(1 ml per 90 days retail)
FRAGMIN SOSY 18000 UNT/0.72ML	4	QL(5 ml per 90 days retail)
FRAGMIN SOSY 10000 UNIT/ML	4	QL(7 ml per 90 days retail)
FRAGMIN SOSY 7500 UNIT/0.3ML	4	QL(2 ml per 90 days retail)
FRAGMIN SOSY 12500 UNIT/0.5ML, 15000 UNIT/0.6ML	4	QL(4 ml per 90 days retail)
LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	7	QL(42 ml per 7 days retail)
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	7	QL(11.2 ml per 7 days retail)
LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	7	
LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	7	QL(14 ml per 7 days retail)
LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	7	QL(5.6 ml per 7 days retail)
LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	7	QL(8.4 ml per 7 days retail)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	3	QL(24 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
FYCOMPA TABS 2 MG	3	QL(6 ea daily)
FYCOMPA TABS 4 MG	3	QL(3 ea daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily)
FYCOMPA TABS 6 MG	3	QL(2 ea daily)
Anticonvulsants - Benzodiazepines		
<i>clobazam SUSP</i>	3	
<i>clobazam TABS 20 MG</i>	3	QL(2 ea daily)
<i>clobazam TABS 10 MG</i>	3	QL(1 ea daily)
<i>clonazepam TABS</i>	1	
<i>clonazepam TBDP</i>	1	
DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>)	7	Limit 4 per month; QL(0.14 ea daily)
DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	7	Limit 4 per month; QL(0.14 ea daily)
<i>diazepam (anticonvulsant) GEL</i>	3	Limit 4 per month; QL(0.14 ea daily)
KLONOPIN TABS (<i>clonazepam</i>)	7	
NAYZILAM	4	QL(10 ea per 30 days retail); PA
ONFI SUSP (<i>clobazam</i>)	7	
ONFI TABS 20 MG (<i>clobazam</i>)	7	QL(2 ea daily)
ONFI TABS 10 MG (<i>clobazam</i>)	7	QL(1 ea daily)
Anticonvulsants - Misc.		
(Carbamazepine) EPITOL TABS	1	
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST

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(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST	DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA
(Lamotrigine) SUBVENITE TABS	1		EPIDIOLEX	4	ST; PA
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 ea daily)	<i>gabapentin CAPS</i>	1	
APTIOM	3	QL(1 ea daily); ST	<i>gabapentin SOLN</i>	1	
BANZEL SUSP (<i>rufinamide</i>)	7		<i>gabapentin TABS 600 MG, 800 MG</i>	1	
BANZEL TABS 200 MG (<i>rufinamide</i>)	7		KEPPRA XR TB24 (<i>levetiracetam</i>)	7	QL(4 ea daily)
BANZEL TABS 400 MG (<i>rufinamide</i>)	7	QL(8 ea daily)	KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>)	7	
BRIVIACT SOLN OR 10 MG/ML	3	ST; PA	KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	7	QL(6 ea daily)
BRIVIACT TABS 10 MG	3	ST; PA	KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	7	QL(3 ea daily)
BRIVIACT TABS 100 MG	3	ST; QL(2 ea daily); PA	<i>lacosamide SOLN OR 10 MG/ML</i>	1	QL(40 ml daily)
BRIVIACT TABS 25 MG, 50 MG, 75 MG	3	PA	<i>lacosamide TABS</i>	1	QL(2 ea daily)
<i>carbamazepine CHEW</i>	1		LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	7	
<i>carbamazepine CP12</i>	1		LAMICTAL ODT KIT	3	ST; PA
<i>carbamazepine SUSP</i>	1		LAMICTAL ODT KIT (<i>lamotrigine</i>)	7	ST; PA
<i>carbamazepine TABS</i>	1		LAMICTAL ODT TBDP (<i>lamotrigine</i>)	7	PA
<i>carbamazepine TB12 200 MG</i>	1	QL(8 ea daily)	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>lamotrigine</i>)	7	ST
<i>carbamazepine TB12 400 MG</i>	1	QL(4 ea daily)	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>lamotrigine</i>)	7	ST
<i>carbamazepine TB12 100 MG</i>	1		LAMICTAL STARTER/TAKING VALPROATE KIT (<i>lamotrigine</i>)	7	ST
CARBATROL CP12 (<i>carbamazepine</i>)	7		LAMICTAL XR KIT	3	ST; PA
DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA	LAMICTAL XR TB24 250 MG (<i>lamotrigine</i>)	7	PA
DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA			
DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (<i>lamotrigine</i>)	7	QL(1 ea daily); PA	<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 ea daily)
LAMICTAL XR TB24 300 MG (<i>lamotrigine</i>)	7	QL(2 ea daily); PA	<i>oxcarbazepine TABS 150 MG</i>	1	
LAMICTAL TABS (<i>lamotrigine</i>)	7		OXTELLAR XR TB24 600 MG	3	QL(4 ea daily); ST
<i>lamotrigine CHEW</i>	1		OXTELLAR XR TB24 150 MG, 300 MG	3	ST
<i>lamotrigine KIT</i>	3	ST; PA	<i>pregabalin CAPS 225 MG, 300 MG</i>	3	ST; QL(2 ea daily); PA
<i>lamotrigine KIT 25 MG</i>	1	ST	<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	ST; QL(3 ea daily); PA
<i>lamotrigine TABS</i>	1		<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA
<i>lamotrigine TB24 250 MG</i>	3	PA	<i>primidone 50 MG, 250 MG</i>	1	
<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	3	QL(1 ea daily); PA	QUDEXY XR CS24 25 MG, 50 MG (<i>topiramate</i>)	7	QL(2 ea daily); PA
<i>lamotrigine TB24 300 MG</i>	3	QL(2 ea daily); PA	QUDEXY XR CS24 100 MG, 150 MG, 200 MG (<i>topiramate</i>)	7	QL(1 ea daily); PA
<i>lamotrigine TBDP</i>	3	PA	<i>rufinamide SUSP</i>	1	
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1		<i>rufinamide TABS 200 MG</i>	1	
<i>levetiracetam TABS 1000 MG</i>	1	QL(3 ea daily)	<i>rufinamide TABS 400 MG</i>	1	QL(8 ea daily)
<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 ea daily)	SPRITAM TB3D	3	PA
<i>levetiracetam TB24</i>	1	QL(4 ea daily)	TEGRETOL SUSP (<i>carbamazepine</i>)	7	
LYRICA CAPS 225 MG, 300 MG (<i>pregabalin</i>)	7	ST; QL(2 ea daily); PA	TEGRETOL TABS (<i>carbamazepine</i>)	7	
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>pregabalin</i>)	7	ST; QL(3 ea daily); PA	TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	7	
LYRICA SOLN (<i>pregabalin</i>)	7	QL(30 ml daily); PA	TEGRETOL-XR TB12 400 MG (<i>carbamazepine</i>)	7	QL(4 ea daily)
MYSOLINE (<i>primidone</i>)	7		TEGRETOL-XR TB12 200 MG (<i>carbamazepine</i>)	7	QL(8 ea daily)
NEURONTIN CAPS (<i>gabapentin</i>)	7		TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	7	
NEURONTIN SOLN (<i>gabapentin</i>)	7		TOPAMAX TABS 50 MG (<i>topiramate</i>)	7	QL(8 ea daily)
NEURONTIN TABS (<i>gabapentin</i>)	7		TOPAMAX TABS 100 MG (<i>topiramate</i>)	7	QL(4 ea daily)
<i>oxcarbazepine SUSP</i>	1	QL(40 ml daily)			
<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOPAMAX TABS 25 MG <i>(topiramate)</i>	7		<i>zonisamide CAPS 100 MG</i>	1	QL(6 ea daily)
TOPAMAX TABS 200 MG <i>(topiramate)</i>	7	QL(2 ea daily)	Carbamates		
<i>topiramate CP24 200 MG</i>	3	QL(2 ea daily); PA	<i>felbamate SUSP</i>	1	
<i>topiramate CP24 50 MG, 100 MG</i>	3	PA	<i>felbamate TABS</i>	1	
<i>topiramate CP24 25 MG</i>	3	ST; PA	FELBATOL SUSP <i>(felbamate)</i>	7	
<i>topiramate CPSP</i>	1		FELBATOL TABS <i>(felbamate)</i>	7	
<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	3	QL(1 ea daily); PA	GABA Modulators		
<i>topiramate CS24 25 MG, 50 MG</i>	3	QL(2 ea daily); PA	(Vigabatrin) VIGADRONE, VIGPODER PACK	4	QL(6 ea daily)
<i>topiramate TABS 200 MG</i>	1	QL(2 ea daily)	(Vigabatrin) VIGADRONE TABS	4	
<i>topiramate TABS 25 MG</i>	1		GABITRIL <i>(tiagabine hcl)</i>	7	
<i>topiramate TABS 50 MG</i>	1	QL(8 ea daily)	SABRIL PACK <i>(vigabatrin)</i>	7	QL(6 ea daily)
<i>topiramate TABS 100 MG</i>	1	QL(4 ea daily)	SABRIL TABS <i>(vigabatrin)</i>	7	
TRILEPTAL SUSP <i>(oxcarbazepine)</i>	7	QL(40 ml daily)	<i>tiagabine hcl</i>	3	
TRILEPTAL TABS 300 MG <i>(oxcarbazepine)</i>	7	QL(8 ea daily)	<i>vigabatrin PACK</i>	4	QL(6 ea daily)
TRILEPTAL TABS 600 MG <i>(oxcarbazepine)</i>	7	QL(4 ea daily)	<i>vigabatrin TABS</i>	4	
TRILEPTAL TABS 150 MG <i>(oxcarbazepine)</i>	7		Hydantoins		
TROKENDI XR CP24 25 MG <i>(topiramate)</i>	7	ST; PA	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
TROKENDI XR CP24 50 MG, 100 MG <i>(topiramate)</i>	7	PA	(Phenytoin) PHENYTOIN INFATABS CHEW	1	
TROKENDI XR CP24 200 MG <i>(topiramate)</i>	7	QL(2 ea daily); PA	DILANTIN <i>(phenytoin sodium extended)</i>	7	
VIMPAT SOLN OR 10 MG/ML <i>(lacosamide)</i>	7	QL(40 ml daily)	DILANTIN 30 MG	2	
VIMPAT TABS <i>(lacosamide)</i>	7	QL(2 ea daily)	DILANTIN INFATABS CHEW <i>(phenytoin)</i>	7	
ZONEGRAN CAPS 25 MG <i>(zonisamide)</i>	7		DILANTIN-125 SUSP <i>(phenytoin)</i>	7	
ZONEGRAN CAPS 100 MG <i>(zonisamide)</i>	7	QL(6 ea daily)	<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
<i>zonisamide CAPS 25 MG, 50 MG</i>	1		<i>phenytoin CHEW</i>	1	
			<i>phenytoin SUSP</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Succinimides		
CELONTIN (<i>methsuximide</i>)	7	
<i>ethosuximide</i> CAPS	1	
<i>ethosuximide</i> SOLN	1	
<i>methsuximide</i>	1	
ZARONTIN CAPS (<i>ethosuximide</i>)	7	
ZARONTIN SOLN (<i>ethosuximide</i>)	7	
Valproic Acid		
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	7	
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	7	
DEPAKOTE TBEC (<i>divalproex sodium</i>)	7	
<i>divalproex sodium</i> CSDR	1	
<i>divalproex sodium</i> TB24	1	
<i>divalproex sodium</i> TBEC	1	
<i>valproate sodium</i> SOLN OR 250 MG/5ML	1	
<i>valproic acid</i> CAPS	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine</i> TABS	1	
<i>mirtazapine</i> TBDP	1	
REMERON SOLTAB TBDP (<i>mirtazapine</i>)	7	
REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	7	
Antidepressants - Misc.		
<i>bupropion hcl</i> TABS	1	
<i>bupropion hcl</i> TB12	1	
<i>bupropion hcl</i> TB24 450 MG	3	QL(1 ea daily); ST

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl</i> TB24 150 MG, 300 MG	1	QL(1 ea daily)
FORFIVO XL TB24 (<i>bupropion hcl</i>)	7	QL(1 ea daily); ST
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	7	
WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	7	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 ea daily)
MARPLAN	3	
NARDIL (<i>phenelzine sulfate</i>)	7	
PARNATE (<i>tranylcypromine sulfate</i>)	7	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	4	PA
SPRAVATO 84MG DOSE	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS (<i>citalopram hydrobromide</i>)	7	QL(1 ea daily)
<i>citalopram hydrobromide</i> SOLN	3	QL(20 ml daily)
<i>citalopram hydrobromide</i> TABS	1	QL(1 ea daily)
<i>escitalopram oxalate</i> SOLN	1	
<i>escitalopram oxalate</i> TABS 10 MG, 20 MG	1	QL(1 ea daily)
<i>escitalopram oxalate</i> TABS 5 MG	1	QL(2 ea daily)
<i>fluoxetine hcl</i> CAPS 40 MG	1	QL(1 ea daily)
<i>fluoxetine hcl</i> CAPS 10 MG, 20 MG	1	
<i>fluoxetine hcl</i> CPDR	3	

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<i>fluoxetine hcl SOLN</i>	1	QL(15 ml daily)	Serotonin Modulators		
<i>fluoxetine hcl TABS 20 MG</i>	1	QL(1 ea daily)	<i>nefazodone hcl</i>	3	
<i>fluoxetine hcl TABS 10 MG</i>	1		<i>trazodone hcl TABS</i>	1	
<i>fluoxetine hcl TABS 60 MG</i>	3	QL(1 ea daily)	TRINTELLIX	3	ST
FLUOXETINE HYDROCHLORIDE TABS (<i>fluoxetine hcl</i>)	7	QL(1 ea daily)	VIIBRYD STARTER PACK KIT	3	
<i>fluvoxamine maleate CP24 100 MG</i>	1	QL(3 ea daily)	VIIBRYD TABS 10 MG, 40 MG (<i>vilazodone hcl</i>)	7	
<i>fluvoxamine maleate CP24 150 MG</i>	1		VIIBRYD TABS 20 MG (<i>vilazodone hcl</i>)	7	QL(2 ea daily)
<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 ea daily)	<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1		<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 ea daily)
LEXAPRO TABS 10 MG, 20 MG (<i>escitalopram oxalate</i>)	7	QL(1 ea daily)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	7	QL(2 ea daily)	CYMBALTA CPEP (<i>duloxetine hcl</i>)	7	QL(2 ea daily)
<i>paroxetine hcl SUSP</i>	1		<i>desvenlafaxine succinate</i>	1	QL(1 ea daily)
<i>paroxetine hcl TABS</i>	1		<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 ea daily)
<i>paroxetine hcl TB24</i>	1		EFFEXOR XR CP24 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	7	QL(1 ea daily)
PAXIL CR TB24 (<i>paroxetine hcl</i>)	7		EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	7	QL(2 ea daily)
PAXIL SUSP (<i>paroxetine hcl</i>)	7		FETZIMA TITRATION PACK C4PK	3	ST
PAXIL TABS (<i>paroxetine hcl</i>)	7		FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 ea daily); ST
PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	7	QL(1 ea daily)	FETZIMA CP24 20 MG	3	QL(2 ea daily); ST
PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	7		PRISTIQ (<i>desvenlafaxine succinate</i>)	7	QL(1 ea daily)
<i>sertraline hcl CONC</i>	1		<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 ea daily)
<i>sertraline hcl TABS</i>	1	QL(2 ea daily)	<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 ea daily)
ZOLOFT CONC (<i>sertraline hcl</i>)	7		<i>venlafaxine hcl TABS</i>	1	
ZOLOFT TABS (<i>sertraline hcl</i>)	7	QL(2 ea daily)	<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl TB24 225 MG</i>	1		<i>glyburide-metformin</i>	1	
Tricyclic Agents			GLYXAMBI	2	
<i>amitriptyline hcl TABS</i>	1		JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
<i>amoxapine</i>	1		JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)
ANAFRANIL (<i>clomipramine hcl</i>)	7		JANUMET TABS	2	QL(2 ea daily)
<i>clomipramine hcl</i>	1		<i>pioglitazone hcl-glimepiride</i>	1	
<i>desipramine hcl TABS</i>	1		<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>doxepin hcl CAPS</i>	1		<i>saxagliptin-metformin hcl</i>	1	QL(1 ea daily)
<i>doxepin hcl CONC</i>	1		SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 ea daily)	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 ea daily)
<i>imipramine hcl TABS 10 MG, 25 MG</i>	1		SYNJARDY TABS	2	QL(2 ea daily)
<i>imipramine pamoate</i>	3		TRIJARDY XR	2	
NORPRAMIN TABS 10 MG, 25 MG (<i>desipramine hcl</i>)	7		XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 ea daily)
<i>nortriptyline hcl CAPS</i>	1		XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 ea daily)
<i>nortriptyline hcl SOLN</i>	2		Biguanides		
PAMELOR CAPS (<i>nortriptyline hcl</i>)	7		<i>metformin hcl SOLN</i>	1	
<i>protriptyline hcl</i>	3		<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	
<i>trimipramine maleate CAPS</i>	3		<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar			RIOMET SOLN (<i>metformin hcl</i>)	7	
Alpha-Glucosidase Inhibitors			Diabetic Other		
<i>acarbose</i>	1		<i>diazoxide</i>	3	
<i>miglitol</i>	3		GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	QL(1 ea per fill retail; 2 ea per 30 days retail)
PRECOSE (<i>acarbose</i>)	7		PROGLYCEM (<i>diazoxide</i>)	7	
Antidiabetic Combinations					
ACTOPLUS MET TABS (<i>pioglitazone hcl-metformin hcl</i>)	7				
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	7				
<i>glipizide-metformin hcl</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate 6.25 MG, 12.5 MG</i>	1	
<i>alogliptin benzoate 25 MG</i>	1	QL(1 ea daily)
JANUVIA	2	QL(1 ea daily)
<i>saxagliptin hcl</i>	1	QL(1 ea daily)
Incretin Mimetic Agents		
OZEMPIC SOPN	2	Not available through Mail Order.; PA
RYBELSUS TABS 7 MG, 14 MG	2	PA
RYBELSUS TABS 3 MG	2	Not available through mail order; PA
TRULICITY	2	Not available through mail order; PA
VICTOZA	2	Not available through mail order; PA
Insulin		
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)

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

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Drug Name	Drug Tier	Requirements/Limits
Insulin Sensitizing Agents		
ACTOS 15 MG (<i>pioglitazone hcl</i>)	7	
ACTOS 30 MG, 45 MG (<i>pioglitazone hcl</i>)	7	QL(1 ea daily)
<i>pioglitazone hcl 15 MG</i>	1	
<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
AMARYL (<i>glimepiride</i>)	7	
<i>glimepiride</i>	1	
<i>glipizide TABS</i>	1	
<i>glipizide TB24</i>	1	
GLUCOTROL XL TB24 (<i>glipizide</i>)	7	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS</i>	1	
GLYNASE (<i>glyburide micronized</i>)	7	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 ea daily); PA
Antiperistaltic Agents		

Drug Name	Drug Tier	Requirements/Limits
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS	3	RX/OTC
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
IMODIUM A-D CAPS (<i>loperamide hcl</i>)	7	RX/OTC
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	7	
<i>loperamide hcl CAPS</i>	3	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	PA
<i>deferiprone TABS 500 MG</i>	4	
FERRIPROX SOLN	4	Not available through mail order
FERRIPROX TABS 500 MG (<i>deferiprone</i>)	7	
JADENU SPRINKLE PACK (<i>deferasirox</i>)	7	PA
JADENU TABS (<i>deferasirox</i>)	7	PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	4	PA
VISTOGARD	4	
Opioid Antagonists		
KLOXXADO LIQD	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl LIQD</i>	1	QL(4 ea per 30 days retail); RX/OTC
<i>naloxone hcl SOSY</i>	1	
<i>naltrexone hcl</i>	1	
NARCAN LIQD (<i>naloxone hcl</i>)	7	QL(4 ea per 30 days retail); RX/OTC
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	ST; QL(2 ea per fill retail); PA
<i>granisetron hcl TABS</i>	3	ST; Limit 2 tablets per day; QL(2 ea daily); PA
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ml daily)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(20 ea per fill retail)
<i>ondansetron TBDP</i>	1	QL(20 ea per fill retail)
SANCUSO PTCH	4	QL(1 ea per 21 days retail); PA
Antiemetics - Anticholinergic		
ANTIVERT TABS 50 MG (<i>meclizine hcl</i>)	7	
<i>meclizine hcl TABS 50 MG</i>	1	
<i>scopolamine</i>	3	
TRANSDERM-SCOP (<i>scopolamine</i>)	7	
<i>trimethobenzamide hcl CAPS</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	QL(2 ea per 28 days retail)
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	7	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>doxylamine-pyridoxine TBEC</i>	3	QL(4 ea daily)
<i>dronabinol CAPS 2.5 MG</i>	3	ST; PA
<i>dronabinol CAPS 10 MG</i>	3	PA
<i>dronabinol CAPS 5 MG</i>	3	PA
MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	7	ST; PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS</i>	3	Limit 3 per month; QL(0.1 ea daily)
<i>aprepitant CAPS 40 MG</i>	3	Limit 2 per month; QL(0.07 ea daily)
<i>aprepitant CAPS 80 MG, 125 MG</i>	3	QL(1 ea per fill retail; 1 ea per 30 days retail)
<i>aprepitant MISC</i>	3	Limit 3 per month; QL(0.1 ea daily)
EMEND TRIPACK CAPS (<i>aprepitant</i>)	7	Limit 3 per month; QL(0.1 ea daily)
EMEND CAPS 80 MG (<i>aprepitant</i>)	7	QL(1 ea per fill retail; 1 ea per 30 days retail)
EMEND SUSR	3	QL(1 ea per 30 days retail)
VARUBI TBPB	3	QL(4 ea per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON (<i>flucytosine</i>)	7	
<i>flucytosine</i>	3	
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>terbinafine hcl TABS</i>	1	QL(1 ea daily; 90 ea per 365 days retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	Not available through mail order
DIFLUCAN SUSR (<i>fluconazole</i>)	7	
DIFLUCAN TABS (<i>fluconazole</i>)	7	
<i>fluconazole SUSR</i>	1	
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1	ST; PA
<i>itraconazole SOLN</i>	1	PA
<i>ketoconazole</i>	1	
NOXAFIL SUSP (<i>posaconazole</i>)	7	
NOXAFIL TBEC (<i>posaconazole</i>)	7	
<i>posaconazole SUSP</i>	3	
<i>posaconazole TBEC</i>	3	
SPORANOX PULSEPAK CAPS (<i>itraconazole</i>)	7	ST; PA
SPORANOX CAPS (<i>itraconazole</i>)	7	ST; PA
SPORANOX SOLN (<i>itraconazole</i>)	7	PA
TOLSURA CAPS	4	PA
VFEND SUSR (<i>voriconazole</i>)	7	
VFEND TABS (<i>voriconazole</i>)	7	QL(2 ea daily)
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	QL(2 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbinoxamine maleate TABS 4 MG</i>	3	
CARBINOXAMINE MALEATE TABS	3	
<i>clemastine fumarate SYRP</i>	1	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
KARBINAL ER SUER	3	
RYVENT TABS	3	
Antihistamines - Non-Sedating		
CLARINEX TABS (<i>desloratadine</i>)	7	ST; QL(1 ea daily); PA
<i>desloratadine TABS</i>	3	ST; QL(1 ea daily); PA
<i>desloratadine TBDP 2.5 MG</i>	3	ST; PA
<i>desloratadine TBDP 5 MG</i>	3	PA
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	1	QL(3 ea daily)
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1	
<i>promethazine hcl SOLN 6.25 MG/5ML</i>	1	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1	
<i>promethazine hcl SYRP</i>	1	
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 ea daily)
<i>promethazine hcl TABS 12.5 MG</i>	1	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 ea daily)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1	
<i>cyproheptadine hcl TABS</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Cholesterol			<i>colestipol hcl TABS</i>	1	
Antihyperlipidemics - Combinations			QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	7	
EZETIMIBE/ATORVASTATIN	2	QL(1 ea daily)	QUESTRAN PACK (<i>cholestyramine</i>)	7	
<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)	QUESTRAN POWD (<i>cholestyramine</i>)	7	
VYTORIN (<i>ezetimibe-simvastatin</i>)	7	QL(1 ea daily)	WELCHOL PACK (<i>colesevelam hcl</i>)	7	QL(1 ea daily)
Antihyperlipidemics - Misc.			WELCHOL TABS (<i>colesevelam hcl</i>)	7	QL(7 ea daily)
<i>icosapent ethyl</i>	2	PA	Fibric Acid Derivatives		
LOVAZA (<i>omega-3-acid ethyl esters</i>)	7	QL(4 ea daily)	ANTARA 30 MG	3	
<i>omega-3-acid ethyl esters</i>	1	QL(4 ea daily)	<i>choline fenofibrate 45 MG</i>	1	
VASCEPA (<i>icosapent ethyl</i>)	2	PA	<i>choline fenofibrate 135 MG</i>	1	QL(1 ea daily)
Bile Acid Sequestrants			<i>fenofibrate micronized 30 MG, 90 MG</i>	3	
(Cholestyramine Light) PREVALITE PACK	1		<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 ea daily)
(Cholestyramine Light) PREVALITE POWD	1		<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
<i>cholestyramine light PACK</i>	1		<i>fenofibrate CAPS</i>	3	
<i>cholestyramine light POWD</i>	1		<i>fenofibrate TABS 54 MG</i>	1	QL(2 ea daily)
<i>cholestyramine PACK</i>	1		<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 ea daily)
<i>cholestyramine POWD</i>	1		<i>fenofibrate TABS 48 MG</i>	1	
<i>colesevelam hcl PACK</i>	1	QL(1 ea daily)	FENOFIBRATE TABS	2	QL(1 ea daily)
<i>colesevelam hcl TABS</i>	1	QL(7 ea daily)	FIBRICOR (<i>fenofibric acid</i>)	7	
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	7		<i>gemfibrozil TABS</i>	1	
COLESTID FLAVORED PACK (<i>colestipol hcl</i>)	7		LIPOFEN CAPS (<i>fenofibrate</i>)	7	
COLESTID GRAN (<i>colestipol hcl</i>)	7		LOPID TABS (<i>gemfibrozil</i>)	7	
COLESTID PACK (<i>colestipol hcl</i>)	7		TRICOR TABS 145 MG (<i>fenofibrate</i>)	7	QL(1 ea daily)
COLESTID TABS (<i>colestipol hcl</i>)	7		TRICOR TABS 48 MG (<i>fenofibrate</i>)	7	
<i>colestipol hcl GRAN</i>	1		TRILIPIX 135 MG (<i>choline fenofibrate</i>)	7	QL(1 ea daily)
<i>colestipol hcl PACK</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
TRILIPIX 45 MG (<i>choline fenofibrate</i>)	7	
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily)
CRESTOR TABS (<i>rosuvastatin calcium</i>)	7	QL(1 ea daily)
<i>fluvastatin sodium CAPS</i>	1	QL(1 ea daily)
<i>fluvastatin sodium TB24</i>	1	QL(1 ea daily)
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	7	QL(1 ea daily)
LIPITOR TABS (<i>atorvastatin calcium</i>)	7	QL(1 ea daily)
<i>lovastatin TABS 10 MG, 20 MG</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); PV
<i>lovastatin TABS 40 MG</i>	1	\$0 copay for Generic only, age 40 to 75; QL(2 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); SL; PV
<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	1	QL(1 ea daily)
<i>pravastatin sodium 40 MG</i>	1	QL(2 ea daily)
<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily)
<i>simvastatin TABS</i>	1	QL(1 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (<i>simvastatin</i>)	7	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
ZETIA (<i>ezetimibe</i>)	7	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
JUXTAPID 10 MG, 20 MG, 30 MG	4	PA
JUXTAPID 5 MG	4	ST; PA
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR TABS	3	
<i>niacin (antihyperlipidemic) TABS</i>	3	
<i>niacin (antihyperlipidemic) TBCR</i>	1	
NIASPAN TBCR (<i>niacin (antihyperlipidemic)</i>)	7	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (<i>quinapril hcl</i>)	7	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	7	QL(2 ea daily)
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate TABS</i>	1	QL(2 ea daily)
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>lisinopril TABS 40 MG</i>	1	QL(2 ea daily)
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	7	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS SOLN	3	QL(5 ml daily)
<i>quinapril hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ramipril CAPS</i>	1	QL(2 ea daily)
<i>trandolapril</i>	1	
VASOTEC TABS (<i>enalapril maleate</i>)	7	QL(2 ea daily)
ZESTRIL TABS 40 MG (<i>lisinopril</i>)	7	QL(2 ea daily)
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (<i>lisinopril</i>)	7	
Agents for Pheochromocytoma		
DEMSER (<i>metyrosine</i>)	7	
DIBENZYLIN (<i>phenoxybenzamine hcl</i>)	7	Not available through mail
<i>metyrosine</i>	3	
<i>phenoxybenzamine hcl</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		
ATACAND 4 MG, 8 MG, 16 MG (<i>candesartan cilexetil</i>)	7	
ATACAND 32 MG (<i>candesartan cilexetil</i>)	7	QL(1 ea daily)
AVAPRO (<i>irbesartan</i>)	7	
BENICAR 40 MG (<i>olmesartan medoxomil</i>)	7	QL(1 ea daily)
BENICAR 5 MG, 20 MG (<i>olmesartan medoxomil</i>)	7	
<i>candesartan cilexetil 32 MG</i>	1	QL(1 ea daily)
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
COZAAR (<i>losartan potassium</i>)	7	
DIOVAN TABS 40 MG, 80 MG, 320 MG (<i>valsartan</i>)	7	
DIOVAN TABS 160 MG (<i>valsartan</i>)	7	QL(2 ea daily)
EDARBI 80 MG	3	QL(1 ea daily)
EDARBI 40 MG	3	
<i>irbesartan</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium</i>	1	
MICARDIS 80 MG (<i>telmisartan</i>)	7	QL(1 ea daily)
MICARDIS 20 MG, 40 MG (<i>telmisartan</i>)	7	
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 ea daily)
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
<i>telmisartan 20 MG, 40 MG</i>	1	
<i>telmisartan 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 (<i>doxazosin mesylate</i>)	7	
<i>clonidine hcl TABS</i>	1	
<i>clonidine hcl TB24</i>	3	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa TABS</i>	1	
MINIPRESS CAPS (<i>prazosin hcl</i>)	7	
NEXICLON XR TB24 (<i>clonidine hcl</i>)	7	
<i>prazosin hcl CAPS</i>	1	
<i>terazosin hcl 10 MG</i>	1	QL(2 ea daily)
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1	
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	7	
ACCURETIC 25 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	7	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1		EDARBYCLOR	3	QL(1 ea daily)
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 ea daily)	<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1		EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (<i>amlodipine besylate-valsartan</i>)	7	
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 ea daily)	EXFORGE 10 MG-160 MG (<i>amlodipine besylate-valsartan</i>)	7	QL(1 ea daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1		EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	7	
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	7		<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>atenolol & chlorthalidone</i>	1		HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	7	
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	7		<i>irbesartan-hydrochlorothiazide</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1		<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)
BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7	QL(1 ea daily)	<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
BENICAR HCT 12.5 MG-20 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7		<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1		LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	7	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1		LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>)	7	QL(1 ea daily)
DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (<i>valsartan-hydrochlorothiazide</i>)	7		<i>metoprolol & hydrochlorothiazide TABS</i>	1	
DIOVAN HCT 25 MG-160 MG (<i>valsartan-hydrochlorothiazide</i>)	7	QL(1 ea daily)	MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	7	

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Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 ea daily)
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
TEKTURNA HCT	3	ST
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	7	
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	7	
<i>trandolapril-verapamil hcl</i>	3	
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	7	ST
<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 ea daily)
<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	7	
ZESTORETIC 25 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	
ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	7	
Antihypertensives - Misc.		
VECAMYL	4	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	3	
TEKTURNA (<i>aliskiren fumarate</i>)	7	
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	
INSPRA (<i>eplerenone</i>)	7	
Vasodilators		
<i>hydralazine hcl TABS</i>	1	
<i>minoxidil 2.5 MG, 10 MG</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL CAPS (<i>metronidazole</i>)	7	
IMPAVIDO	4	
<i>metronidazole CAPS</i>	1	
<i>metronidazole TABS</i>	1	
NEBUPENT IN (<i>pentamidine isethionate</i>)	7	
<i>pentamidine isethionate IN</i>	1	
<i>tinidazole 500 MG</i>	3	ST
<i>tinidazole 250 MG</i>	3	ST; PA
<i>trimethoprim TABS</i>	1	
XIFAXAN 200 MG	3	Limit 9 per month; QL(9 ea per fill retail); PA

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Drug Name	Drug Tier	Requirements/Limits
XIFAXAN 550 MG	3	QL(2 ea daily); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	7	
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	7	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
ALINIA TABS (<i>nitazoxanide</i>)	7	
<i>atovaquone</i>	1	
MEPRON (<i>atovaquone</i>)	7	
<i>nitazoxanide TABS</i>	3	
Glycopeptides		
FIRVANQ SOLR OR (<i>vancomycin hcl</i>)	7	PA
VANCOGIN CAPS 125 MG (<i>vancomycin hcl</i>)	7	PA
<i>vancomycin hcl CAPS 125 MG</i>	1	PA
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	3	PA
Leprostatics		
<i>dapsone 100 MG</i>	1	QL(4 ea daily)
<i>dapsone 25 MG</i>	1	
Lincosamides		
CLEOCIN (<i>clindamycin hcl</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN PEDIATRIC GRANULES (<i>clindamycin palmitate hydrochloride</i>)	7	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	3	
Oxazolidinones		
<i>linezolid SUSR</i>	1	QL(210 ml per 90 days retail)
<i>linezolid TABS</i>	1	QL(20 ea per 90 days retail)
SIVEXTRO TABS	2	QL(6 ea per 90 days retail)
ZYVOX SUSR (<i>linezolid</i>)	7	QL(210 ml per 90 days retail)
ZYVOX TABS (<i>linezolid</i>)	7	QL(20 ea per 90 days retail)
Urinary Anti-infectives		
<i>fosfomicin tromethamine</i>	3	
HIPREX (<i>methenamine hippurate</i>)	7	
MACROBID (<i>nitrofurantoin monohyd macro</i>)	7	
MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	7	
<i>methenamine hippurate</i>	3	
<i>methenamine mandelate 0.5 GM, 1 GM</i>	1	
MONUROL (<i>fosfomicin tromethamine</i>)	7	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
COARTEM	2	Limit 24 per month; QL(0.8 ea daily)
MALARONE (<i>atovaquone-proguanil hcl</i>)	7	
Antimalarials		
<i>chloroquine phosphate TABS</i>	1	
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1	QL(6 ea per fill retail)
PLAQUENIL (<i>hydroxychloroquine sulfate</i>)	7	
<i>primaquine phosphate TABS</i>	1	
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	7	
QUALAQUIN CAPS (<i>quinine sulfate</i>)	7	QL(2 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	3	QL(2 ea daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	ST; PA
MESTINON TIMESPAN TBCR (<i>pyridostigmine bromide</i>)	7	
MESTINON SOLN OR (<i>pyridostigmine bromide</i>)	7	PA
MESTINON TABS (<i>pyridostigmine bromide</i>)	7	
<i>pyridostigmine bromide SOLN OR</i>	4	PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide TBCR</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	3	
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	7	
MYCOBUTIN (<i>rifabutin</i>)	7	
PASER PACK	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin CAPS</i>	1	
TRECTOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (<i>melphalan</i>)	7	AC
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC
LEUKERAN	2	AC
<i>melphalan</i>	1	AC
MYLERAN TABS	2	AC
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (<i>temozolomide</i>)	7	AC
<i>temozolomide CAPS</i>	1	AC
Antimetabolites		
<i>capecitabine 500 MG</i>	4	AC
<i>capecitabine 150 MG</i>	4	AC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine TABS</i>	1	AC	LENVIMA 18 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	4		LENVIMA 20 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC	LENVIMA 24 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
ONUREG TABS	4	AC; PA	LENVIMA 4 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
PURIXAN SUSP	2	AC	LENVIMA 8 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
TABLOID	2	AC	Antineoplastic - Anti-HER2 Agents		
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC	TUKYSA	4	PA; AC; AC; PA
XATMEP SOLN	4	AC; PA	Antineoplastic - BCL-2 Inhibitors		
XELODA 150 MG (<i>capecitabine</i>)	7	AC	VENCLEXTA STARTING PACK TBPK	4	PA; AC; AC; PA
XELODA 500 MG (<i>capecitabine</i>)	7	AC	VENCLEXTA TABS 100 MG	4	PA; AC; QL(4 ea daily); AC; PA
Antineoplastic - Angiogenesis Inhibitors			VENCLEXTA TABS 50 MG	4	PA; AC; AC; PA
INLYTA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA			
LENVIMA 10 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA			
LENVIMA 12MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA			
LENVIMA 14 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 10 MG	4	PA; AC; QL(2 ea daily); AC; PA	<i>bicalutamide</i>	1	QL(1 ea daily); AC
Antineoplastic - EGFR Inhibitors			CASODEX (<i>bicalutamide</i>)	7	QL(1 ea daily); AC
<i>erlotinib hcl</i>	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	ELIGARD SC	3	PA
<i>gefitinib</i>	4	AC; AC	EMCYT	2	AC
GILOTRIF	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA	ERLEADA 60 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
IRESSA (<i>gefitinib</i>)	7	AC; AC	ERLEADA 240 MG	4	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
TAGRISO	4	SP; AC; PA	EULEXIN	2	AC
TARCEVA (<i>erlotinib hcl</i>)	7	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	<i>exemestane</i>	1	PV; AC
VIZIMPRO	4	PA; AC; AC; PA	FARESTON (<i>toremifene citrate</i>)	7	AC
Antineoplastic - Hedgehog Pathway Inhibitors			FEMARA (<i>letrozole</i>)	7	AC
DAURISMO	4	PA	<i>flutamide</i>	1	AC
ERIVEDGE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>letrozole</i>	1	AC
ODOMZO	4	AC	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	3	PA
Antineoplastic - Hormonal and Related Agents			LUPRON DEPOT (1-MONTH) KIT IM	2	covered w-gender transformation diagnosis; PA required for other diagnosis
<i>abiraterone acetate</i>	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	LYSODREN	2	AC
<i>anastrozole</i>	5	QL(1 ea daily); PV; AC	<i>megestrol acetate SUSP</i>	1	AC
ARIMIDEX (<i>anastrozole</i>)	7	QL(1 ea daily); PV; AC	<i>megestrol acetate TABS</i>	1	AC
AROMASIN (<i>exemestane</i>)	7	PV; AC	NILANDRON (<i>nilutamide</i>)	7	AC
			<i>nilutamide</i>	1	AC
			NUBEQA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
			SOLTAMOX SOLN	5	PV; AC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate TABS</i>	5	PV; AC	KISQALI FEMARA 400 DOSE	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA
<i>toremifene citrate</i>	1	AC	KISQALI FEMARA 600 DOSE	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA
XTANDI CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	LONSURF	4	AC; PA
XTANDI TABS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	Antineoplastic Enzyme Inhibitors		
YONSA	4	PA; AC; AC; PA	AFINITOR DISPERZ TBSO (<i>everolimus</i>)	7	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
ZYTIGA (<i>abiraterone acetate</i>)	7	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	AFINITOR TABS 2.5 MG (<i>everolimus</i>)	7	QL(1 ea daily); AC; PA
Antineoplastic - Immunomodulators			AFINITOR TABS 5 MG, 7.5 MG, 10 MG (<i>everolimus</i>)	7	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
POMALYST	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	ALECENSA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors			ALUNBRIG TABS	4	PA; AC; AC; PA
AYVAKIT 25 MG, 50 MG	4	QL(1 ea daily); SP; AC; PA	ALUNBRIG TBPk	4	PA; AC; AC; PA
AYVAKIT 100 MG, 200 MG, 300 MG	4	PA; AC; QL(1 ea daily); SP; PA	BALVERSA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
Antineoplastic - XPO1 Inhibitors			BOSULIF CAPS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
XPOVIO	4	AC; PA			
XPOVIO 80 MG TWICE WEEKLY	4	PA; AC; PA			
Antineoplastic Combinations					
INQOVI	4	PA			
KISQALI FEMARA 200 DOSE	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA			

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BOSULIF TABS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	everolimus TABS 5 MG, 7.5 MG, 10 MG	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
BRAFTOVI 75 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	everolimus TABS 2.5 MG	4	QL(1 ea daily); AC; PA
BRUKINSA	4	PA; AC; AC; PA	everolimus TBSO	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
CABOMETYX TABS 40 MG	4	QL(2 ea daily); AC; PA	FARYDAK	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA
CABOMETYX TABS 20 MG, 60 MG	4	QL(1 ea daily); AC; PA	IBRANCE CAPS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
CALQUENCE	4	QL(2 ea daily); AC; PA	IBRANCE TABS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
CALQUENCE	4	QL(2 ea daily); AC; PA	ICLUSIG 10 MG, 30 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
CAPRELSA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	ICLUSIG 15 MG, 45 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
COMETRIQ KIT	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4662; AC; PA	IDHIFA	4	PA; AC; AC; PA
COMETRIQ KIT	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4663; AC; PA	imatinib mesylate 400 MG	1	QL(2 ea daily); AC; PA
COMETRIQ KIT	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA	imatinib mesylate 100 MG	1	QL(3 ea daily); PA
COPIKTRA	4	PA; AC; AC; PA			
COTELLIC	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAPS	4	PA; AC; AC; PA	NEXAVAR (<i>sorafenib tosylate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
IMBRUVICA TABS	4	PA; AC; QL(1 ea daily); AC; PA			
INREBIC	4	PA; AC; AC; PA	NINLARO	4	PA;AC Must use Exactus Specialty Rx 1-866-458-9246; QL(0.1 ea daily); AC; PA
JAKAFI	4	PA; AC; QL(2 ea daily); AC; PA	<i>pazopanib hcl</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
KISQALI	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA			
KOSELUGO	4	PA; AC; PA	PIQRAY 200MG DAILY DOSE	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
<i>lapatinib ditosylate</i>	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	PIQRAY 250MG DAILY DOSE	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
LORBRENA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	PIQRAY 300MG DAILY DOSE	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
LYNPARZA TABS	4	QL(4 ea daily); SP; AC; PA	QINLOCK	3	PA; AC; AC; PA
MEKINIST TABS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	RETEVMO	4	AC; PA
MEKTOVI	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	ROZLYTREK CAPS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
NERLYNX	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA	RUBRACA	4	PA; AC; AC; PA
			RYDAPT	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA

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<i>sorafenib tosylate</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	TALZENNA 0.25 MG, 1 MG	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
SPRYCEL	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TASIGNA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
STIVARGA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	TAZVERIK	4	PA; AC; PA
<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	TIBSOVO	4	PA; AC; AC; PA
<i>sunitinib malate 25 MG</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	TURALIO 200 MG	4	PA; AC; AC; PA
SUTENT 12.5 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	TYKERB (<i>lapatinib ditosylate</i>)	7	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
SUTENT 25 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	VERZENIO	4	QL(2 ea daily); AC; PA
TABRECTA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	VITRAKVI CAPS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; PA
TAFINLAR CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	VITRAKVI CAPS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
			VITRAKVI SOLN	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; PA
			VOTRIENT	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
			VOTRIENT (<i>pazopanib hcl</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA

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XALKORI CAPS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
XOSPATA	4	PA; AC; AC; PA
ZEJULA CAPS	4	PA; AC; AC; PA
ZEJULA TABS	4	PA
ZELBORAF	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
ZOLINZA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
ZYDELIG	3	PA; AC; AC; PA
ZYKADIA TABS	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
Antineoplastics Misc.		
ACTIMMUNE	4	PA
ALFERON N	4	PA
<i>bexarotene</i>	4	SP; AC; PA
HYDREA (<i>hydroxyurea</i>)	7	AC
<i>hydroxyurea</i>	1	AC
INTRON A SOLR	4	PA
MATULANE	4	AC
TARGRETIN (<i>bexarotene</i>)	7	SP; AC; PA
<i>tretinoin (chemotherapy)</i>	1	AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium TABS</i>	1	AC
MESNEX TABS	3	AC
Mitotic Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
<i>etoposide CAPS</i>	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA
Topoisomerase I Inhibitors		
HYCANTIN CAPS	4	AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	3	
LODOSYN (<i>carbidopa</i>)	7	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN (<i>entacapone</i>)	7	
<i>entacapone</i>	3	
TASMAR (<i>tolcapone</i>)	7	
<i>tolcapone</i>	3	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>amantadine hcl TABS</i>	1	
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>carbidopa-levodopa TABS</i>	1	
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa</i> <i>TBCR 200 MG-50 MG</i>	1		<i>ropinirole hydrochloride</i> <i>TB24 12 MG</i>	3	QL(2 ea daily)
<i>carbidopa-levodopa</i> <i>TBDP</i>	3		<i>ropinirole hydrochloride</i> <i>TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	3	
DHIVY TABS	2		RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	3	QL(10 ea daily); PA
DUOPA SUSP	3	PA	RYTARY CPCR 95 MG-23.75 MG	3	ST; QL(10 ea daily); PA
INBRIJA CAPS	3	PA	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG <i>(carbidopa-levodopa)</i>	7	
KYNMOBI TITRATION KIT KIT	3	PA	STALEVO 50 <i>(carbidopa-levodopa-entacapone)</i>	7	
KYNMOBI FILM	3	PA	Antiparkinson Monoamine Oxidase Inhibitors		
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG <i>(pramipexole dihydrochloride)</i>	7		AZILECT <i>(rasagiline mesylate)</i>	7	
MIRAPEX ER TB24 3 MG <i>(pramipexole dihydrochloride)</i>	7	QL(1 ea daily)	<i>rasagiline mesylate</i>	1	
NEUPRO	3		<i>selegiline hcl CAPS</i>	1	QL(2 ea daily)
PARLODEL CAPS <i>(bromocriptine mesylate)</i>	7		<i>selegiline hcl TABS</i>	1	QL(2 ea daily)
PARLODEL TABS <i>(bromocriptine mesylate)</i>	7		ZELAPAR TBDP	3	
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 ea daily)	ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 ea daily)	Antimanic Agents		
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1		LITHIUM	2	
<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</i>	3		<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 ea daily)
<i>pramipexole dihydrochloride TB24 3 MG</i>	3	QL(1 ea daily)	<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>ropinirole hydrochloride TABS</i>	1		<i>lithium carbonate TABS</i>	1	
			<i>lithium carbonate TBCR</i>	1	
			LITHOBID TBCR <i>(lithium carbonate)</i>	7	
			Antipsychotics - Misc.		
			EQUETRO	3	
			GEODON 60 MG, 80 MG <i>(ziprasidone hcl)</i>	7	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GEODON 20 MG, 40 MG (<i>ziprasidone hcl</i>)	7		<i>clozapine TBDP 12.5 MG, 25 MG, 100 MG</i>	3	
LATUDA (<i>lurasidone hcl</i>)	7		CLOZARIL TABS (<i>clozapine</i>)	7	
<i>lurasidone hcl</i>	1		<i>loxapine succinate</i>	1	
NUPLAZID CAPS	4	QL(1 ea daily); PA	<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
NUPLAZID TABS 10 MG	4	QL(1 ea daily); PA	<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 ea daily)
VRAYLAR CAPS	4	SP	<i>olanzapine TBDP</i>	3	
VRAYLAR CPPK	4	SP	<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 ea daily)
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 ea daily)	<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 ea daily)
<i>ziprasidone hcl 20 MG, 40 MG</i>	1		<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1	
Benzisoxazoles			<i>quetiapine fumarate TB24 150 MG, 200 MG, 300 MG, 400 MG</i>	3	PA
INVEGA (<i>paliperidone</i>)	7		<i>quetiapine fumarate TB24 50 MG</i>	3	ST; PA
<i>paliperidone</i>	3		SAPHRIS (<i>asenapine maleate</i>)	7	
RISPERDAL SOLN (<i>risperidone</i>)	7		SAPHRIS 5 MG	3	
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (<i>risperidone</i>)	7		SEROQUEL XR TB24 150 MG, 200 MG, 300 MG, 400 MG (<i>quetiapine fumarate</i>)	7	PA
RISPERDAL TABS 3 MG (<i>risperidone</i>)	7	QL(2 ea daily)	SEROQUEL XR TB24 50 MG (<i>quetiapine fumarate</i>)	7	ST; PA
<i>risperidone SOLN</i>	1		SEROQUEL TABS 200 MG (<i>quetiapine fumarate</i>)	7	QL(4 ea daily)
<i>risperidone TABS 3 MG</i>	1	QL(2 ea daily)	SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	7	QL(2 ea daily)
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1		SEROQUEL TABS 25 MG, 50 MG, 100 MG (<i>quetiapine fumarate</i>)	7	
<i>risperidone TBDP 0.25 MG</i>	3		VERSACLOZ SUSP	3	QL(18 ml daily)
<i>risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	1		ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	7	
Butyrophenones					
<i>haloperidol lactate CONC</i>	1				
<i>haloperidol TABS</i>	1				
Dibenzapines					
<i>asenapine maleate</i>	3				
<i>clozapine TABS</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA TABS 15 MG, 20 MG (<i>olanzapine</i>)	7	QL(1 ea daily)
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (<i>olanzapine</i>)	7	
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 ea daily)
<i>chlorpromazine hcl TABS</i>	1	
<i>fluphenazine hcl CONC</i>	3	
<i>fluphenazine hcl ELIX</i>	1	
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	QL(2 ea daily)
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>thioridazine hcl 50 MG</i>	1	QL(4 ea daily)
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (<i>aripiprazole</i>)	7	
ABILIFY TABS 20 MG (<i>aripiprazole</i>)	7	QL(1 ea daily)
ABILIFY TABS 15 MG (<i>aripiprazole</i>)	7	QL(2 ea daily)
<i>aripiprazole SOLN OR</i>	1	
<i>aripiprazole TABS 15 MG</i>	1	QL(2 ea daily)
<i>aripiprazole TABS 20 MG</i>	1	QL(1 ea daily)
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
<i>aripiprazole TBDP</i>	3	PA
REXULTI	3	
Thioxanthenes		
<i>thiothixene</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		

Drug Name	Drug Tier	Requirements/Limits
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate SOLN</i>	1	
<i>abacavir sulfate TABS</i>	1	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
APTIVUS CAPS	2	
<i>atazanavir sulfate CAPS</i>	1	
BIKTARVY 200 MG-50 MG-25 MG	2	
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
CIMDUO	2	
COMBIVIR (<i>lamivudine-zidovudine</i>)	7	
COMPLERA	2	
<i>darunavir TABS</i>	1	
DELSTRIGO	2	
DESCOVY 200 MG-25 MG	5	PV
DOVATO	2	
EDURANT	2	
<i>efavirenz CAPS</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>efavirenz TABS</i>	1	
<i>emtricitabine CAPS</i>	1	

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

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SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	7		PAXLOVID 100 MG-150 MG	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 12 yrs old); PV
SYMTUZA	2		CMV Agents		
<i>tenofovir disoproxil fumarate TABS</i>	1		VALCYTE SOLR (<i>valganciclovir hcl</i>)	7	QL(21 ml daily)
TIVICAY TABS	2		VALCYTE TABS (<i>valganciclovir hcl</i>)	7	
TRIUMEQ PD TBSO	2		<i>valganciclovir hcl SOLR</i>	1	QL(21 ml daily)
TRIUMEQ TABS	2		<i>valganciclovir hcl TABS</i>	1	
TRIZIVIR	2		Hepatitis Agents		
TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	7	QL(1 ea daily); PV	<i>adefovir dipivoxil</i>	1	
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	7	QL(1 ea daily)	BARACLUDGE TABS (<i>entecavir</i>)	7	
TYBOST	2		<i>entecavir TABS</i>	1	
VIRACEPT TABS	2		EPCLUSA PACK	2	SP; PA
VIRAMUNE XR TB24 400 MG (<i>nevirapine</i>)	7		EPCLUSA TABS 100 MG-400 MG	2	Use Brand Eplusa; SP; PA
VIREAD POWD	2		EPCLUSA TABS 50 MG-200 MG	2	SP; PA
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	7		EPIVIR HBV TABS (<i>lamivudine (hbv)</i>)	7	
VIREAD TABS 150 MG, 200 MG, 250 MG	2		HEPSERA (<i>adefovir dipivoxil</i>)	7	
ZIAGEN SOLN (<i>abacavir sulfate</i>)	7		<i>lamivudine (hbv) TABS</i>	3	
ZIAGEN TABS (<i>abacavir sulfate</i>)	7		MAVYRET TABS	4	PA: Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
<i>zidovudine CAPS</i>	1		PEGASYS SOLN	4	PA
<i>zidovudine SYRP</i>	1		VEMLIDY	4	SP; ST
<i>zidovudine TABS</i>	1		VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Antiviral Combinations			Herpes Agents		
MOLNUIRAVIR (MOLNUIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)			

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir CAPS</i>	1	
<i>acyclovir SUSP</i>	1	
<i>acyclovir TABS OR 400 MG</i>	1	
<i>acyclovir TABS OR 800 MG</i>	1	QL(5 ea daily)
<i>famciclovir</i>	1	
SITAVIG TABS BU	3	PA
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(4 ea daily)
<i>valacyclovir hcl 500 MG</i>	1	QL(8 ea daily)
VALTREX 1 GM (<i>valacyclovir hcl</i>)	7	QL(4 ea daily)
VALTREX 500 MG (<i>valacyclovir hcl</i>)	7	QL(8 ea daily)
ZOVIRAX SUSP (<i>acyclovir</i>)	7	
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1	QL(10 ea per fill retail)
<i>oseltamivir phosphate SUSP</i>	1	QL(75 ml daily; 5 Day(s) limit)
RELENZA DISKHALER	3	QL(20 ea per fill retail)
<i>rimantadine hydrochloride TABS</i>	3	
TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	7	QL(10 ea per fill retail)
TAMIFLU SUSP (<i>oseltamivir phosphate</i>)	7	QL(75 ml daily; 5 Day(s) limit)
Misc. Antivirals		
LAGEVRIO	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 18 yrs old); PV
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
TPOXX SOLN	5	PV

Drug Name	Drug Tier	Requirements/Limits
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1	
<i>carvedilol 3.125 MG</i>	1	QL(2 ea daily)
<i>carvedilol phosphate</i>	1	
COREG 6.25 MG, 12.5 MG, 25 MG (<i>carvedilol</i>)	7	
COREG 3.125 MG (<i>carvedilol</i>)	7	QL(2 ea daily)
COREG CR (<i>carvedilol phosphate</i>)	7	
<i>labetalol hcl TABS</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 ea daily)
BYSTOLIC (<i>nebivolol hcl</i>)	7	
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	7	
<i>metoprolol succinate TB24</i>	1	
<i>metoprolol tartrate TABS</i>	1	
<i>nebivolol hcl</i>	1	
TENORMIN TABS (<i>atenolol</i>)	7	
TOPROL XL TB24 (<i>metoprolol succinate</i>)	7	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	1	
BETAPACE AF (<i>sotalol hcl (afib/afll)</i>)	7	
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	7	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CORGARD TABS 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	7		<i>amlodipine besylate</i> TABS 2.5 MG	1	QL(2 ea daily)
HEMANGEOL SOLN OR	3	PA	<i>amlodipine besylate</i> TABS 5 MG, 10 MG	1	QL(1 ea daily)
INDERAL LA CP24 (<i>propranolol hcl</i>)	7		CALAN SR TBCR 180 MG, 240 MG (<i>verapamil hcl</i>)	7	QL(2 ea daily)
INDERAL XL	3		CALAN SR TBCR 120 MG (<i>verapamil hcl</i>)	7	
INNOPRAN XL	3		CARDIZEM CD CP24 (<i>diltiazem hcl coated beads</i>)	7	QL(1 ea daily)
<i>nadolol</i> TABS 20 MG, 40 MG, 80 MG	1		CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	7	
<i>pindolol</i> TABS	1		CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	7	
<i>propranolol hcl</i> CP24	1		<i>diltiazem hcl coated beads</i> CP24	1	QL(1 ea daily)
<i>propranolol hcl</i> SOLN OR 20 MG/5ML, 40 MG/5ML	1		<i>diltiazem hcl extended release beads</i>	1	
<i>propranolol hcl</i> TABS	1		<i>diltiazem hcl</i> CP12	1	
<i>sotalol hcl (afib/af)</i>	1		<i>diltiazem hcl</i> CP24	1	
<i>sotalol hcl</i> TABS	1		<i>diltiazem hcl</i> TABS	1	
<i>timolol maleate</i> TABS 5 MG, 20 MG	1	QL(2 ea daily)	<i>diltiazem hcl</i> TB24	1	
<i>timolol maleate</i> TABS 10 MG	1	QL(6 ea daily)	<i>felodipine</i> 10 MG	1	QL(1 ea daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>felodipine</i> 2.5 MG, 5 MG	1	
Calcium Channel Blockers			<i>isradipine</i> CAPS	1	
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 ea daily)	<i>nicardipine hcl</i> CAPS	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1		<i>nifedipine</i> CAPS	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1		<i>nifedipine</i> TB24	1	QL(1 ea daily)
(Diltiazem Hcl) DILT-XR CP24	1		<i>nifedipine</i> TB24 30 MG, 60 MG	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1		<i>nimodipine</i> CAPS	1	
			<i>nisoldipine</i>	1	
			NORVASC TABS 5 MG, 10 MG (<i>amlodipine besylate</i>)	7	QL(1 ea daily)
			NORVASC TABS 2.5 MG (<i>amlodipine besylate</i>)	7	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
PROCARDIA XL TB24 (<i>nifedipine</i>)	7	QL(1 ea daily)
SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	7	
TIAZAC (<i>diltiazem hcl extended release beads</i>)	7	
<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily)
<i>verapamil hcl CP24 180 MG</i>	1	QL(2 ea daily)
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 ea daily)
<i>verapamil hcl TBCR 120 MG</i>	1	
VERELAN PM CP24 (<i>verapamil hcl</i>)	2	
VERELAN CP24 180 MG (<i>verapamil hcl</i>)	7	QL(2 ea daily)
VERELAN CP24 360 MG (<i>verapamil hcl</i>)	2	QL(1 ea daily)
VERELAN CP24 120 MG, 240 MG (<i>verapamil hcl</i>)	7	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG	1	
(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	1	
<i>digoxin SOLN OR 0.05 MG/ML</i>	1	
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	7	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate- atorvastatin calcium</i>	3	PA
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	7	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG- 10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate- atorvastatin calcium</i>)	7	PA
ENTRESTO	3	QL(2 ea daily); PA
<i>isosorbide dinitrate- hydralazine hcl</i>	1	
Impotence Agents		
CIALIS 2.5 MG (<i>tadalafil</i>)	7	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA
CIALIS 5 MG, 10 MG, 20 MG (<i>tadalafil</i>)	7	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
<i>sildenafil citrate</i>	4	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tadalafil 5 MG, 10 MG, 20 MG</i>	4	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA	<i>bosentan TABS 62.5 MG</i>	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>tadalafil 2.5 MG</i>	4	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA	<i>bosentan TABS 125 MG</i>	4	ST; PA
VIAGRA (<i>sildenafil citrate</i>)	7	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA	LETAIRIS (<i>ambrisentan</i>)	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA
Prostaglandin Vasodilators			OPSUMIT	4	ST; PA
ORENITRAM TBCR	4	PA	TRACLEER TABS 62.5 MG (<i>bosentan</i>)	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(8 ea daily); PA	TRACLEER TABS 125 MG (<i>bosentan</i>)	7	ST; PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 ea daily); PA	TRACLEER TBSO	4	ST; PA
TYVASO DPI TITRATION KIT POWD	4	QL(7 ea daily); PA	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
TYVASO DPI TITRATION KIT POWD	4	QL(9 ea daily); PA	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
TYVASO REFILL SOLN IN	4	PA	ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	7	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
TYVASO STARTER SOLN IN	4	PA	REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	7	PA
TYVASO SOLN IN	4	PA	REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	7	QL(3 ea daily); PA
VENTAVIS	4	PA	<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists					
<i>ambrisentan</i>	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA			

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<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	QL(3 ea daily); PA	<i>cephalexin CAPS 250 MG, 500 MG</i>	1	
<i>tadalafil (pulmonary hypertension) TABS</i>	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA	<i>cephalexin SUSR</i>	1	
Pulmonary Hypertension - Prostacyclin Receptor Agonist			Cephalosporins - 2nd Generation		
UPTRAVI TITRATION PACK TBPK	4	ST; PA	CEFACLOR ER TB12	3	
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA	<i>cefactor CAPS</i>	1	
UPTRAVI TABS 200 MCG	4	ST; PA	<i>cefactor SUSR 125 MG/5ML, 375 MG/5ML</i>	1	
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator			<i>cefprozil SUSR</i>	1	
ADEMPAS	4	PA	<i>cefprozil TABS</i>	1	
Sinus Node Inhibitors			<i>cefuroxime axetil TABS</i>	1	
CORLANOR SOLN	3	QL(15 ml daily); ST	Cephalosporins - 3rd Generation		
CORLANOR TABS	3	QL(2 ea daily); ST	<i>cefdinir CAPS</i>	1	
Transthyretin Stabilizers			<i>cefdinir SUSR</i>	1	
VYNDAMAX	4	QL(1 ea daily); PA	<i>cefixime CAPS</i>	1	
VYNDAQEL	4	QL(4 ea daily); PA	<i>cefixime SUSR</i>	1	
CEPHALOSPORINS - Drugs to Treat Bacterial Infections			<i>cefpodoxime proxetil SUSR</i>	1	
Cephalosporins - 1st Generation			<i>cefpodoxime proxetil TABS</i>	1	
<i>cefadroxil CAPS</i>	1		SUPRAX CAPS (<i>cefixime</i>)	7	
<i>cefadroxil SUSR</i>	1		SUPRAX SUSR 100 MG/5ML (<i>cefixime</i>)	7	
<i>cefadroxil TABS</i>	1		CONTRACEPTIVES - Drugs to Prevent Pregnancy		
<i>cephalexin CAPS 750 MG</i>	3		Combination Contraceptives - Oral		
			(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV
			(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV

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(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN	5	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 35 MCG-1 MG	5	PV			
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 50 MCG-1 MG	5	PV			

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(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSSE 0.03 MG-0.15 MG	5	PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	5	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSSE	5	PV	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	PV	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	PV
(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAX	5	PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	5	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	5	PV			

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

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BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	7	PV	NATAZIA	5	PV
BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	7	PV	NEXTSTELLIS	5	PV
<i>desogestrel & ethinyl estradiol</i>	5	PV	<i>norethin acet & estrad-fe CAPS</i>	5	PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	PV	<i>norethin acet & estrad-fe CHEW</i>	5	PV
<i>drospirenone-ethinyl estradiol</i>	5	PV	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	PV	<i>norethindrone & ethinyl estradiol-fe</i>	5	PV
ESTROSTEP FE (<i>norethindrone acetate-ethinyl estradiol-fe</i>)	7	PV	<i>norethindrone acet & eth estra</i>	5	PV
<i>ethynodiol diacet & eth estrad</i>	5	PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	PV
GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	7	PV	<i>norgestimate-ethinyl estradiol</i>	5	PV
<i>levonorgestrel & eth estradiol TABS</i>	5	PV	<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV
<i>levonorgestrel-eth estradiol (triphasic)</i>	5	PV	QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	7	PV
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	PV	SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	7	PV
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	PV	SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	7	PV
<i>levonorgestrel-ethinyl estradiol-iron</i>	5	PV	TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	7	PV
LO LOESTRIN FE TABS	5	PV	TYBLUME CHEW	5	PV
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	7	PV	YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	7	PV
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	7	PV	YAZ (<i>drospirenone-ethinyl estradiol</i>)	7	PV
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	7	PV	Combination Contraceptives - Transdermal		
			(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV

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<i>norelgestromin-ethinyl estradiol</i>	5	PV
TWIRLA	5	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV
ANNOVERA	5	PV
<i>etonogestrel-ethinyl estradiol</i>	5	PV
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	7	PV
Emergency Contraceptives		
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	PV
ELLA	5	PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV
PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	7	PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PEF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		

Drug Name	Drug Tier	Requirements/Limits
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA	5	PV
<i>norethindrone (contraceptive)</i>	5	PV
SLYND	5	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) DECADRON TABS 0.5 MG, 0.75 MG, 4 MG, 6 MG	1	
AGAMREE	4	SP; PA
<i>budesonide CPEP</i>	1	QL(3 ea daily)
<i>budesonide TB24</i>	3	PA
CORTEF TABS (<i>hydrocortisone</i>)	7	
<i>deflazacort TABS 6 MG, 18 MG, 30 MG, 36 MG</i>	4	PA
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
EMFLAZA SUSP	4	PA
EMFLAZA TABS 6 MG, 18 MG, 30 MG, 36 MG (<i>deflazacort</i>)	7	PA
<i>hydrocortisone TABS</i>	1	
MEDROL DOSEPAK TBPK (<i>methylprednisolone</i>)	7	
MEDROL TABS	2	

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MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone)	7	
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBPk</i>	1	
ORAPRED ODT TBPk (prednisolone sodium phosphate)	7	
PEDIAPRED SOLN (prednisolone sodium phosphate)	7	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML</i>	1	
<i>prednisolone sodium phosphate SOLN 25 MG/5ML</i>	3	
<i>prednisolone sodium phosphate TBPk</i>	3	
PREDNISON INTENSOL CONC	2	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TBPk</i>	1	
UCERIS TB24 (budesonide)	7	PA
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
<i>benzonatate 100 MG, 200 MG</i>	1	
<i>benzonatate 150 MG</i>	3	

Drug Name	Drug Tier	Requirements/Limits
HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	7	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, VIRTUSSIN A/C SOLN 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP	1	
(Guaifenesin-Codeine) VIRTUSSIN AC/ALC LIQD 10 MG/5ML-100 MG/5ML	1	
(Phenylephrine-Brompheniramine-DM) PRESGEN B, TUSSIPRES B LIQD 10 MG/5ML-20 MG/5ML-4 MG/5ML	3	
(Phenylephrine-Chlorphen-DM) ED A-HIST DM, NOHIST-DM LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	3	
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	3	
(Pseudoephedrine-Guaifenesin) AMBI 40PSE/400GFN, MUCUS RELIEF D, QC MUCUS SINUS RELIEF D TABS 400 MG-40 MG	3	

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(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAXIMUM STRENGTH ER, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, MUCUS D, MUCUS D MAXIMUM STRENGTH, MUCUS RELIEF D, MUCUS RELIEF D 12 HOUR EXTENDED RELEASE, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAXIMUMSTRENGTH, SM GUAIFENESIN/PSEUDOEPHEDRINE HYDROCHLORIDE TB12 600 MG-60 MG	1		CHLOPHEDIANOL/DEXC HLOPHENIRAMINE./PSE UDOEPHEDRINE	3	
			CODITUSSIN AC LIQD	3	
			ED BRON GP LIQD	3	
			GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC
			GILTUSS COUGH & COLD TABS	3	
			GILTUSS SINUS & CONGESTION TABS	3	RX/OTC
			GLENMAX PEB LIQD	3	
			<i>guaifenesin-codeine SOLN</i>	1	
			<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1	
			LOHIST-DM SYRP	3	
(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAXIMUM STRENGTH ER, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, MUCUS D, MUCUS D MAXIMUM STRENGTH, MUCUS RELIEF D, MUCUS RELIEF D 12 HOUR EXTENDED RELEASE, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAXIMUMSTRENGTH, SM GUAIFENESIN/PSEUDOEPHEDRINE HYDROCHLORIDE TB12 1200 MG-120 MG	3		MAR-COF BP	3	
			MAR-COF CG EXPECTORANT LIQD	3	
			MAXI-TUSS PE MAX LIQD	3	
			M-CLEAR WC SOLN	3	
			M-END PE LIQD	3	
			MUCINEX D MAXIMUM STRENGTH TB12 (<i>pseudoephedrine-guaifenesin</i>)	7	
			MUCINEX D TB12 (<i>pseudoephedrine-guaifenesin</i>)	7	
			NINJACOF-XG LIQD	3	
			<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ml daily)
			<i>promethazine w/codeine SOLN</i>	1	QL(30 ml daily)
<i>promethazine w/codeine SYRP</i>	1	QL(30 ml daily)			
<i>promethazine-dm SYRP</i>	1	QL(30 ml daily)			
<i>promethazine-phenylephrine-codeine</i>	1				
ACTINEL PEDIATRIC LIQD	3				
BIO-DTUSS DMX LIQD	3				
CAPCOF SYRP	3				

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PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3		Misc. Respiratory Inhalants		
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	3		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	1		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	3	
<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG</i>	3		HYPERSAL NEBU	3	
RYDEX	3		HYPERSAL NEBU (sodium chloride (inhalant))	7	
TUSNEL C SYRP	3		NEBUSAL NEBU	3	
TUSNEL PEDIATRIC LIQD 50 MG/5ML-5 MG/5ML-15 MG/5ML	3		sodium chloride (inhalant) NEBU 7 %	3	
TUSNEL TABS	3		sodium chloride (inhalant) NEBU 0.9 %, 3 %	1	
VANACOF	3		Mucolytics		
VIRTUSSIN DAC SOLN	2		<i>acetylcysteine SOLN</i>	1	
Expectorants			DERMATOLOGICALS - Drugs to Treat Skin Conditions		
(Guaifenesin) CHEST CONGESTION RELIEF, CVS CHEST CONGESTION RELIEF, FT CHEST CONGESTION RELIEF, GNP MUCUS RELIEF, GNP TAB TUSSIN, GOODSENSE MUCUS RELIEF, HM CHEST CONGESTION RELIEF, KLS MUCUS RELIEF CHEST, MUCOSA, MUCUS RELIEF, MUCUS RELIEF CHEST CONGESTION, PHARBINEX, QC MEDIFIN 400, REFENESEN 400, SB MUCUS RELIEF, SM CHEST CONGESTION RELIEF, XPECT TABS 400 MG	3		Acne Products		
<i>guaifenesin TABS 400 MG</i>	3		(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	QL(45 gm per fill retail); RX/OTC
			(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	3	
			(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	3	
			(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
			(Erythromycin (Acne Aid)) ERY PADS	3	
			(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	QL(2 ea daily; 150 Day(s) limit)

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(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 ea daily; 150 Day(s) limit)	<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	3	ST; Limited 45gms per month; QL(1.5 gm daily); PA
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	QL(4 ea daily; 150 Day(s) limit)	<i>adapalene CREA</i>	1	QL(45 gm per fill retail)
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 ea daily; 150 Day(s) limit)	<i>adapalene GEL 0.3 %</i>	1	QL(45 gm per fill retail; 135 per fill mail)
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	3		<i>adapalene GEL 0.1 %</i>	1	QL(45 gm per fill retail); RX/OTC
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1		ATRALIN GEL (<i>tretinoin</i>)	7	Limit 45gms per month; QL(1.5 gm daily)
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1		AZELEX	3	
(Tretinoin) AVITA CREA 0.025 %	1		BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	7	QL(2 gm daily)
(Tretinoin) AVITA GEL 0.025 %	1		<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 gm daily)
ABSORICA 30 MG (<i>isotretinoin</i>)	7	QL(3 ea daily; 150 Day(s) limit)	CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	7	
ABSORICA 35 MG, 40 MG (<i>isotretinoin</i>)	7	QL(2 ea daily; 150 Day(s) limit)	CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	7	
ABSORICA 20 MG (<i>isotretinoin</i>)	7	QL(5 ea daily; 150 Day(s) limit)	<i>clindamycin phosphate (topical) FOAM</i>	3	
ABSORICA 10 MG, 25 MG (<i>isotretinoin</i>)	7	QL(4 ea daily; 150 Day(s) limit)	<i>clindamycin phosphate (topical) GEL</i>	1	
ACZONE 7.5 % (<i>dapsone (topical)</i>)	7	ST; QL(2 gm daily); PA	<i>clindamycin phosphate (topical) LOTN</i>	1	
ACZONE 5 % (<i>dapsone (topical)</i>)	7	ST; PA	<i>clindamycin phosphate (topical) SOLN</i>	1	
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)	<i>clindamycin phosphate (topical) SWAB</i>	3	
			<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
			<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	3	

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<i>clindamycin phosphate-tretinoin</i>	3	QL(1 gm daily)
<i>dapsone (topical) 5 %</i>	3	ST; PA
<i>dapsone (topical) 7.5 %</i>	3	ST; QL(2 gm daily); PA
DIFFERIN CREA (<i>adapalene</i>)	7	QL(45 gm per fill retail)
DIFFERIN GEL 0.1 % (<i>adapalene</i>)	7	QL(45 gm per fill retail); RX/OTC
DIFFERIN GEL 0.3 % (<i>adapalene</i>)	7	QL(45 gm per fill retail; 135 per fill mail)
DIFFERIN LOTN	3	Limit 59mls per month; QL(1.97 ml daily)
EPIDUO FORTE GEL (<i>adapalene-benzoyl peroxide</i>)	7	ST; Limited 45gms per month; QL(1.5 gm daily); PA
EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	7	Limit 45gms per month; QL(1.5 gm daily)
ERYGEL GEL (<i>erythromycin (acne aid)</i>)	7	
<i>erythromycin (acne aid) GEL</i>	1	
<i>erythromycin (acne aid) SOLN</i>	1	
EVOCLIN FOAM (<i>clindamycin phosphate (topical)</i>)	7	
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
<i>isotretinoin 35 MG, 40 MG</i>	1	QL(2 ea daily; 150 Day(s) limit)
<i>isotretinoin 20 MG</i>	1	QL(5 ea daily; 150 Day(s) limit)
<i>isotretinoin 10 MG, 25 MG</i>	1	QL(4 ea daily; 150 Day(s) limit)

Drug Name	Drug Tier	Requirements/ Limits
<i>isotretinoin 30 MG</i>	1	QL(3 ea daily; 150 Day(s) limit)
KLARON (<i>sulfacetamide sodium (acne)</i>)	7	
PLEXION CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	7	
PLEXION CREA (<i>sulfacetamide sodium w/ sulfur</i>)	7	
PLEXION LOTN (<i>sulfacetamide sodium w/ sulfur</i>)	7	
RETIN-A MICRO (<i>tretinoin microsphere</i>)	7	Limit 20gms per month; QL(0.67 gm daily)
RETIN-A MICRO PUMP 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	7	Limit 20gms per month; QL(0.67 gm daily)
RETIN-A MICRO PUMP 0.08 % (<i>tretinoin microsphere</i>)	7	ST; PA
RETIN-A CREA (<i>tretinoin</i>)	7	
RETIN-A GEL (<i>tretinoin</i>)	7	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3	
<i>sulfacetamide sodium (acne)</i>	1	
<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	3	
<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	3	
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	3	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(30 gm per fill retail)
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)

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<i>tretinoin microsphere 0.08 %</i>	3	ST; PA	<i>ciclopirox olamine SUSP</i>	1	
<i>tretinoin microsphere 0.04 %, 0.1 %</i>	1	Limit 20gms per month; QL(0.67 gm daily)	<i>ciclopirox GEL</i>	1	
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1		<i>ciclopirox SHAM</i>	3	
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1		<i>ciclopirox SOLN</i>	3	
<i>tretinoin GEL 0.05 %</i>	3	Limit 45gms per month; QL(1.5 gm daily)	<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 45gms per month; QL(1.5 gm daily)
VELTIN (<i>clindamycin phosphate-tretinoin</i>)	7	QL(1 gm daily)	<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ml daily)
ZIANA (<i>clindamycin phosphate-tretinoin</i>)	7	QL(1 gm daily)	<i>econazole nitrate CREA</i>	1	
Agents for External Genital and Perianal Warts			ECOZA FOAM	3	Limit 70gms per month; QL(2.34 gm daily)
VEREGEN	3	QL(30 gm per fill retail)	ERTACZO	4	PA
Antibiotics - Topical			EXELDERM CREA (<i>sulconazole nitrate</i>)	7	
ALTABAX	3		EXELDERM SOLN	2	
CENTANY OINT	2		EXODERM	3	
<i>gentamicin sulfate (topical) CREA</i>	1		EXTINA FOAM (<i>ketoconazole (topical)</i>)	7	
<i>gentamicin sulfate (topical) OINT</i>	1		<i>iodoquinol-hydrocortisone in aloe vehicle</i>	3	
<i>mupirocin OINT</i>	1		<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)
Antifungals - Topical			<i>ketoconazole (topical) FOAM</i>	3	
(Ciclopirox) CICLODAN SOLN	3		<i>ketoconazole (topical) SHAM 2 %</i>	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	3		LOPROX SHAMPOO SHAM (<i>ciclopirox</i>)	7	
(Ketoconazole (Topical)) KETODAN FOAM	3		LOPROX CREA (<i>ciclopirox olamine</i>)	7	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1		LOPROX SUSP (<i>ciclopirox olamine</i>)	7	
<i>ciclopirox olamine CREA</i>	1		<i>luliconazole</i>	3	PA
			LUZU (<i>luliconazole</i>)	7	PA
			<i>naftifine hcl CREA</i>	3	
			<i>naftifine hcl GEL 2 %</i>	3	
			NAFTIN GEL 2 % (<i>naftifine hcl</i>)	7	

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

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COSENTYX SENSOREADY PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA	STELARA SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
COSENTYX UNOREADY SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA	STELARA SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ml daily); PA
COSENTYX SOSY 75 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.18 ml daily); PA	STELARA SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA
COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA	<i>tazarotene CREA</i>	1	QL(1 gm daily)
			<i>tazarotene GEL</i>	1	QL(1 gm daily)
			TAZORAC CREA	2	QL(1 gm daily)
			TAZORAC CREA (<i>tazarotene</i>)	7	QL(1 gm daily)
COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ml daily); PA	TAZORAC GEL (<i>tazarotene</i>)	7	QL(1 gm daily)
			TREMFYA SOPN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA
DOVONEX CREA (<i>calcipotriene</i>)	7	QL(5 gm daily)	TREMFYA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA
<i>methoxsalen rapid</i>	1				
SKYRIZI PEN SOAJ	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA	VECTICAL (<i>calcitriol (topical)</i>)	2	Limit 100gms per month; QL(3.34 gm daily)
SKYRIZI PSKT	4	Check plan documents for coverage; QL(1 ea per 84 days retail); PA			
SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA	Antiseborrheic Products		
SORILUX FOAM	3	QL(4 gm daily)	OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	7	
			OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	7	

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<i>selenium sulfide LOTN 2.5 %</i>	1		(Flurandrenolide) NOLIX LOTN	3	PA
SODIUM SULFACETAMIDE WASH LIQD	3		(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1	
<i>sulfacetamide sodium LIQD</i>	1		ALA-SCALP LOTN	3	
Antivirals - Topical			<i>alclometasone dipropionate CREA</i>	1	
<i>acyclovir topical CREA</i>	3	Limit 5gms per month; QL(0.17 gm daily); PA	<i>alclometasone dipropionate OINT</i>	1	
<i>acyclovir topical OINT</i>	1	QL(1 gm daily)	<i>amcinonide CREA</i>	3	
ZOVIRAX CREA (<i>acyclovir topical</i>)	7	Limit 5gms per month; QL(0.17 gm daily); PA	<i>amcinonide LOTN</i>	3	
ZOVIRAX OINT (<i>acyclovir topical</i>)	7	QL(1 gm daily)	<i>amcinonide OINT</i>	3	
Burn Products			APEXICON E CREA	2	
(Silver Sulfadiazine) SSD	1		<i>betamethasone dipropionate (topical) CREA</i>	1	
<i>mafenide acetate PACK</i>	3		<i>betamethasone dipropionate (topical) LOTN</i>	1	
SILVADENE (<i>silver sulfadiazine</i>)	7		<i>betamethasone dipropionate (topical) OINT</i>	1	
<i>silver sulfadiazine</i>	1		<i>betamethasone dipropionate augmented CREA</i>	1	
SULFAMYLON CREA	3		<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	
SULFAMYLON PACK 5 % (<i>mafenide acetate</i>)	7		<i>betamethasone dipropionate augmented LOTN</i>	1	
Corticosteroids - Topical			<i>betamethasone dipropionate augmented OINT</i>	1	
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	1		<i>betamethasone valerate CREA</i>	1	
(Clobetasol Propionate Emulsion) TOVET	3		<i>betamethasone valerate FOAM</i>	3	
(Clobetasol Propionate) CLODAN SHAM	1		<i>betamethasone valerate LOTN</i>	1	
(Desonide) DESRX GEL	3		<i>betamethasone valerate OINT</i>	1	
(Flurandrenolide) NOLIX CREA	3				

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

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<i>fluocinonide OINT</i>	1		<i>mometasone furoate CREA</i>	1	
<i>fluocinonide SOLN</i>	1		<i>mometasone furoate OINT</i>	1	
<i>flurandrenolide CREA</i>	3		<i>mometasone furoate SOLN</i>	1	
<i>flurandrenolide LOTN</i>	3	PA	OLUX-E (<i>clobetasol propionate emulsion</i>)	7	
<i>fluticasone propionate CREA 0.05 %</i>	1		OLUX FOAM (<i>clobetasol propionate</i>)	7	
<i>fluticasone propionate LOTN</i>	3		PRAMOSONE LOTN	3	
<i>fluticasone propionate OINT</i>	1		PRAMOSONE OINT 1 %-1 %	3	
<i>halobetasol propionate CREA</i>	1		PRAMOSONE OINT 2.5 %-1 %	2	
<i>halobetasol propionate OINT</i>	1		<i>prednicarbate OINT</i>	3	
<i>hydrocortisone (topical) CREA 2.5 %</i>	1		SYNALAR CREA (<i>fluocinolone acetonide</i>)	7	
<i>hydrocortisone (topical) LOTN 2.5 %</i>	1		SYNALAR OINT (<i>fluocinolone acetonide</i>)	7	
<i>hydrocortisone (topical) OINT 2.5 %</i>	1		SYNALAR SOLN (<i>fluocinolone acetonide</i>)	7	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	3		TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>)	7	QL(2 gm daily); ST
<i>hydrocortisone butyrate CREA</i>	1		TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	7	QL(2 gm daily); ST
<i>hydrocortisone butyrate LOTN</i>	3	PA	TEMOVATE CREA (<i>clobetasol propionate</i>)	7	
<i>hydrocortisone butyrate OINT</i>	1		TEMOVATE OINT (<i>clobetasol propionate</i>)	7	
<i>hydrocortisone butyrate SOLN</i>	3		TEXACORT SOLN 2.5 %	3	
<i>hydrocortisone valerate CREA</i>	3		TOPICORT CREA (<i>desoximetasone</i>)	7	
<i>hydrocortisone valerate OINT</i>	3		TOPICORT GEL (<i>desoximetasone</i>)	7	
KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	7		TOPICORT LIQD (<i>desoximetasone</i>)	7	ST
LOCOID LIPOCREAM	3		TOPICORT OINT (<i>desoximetasone</i>)	7	
LOCOID LOTN (<i>hydrocortisone butyrate</i>)	7	PA			
LUXIQ FOAM (<i>betamethasone valerate</i>)	7				

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
TRIDESILON CREA 0.05 % (<i>desonide</i>)	7	
ULTRAVATE LOTN	3	ST; PA
VANOS CREA (<i>fluocinonide</i>)	7	
Eczema Agents		
DUPIXENT SOPN 300 MG/2ML	4	PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
Enzymes - Topical		
SANTYL OINT	3	
Immunomodulating Agents - Topical		
ALDARA (<i>imiquimod</i>)	7	
<i>imiquimod 5 %</i>	1	
Immunosuppressive Agents - Topical		
ELIDEL (<i>pimecrolimus</i>)	7	QL(60 gm per fill retail)
<i>pimecrolimus</i>	3	QL(60 gm per fill retail)
PROTOPIC OINT 0.03 % (<i>tacrolimus (topical)</i>)	7	QL(2 gm daily); AL(At least 2 yrs old)
PROTOPIC OINT 0.1 % (<i>tacrolimus (topical)</i>)	7	QL(2 gm daily); AL(At least 15 yrs old)
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)
Keratolytic/Antimitotic Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	
BENSAL HP OINT	3	RX/OTC
CONDYLOX GEL (<i>podofilox</i>)	7	
MG217 PSORIASIS MULTI-SYMTOM OINT	3	RX/OTC
PODOCON-25 SOLN	3	
<i>podofilox GEL</i>	1	
<i>podofilox SOLN</i>	1	
SALICYLIC ACID OINT	3	RX/OTC
<i>salicylic acid SHAM 6 %</i>	1	
<i>salicylic acid SOLN 28.5 %</i>	3	PA
<i>salicylic acid SOLN 26 %</i>	3	
SALIMEZ CREA	3	
SALYCIM CREA	3	
ULTRASAL-ER SOLN (<i>salicylic acid</i>)	7	PA
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, LIDOCAN II, LIDOCAN III PTCH 5 %	3	QL(3 ea daily)
<i>lidocaine-prilocaine CREA</i>	3	
<i>lidocaine PTCH 5 %</i>	3	QL(3 ea daily)
LIDODERM PTCH (<i>lidocaine</i>)	7	QL(3 ea daily)
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	ST; Limited to 60 gm per month; QL(2 gm daily); PA

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Drug Name	Drug Tier	Requirements/Limits
Rosacea Agents		
(Metronidazole (Topical)) ROSADAN CREA	1	
(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	QL(45 gm per fill retail)
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	3	ST; PA
<i>doxycycline (rosacea)</i>	3	ST; QL(1 ea daily); PA
FINACEA FOAM	3	
FINACEA GEL (<i>azelaic acid</i>)	7	
<i>ivermectin (rosacea)</i>	3	QL(1.5 gm daily); PA
METROCREAM CREA (<i>metronidazole (topical)</i>)	7	
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	7	
METROLOTION LOTN (<i>metronidazole (topical)</i>)	7	QL(60 ml per fill retail)
<i>metronidazole (topical) CREA</i>	1	
<i>metronidazole (topical) GEL 1 %</i>	1	
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 gm per fill retail)
<i>metronidazole (topical) LOTN</i>	1	QL(60 ml per fill retail)
MIRVASO (<i>brimonidine tartrate (topical)</i>)	7	ST; PA
ORACEA (<i>doxycycline (rosacea)</i>)	7	ST; QL(1 ea daily); PA
RHOFADE	3	ST; PA
SOOLANTRA (<i>ivermectin (rosacea)</i>)	7	QL(1.5 gm daily); PA
Scabicides & Pediculicides		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT	3	RX/OTC
<i>ivermectin (pediculicide)</i>	3	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>malathion</i>	3	
NATROBA (<i>spinosad</i>)	7	AL(At least 4 yrs old)
OVIDE (<i>malathion</i>)	7	
<i>permethrin CREA</i>	1	QL(60 gm per fill retail)
SKLICE (<i>ivermectin (pediculicide)</i>)	7	RX/OTC
<i>spinosad</i>	3	AL(At least 4 yrs old)
Wound Care Products		
REGRANEX	3	QL(15 gm per fill retail)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS 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 PRECISION NEO BLOOD GLUCOSE 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
GNP TRUETRACK SMART SYSTEM STRP	3	QL(6.67 ea daily); PA; RX/OTC
KETONE STRP	2	QL(50 ea per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
KETOSTIX STRP	2	QL(50 ea per fill retail)
ONETOUCH ULTRA 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	2	QL(0.36 ea daily)
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	

Drug Name	Drug Tier	Requirements/Limits
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	1	QL(2 ea daily)
<i>acetazolamide TABS 125 MG</i>	1	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)
<i>methazolamide TABS</i>	1	
Diuretic Combinations		
ALDACTAZIDE	2	
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	7	
<i>amiloride & hydrochlorothiazide</i>	1	
MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(2 ea daily)
MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(1 ea daily)
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 ea daily)
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 ea daily)
Loop Diuretics		
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
<i>bumetanide TABS 2 MG</i>	1	QL(5 ea daily)
BUMEX TABS 0.5 MG (<i>bumetanide</i>)	7	

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Drug Name	Drug Tier	Requirements/Limits
EDECIN (<i>ethacrynic acid</i>)	7	ST
<i>ethacrynic acid</i>	3	ST
<i>furosemide SOLN OR 40 MG/5ML</i>	3	
<i>furosemide SOLN OR 10 MG/ML</i>	1	
<i>furosemide TABS</i>	1	
LASIX TABS (<i>furosemide</i>)	7	
SOANZ TABS 20 MG (<i>torsemide</i>)	7	
<i>torsemide TABS 5 MG, 10 MG, 20 MG</i>	1	
<i>torsemide TABS 100 MG</i>	1	QL(2 ea daily)
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>spironolactone</i>)	7	
<i>amiloride hcl TABS</i>	1	
DYRENIUM CAPS (<i>triamterene</i>)	7	
<i>spironolactone TABS</i>	1	
<i>triamterene CAPS</i>	3	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	
DIURIL SUSP	3	
<i>hydrochlorothiazide CAPS</i>	1	
<i>hydrochlorothiazide TABS</i>	1	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		

Drug Name	Drug Tier	Requirements/Limits
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	7	Limit 4 for 28 days; QL(0.15 ea daily)
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	7	Limit 1 per month; QL(0.04 ea daily)
<i>alendronate sodium SOLN</i>	3	
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	Limit 4 per 28 days; QL(0.15 ea daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
BONIVA TABS (<i>ibandronate sodium</i>)	7	Limit 1 per month; QL(0.04 ea daily)
<i>calcitonin (salmon) IJ</i>	4	PA
<i>calcitonin (salmon) NA</i>	1	
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	7	Limit 4 per 28 days; QL(0.15 ea daily)
<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 ea daily)
MIACALCIN IJ (<i>calcitonin (salmon)</i>)	7	PA
NATPARA	4	PA
PROLIA SOSY	4	PA
<i>risedronate sodium TABS 35 MG</i>	3	Limit 4 for 28 days; QL(0.15 ea daily)
<i>risedronate sodium TABS 5 MG, 30 MG</i>	3	QL(1 ea daily)
<i>risedronate sodium TABS 150 MG</i>	3	Limit 1 per month; QL(0.04 ea daily)
TYMLOS	4	PA
Fertility Regulators		
(Clomiphene Citrate) CLOMID TABS	1	QL(15 ea per 30 days retail)
<i>clomiphene citrate TABS</i>	1	QL(15 ea per 30 days retail)
Growth Hormone Receptor Antagonists		
SOMAVERT	4	PA

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Drug Name	Drug Tier	Requirements/Limits
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA 2 MG	4	PA
EGRIFTA SV	4	PA
Growth Hormones		
HUMATROPE CART IJ	4	Please refer to your plan documents for specific coverage; PA
NORDITROPIN FLEXPRO SOPN	4	Please refer to your plan documents for specific coverage; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	PA
ZORBTIVE SC	4	PA
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	7	PV
OSPHENA	3	QL(1 ea daily)
<i>raloxifene hcl</i>	5	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	3	PA
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
SYNAREL	2	
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR PACK	4	Specialty Drug refer to Caremark SP RX

Drug Name	Drug Tier	Requirements/Limits
(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	Specialty Drug refer to Caremark SP RX
<i>betaine</i>	4	PA
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	7	PA
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	7	PA
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 ea daily)
<i>calcitriol CAPS 0.25 MCG</i>	1	
<i>calcitriol SOLN OR</i>	1	
CARNITOR SF SOLN OR (<i>levocarnitine (metabolic modifiers)</i>)	7	
CARNITOR SOLN OR 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	7	
CARNITOR TABS (<i>levocarnitine (metabolic modifiers)</i>)	7	
<i>cinacalcet hcl</i>	3	PA
CYSTADANE (<i>betaine</i>)	7	PA
<i>doxercalciferol CAPS</i>	3	
GALAFOLD	4	QL(0.5 ea daily); PA
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX
KUVAN TABS (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	3	
<i>levocarnitine (metabolic modifiers) TABS</i>	3	
MYALEPT	4	PA
<i>nitisinone CAPS</i>	4	PA
ORFADIN CAPS (<i>nitisinone</i>)	7	PA
ORFADIN SUSP	4	PA

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Drug Name	Drug Tier	Requirements/Limits
PALYNZIQ	4	PA
<i>paricalcitol CAPS</i>	3	
RAVICTI	4	PA
ROCALTROL CAPS 0.25 MCG (<i>calcitriol</i>)	7	
ROCALTROL CAPS 0.5 MCG (<i>calcitriol</i>)	7	QL(4 ea daily)
ROCALTROL SOLN OR (<i>calcitriol</i>)	7	
<i>sapropterin dihydrochloride PACK</i>	4	Specialty Drug refer to Caremark SP RX
<i>sapropterin dihydrochloride TABS</i>	4	Specialty Drug refer to Caremark SP RX
SENSIPAR (<i>cinacalcet hcl</i>)	7	PA
<i>sodium phenylbutyrate POWD</i>	4	PA
<i>sodium phenylbutyrate TABS</i>	4	PA
STRENSIQ	4	PA
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	7	
Posterior Pituitary Hormones		
DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)	7	
DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)	7	QL(6 ea daily)
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
DESMOPRESSIN ACETATE SOLN NA	3	
<i>desmopressin acetate TABS 0.1 MG</i>	1	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 ea daily)
STIMATE SOLN NA	3	

Drug Name	Drug Tier	Requirements/Limits
Progesterone Receptor Antagonists		
MIFEPREX (<i>mifepristone</i>)	7	PV
<i>mifepristone</i>	5	PV
Prolactin Inhibitors		
<i>cabergoline</i>	1	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	4	PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	7	PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPB	4	PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	7	
ANGELIQ	3	
CLIMARA PRO	2	Limit 4 per 28 days; QL(0.15 ea daily)
COMBIPATCH PTTW	3	

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Drug Name	Drug Tier	Requirements/Limits
DUAVEE	3	
<i>estradiol & norethindrone acetate TABS</i>	1	
FEMHRT (<i>norethindrone acetate-ethinyl estradiol</i>)	7	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
ORIAHNN	4	PA
PREFEST	3	
PREMPHASE	2	
PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG	2	
PREMPRO 1.5 MG-0.3 MG	2	QL(1 ea daily)
Estrogens		
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)
ALORA PTTW	2	QL(0.29 ea daily)
CLIMARA PTWK (<i>estradiol</i>)	7	Limit 4 per 28 days; QL(0.15 ea daily)
DELESTROGEN (<i>estradiol valerate</i>)	7	QL(5 ml per fill retail)
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	7	
ELESTRIN GEL	3	
ESTRACE TABS (<i>estradiol</i>)	7	
<i>estradiol valerate</i>	1	QL(5 ml per fill retail)
<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM</i>	3	
<i>estradiol PTTW</i>	1	QL(0.29 ea daily)
<i>estradiol PTWK</i>	1	Limit 4 per 28 days; QL(0.15 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol TABS</i>	1	
ESTROGEL GEL	3	Limit 50gms per month; QL(1.67 gm daily)
EVAMIST SOLN	3	
MENEST	2	
MENOSTAR PTWK	3	Limit 4 per 28 days; QL(0.15 ea daily)
MINIVELLE PTTW (<i>estradiol</i>)	7	QL(0.29 ea daily)
PREMARIN TABS 0.9 MG	2	
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)
VIVELLE-DOT PTTW (<i>estradiol</i>)	7	QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS</i>	1	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	
CIPRO SUSR	2	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	7	
<i>levofloxacin SOLN OR</i>	1	
<i>levofloxacin TABS</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 300 MG</i>	1	
<i>ofloxacin 400 MG</i>	3	QL(28 ea per 90 days retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA 5 MG	4	ST; QL(1 ea daily); PA
OCALIVA 10 MG	4	QL(1 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits
Gallstone Solubilizing Agents		
CHENODAL	4	PA
URSO 250 TABS (<i>ursodiol</i>)	7	
URSO FORTE TABS (<i>ursodiol</i>)	7	
<i>ursodiol</i> CAPS	1	
<i>ursodiol</i> TABS	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>lubiprostone</i>)	7	
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl</i> SOLN OR 5 MG/5ML, 10 MG/10ML	3	
<i>metoclopramide hcl</i> TABS	1	
<i>metoclopramide hcl</i> TBDP	3	
REGLAN TABS (<i>metoclopramide hcl</i>)	7	
Inflammatory Bowel Agents		
APRISO CP24 (<i>mesalamine</i>)	7	QL(4 ea daily)
ASACOL HD TBEC (<i>mesalamine</i>)	7	
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	7	QL(8 ea daily)
AZULFIDINE TABS (<i>sulfasalazine</i>)	7	QL(8 ea daily)
<i>balsalazide disodium</i> CAPS	1	QL(9 ea daily; 280 ea per fill retail)
CANASA SUPP (<i>mesalamine</i>)	7	QL(1 ea daily)
COLAZAL CAPS (<i>balsalazide disodium</i>)	7	QL(9 ea daily; 280 ea per fill retail)
DELZICOL CPDR (<i>mesalamine</i>)	7	QL(6 ea daily)
DIPENTUM	3	

Drug Name	Drug Tier	Requirements/Limits
LIALDA TBEC (<i>mesalamine</i>)	7	QL(4 ea daily)
<i>mesalamine</i> CP24	1	QL(4 ea daily)
<i>mesalamine</i> CPCR	3	QL(8 ea daily); PA
<i>mesalamine</i> CPDR	1	QL(6 ea daily)
<i>mesalamine</i> ENEM	1	QL(60 ml daily)
<i>mesalamine</i> SUPP	1	QL(1 ea daily)
<i>mesalamine</i> TBEC 1.2 GM	1	QL(4 ea daily)
<i>mesalamine</i> TBEC 800 MG	1	
PENTASA CPCR 250 MG	3	PA
PENTASA CPCR (<i>mesalamine</i>)	7	QL(8 ea daily); PA
SFROWASA ENEM	2	
SKYRIZI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; 1 rtl pack lmt per fill; PA
<i>sulfasalazine</i> TABS	1	QL(8 ea daily)
<i>sulfasalazine</i> TBEC	1	QL(8 ea daily)
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
<i>lactulose</i> (<i>encephalopathy</i>)	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosectron hcl</i>	3	
LINZESS	2	QL(1 ea daily)
LOTRONEX (<i>alosectron</i> <i>hcl</i>)	7	
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	3	
ENTEREG (<i>alvimopan</i>)	7	
MOVANTI-K	3	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
AURYXIA	3	ST; PA
<i>calcium acetate (phosphate binder) CAPS</i>	1	
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
FOSRENOL CHEW 750 MG (<i>lanthanum carbonate</i>)	7	QL(4 ea daily)
FOSRENOL CHEW 1000 MG (<i>lanthanum carbonate</i>)	7	QL(3 ea daily)
FOSRENOL CHEW 500 MG (<i>lanthanum carbonate</i>)	7	
FOSRENOL PACK	3	
<i>lanthanum carbonate CHEW 500 MG</i>	1	
<i>lanthanum carbonate CHEW 1000 MG</i>	1	QL(3 ea daily)
<i>lanthanum carbonate CHEW 750 MG</i>	1	QL(4 ea daily)
PHOSLYRA SOLN	3	
RENAGEL (<i>sevelamer hcl</i>)	7	QL(16 ea daily); PA
RENVELA PACK 0.8 GM (<i>sevelamer carbonate</i>)	7	
RENVELA PACK 2.4 GM (<i>sevelamer carbonate</i>)	7	QL(5 ea daily)
RENVELA TABS (<i>sevelamer carbonate</i>)	7	
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 ea daily)
<i>sevelamer carbonate PACK 0.8 GM</i>	1	
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl 400 MG</i>	3	ST; PA

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer hcl 800 MG</i>	3	QL(16 ea daily); PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	ST; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	4	ST; Not available through mail; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
ORACIT	3	
<i>pot & sod citrates w/citric ac SOLN</i>	3	
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
Cystinosis Agents		

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Drug Name	Drug Tier	Requirements/ Limits
CYSTAGON CAPS	4	PA
PROCYSBI CPDR	4	PA
PROCYSBI PACK	4	PA
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 ea daily); PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 ea daily)
AVODART (<i>dutasteride</i>)	7	AL(At least 40 yrs old)
CARDURA XL	3	
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
FLOMAX (<i>tamsulosin hcl</i>)	7	QL(2 ea daily)
JALYN (<i>dutasteride-tamsulosin hcl</i>)	7	
PROSCAR (<i>finasteride</i>)	7	QL(1 ea daily); AL(At least 40 yrs old)
RAPAFLO 8 MG (<i>silodosin</i>)	7	QL(1 ea daily)
<i>silodosin 4 MG</i>	1	
<i>silodosin 8 MG</i>	1	QL(1 ea daily)
<i>tamsulosin hcl</i>	1	QL(2 ea daily)
UROXATRAL (<i>alfuzosin hcl</i>)	7	QL(1 ea daily)
Urinary Stone Agents		
LITHOSTAT	3	
THIOLA EC TBEC	3	
THIOLA TABS (<i>tiopronin</i>)	7	
<i>tiopronin TABS</i>	3	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>allopurinol 300 MG</i>	1	QL(2 ea daily)
<i>allopurinol 100 MG</i>	1	QL(3 ea daily)
<i>colchicine CAPS</i>	3	
<i>colchicine TABS</i>	1	
COLCRYS TABS (<i>colchicine</i>)	7	
<i>febuxostat 40 MG</i>	1	QL(2 ea daily)
<i>febuxostat 80 MG</i>	1	QL(1 ea daily)
MITIGARE CAPS (<i>colchicine</i>)	7	
ULORIC 80 MG (<i>febuxostat</i>)	7	QL(1 ea daily)
ULORIC 40 MG (<i>febuxostat</i>)	7	QL(2 ea daily)
ZYLOPRIM 300 MG (<i>allopurinol</i>)	7	QL(2 ea daily)
ZYLOPRIM 100 MG (<i>allopurinol</i>)	7	QL(3 ea daily)
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	PA
ADYNOVATE 750 UNIT, 1500 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
AFSTYLA	4	PA
ALPHANATE SOLR	4	PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	PA
ALPROLIX 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALPROLIX 4000 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	PROFILNINE	4	PA
ALTUVIIIO	4	PA	REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	4	PA
BENEFIX KIT 500 UNIT, 1000 UNIT	4	PA	RECOMBINATE SOLR	4	PA
COAGADEX	4	PA	RIASTAP	4	PA
CORIFACT	4	PA	RIXUBIS SOLR	4	PA
ELOCTATE 250 UNIT, 500 UNIT, 750 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	4	PA	TRETTEN	4	PA
ELOCTATE 4000 UNIT, 5000 UNIT, 6000 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	VONVENDI	4	PA
FEIBA	4	PA	WILATE KIT	4	PA
FIBRYGA	4	PA	XYNTHA	4	PA
HEMOFIL M SOLR 1501 - 2000 UNIT, 1700 UNIT	4	PA	XYNTHA SOLOFUSE	4	PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT	3	PA	Bradykinin B2 Receptor Antagonists		
HUMATE-P SOLR	4	PA	(Icatibant Acetate) SAJAZIR SOSY	4	PA
IDELVION	4	PA	FIRAZYR SOSY (<i>icatibant acetate</i>)	7	PA
IXINITY SOLR	4	PA	<i>icatibant acetate SOLN</i>	4	PA
JIVI	4	PA	<i>icatibant acetate SOSY</i>	4	PA
KCENTRA	4	PA	Complement Inhibitors		
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	PA	FABHALTA	4	PA
KOATE SOLR	3	PA	HAEGARDA SOLR SC	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOGENATE FS KIT	4	PA	Hemataologic - Tyrosine Kinase Inhibitors		
KOVALTRY	4	PA	TAVALISSE 150 MG	4	PA
NOVOEIGHT	4	PA	TAVALISSE 100 MG	4	ST; PA
NOVOSEVEN RT	4	PA	Hematorheologic Agents		
NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	4	Refer to Accredo SP Rx; PA	<i>pentoxifylline</i>	1	QL(3 ea daily)
NUWIQ SOLR 2500 UNIT, 3000 UNIT, 4000 UNIT	4	SP- Acaria Health; PA	Human Protein C		
OBIZUR	4	PA	CEPROTIN	4	PA
			Platelet Aggregation Inhibitors		
			AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	7	
			<i>anagrelide hcl</i>	1	
			<i>aspirin-dipyridamole</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BRILINTA	2	QL(2 ea daily)	(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV
<i>cilostazol</i>	1	QL(2 ea daily)			
<i>clopidogrel bisulfate</i>	1	QL(2 ea daily)			
<i>dipyridamole</i>	1				
EFFIENT (<i>prasugrel hcl</i>)	7				
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	7	QL(2 ea daily)			
<i>prasugrel hcl</i>	1				
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders			(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
Agents for Gaucher Disease			<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV
(Miglustat) YARGESA	4	ST; PA	<i>folic acid TABS 1 MG</i>	1	RX/OTC
CERDELGA	4	PA	Hematopoietic Growth Factors		
<i>miglustat</i>	4	ST; PA	MULPLETA	4	PA
ZAVESCA (<i>miglustat</i>)	7	ST; PA	PROMACTA PACK 25 MG	4	QL(1 ea daily); PA
Agents for Sickle Cell Disease			PROMACTA PACK 12.5 MG	4	QL(1 ea daily); PA
DROXIA CAPS	2		PROMACTA TABS	4	QL(1 ea daily); PA
SIKLOS TABS 100 MG	4	ST; AC; PA	RETACRIT 20000 UNIT/ML	4	PA
SIKLOS TABS 1000 MG	4	AC; PA	RETACRIT	4	PA
Folic Acid/Folates			RETACRIT	4	PA
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV	UDENYCA SOSY	4	PA
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV	ZARXIO	4	PA
			ZIEXTENZO	4	PA
			HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
			Hemostatics - Systemic		
			AMICAR SOLN OR (<i>aminocaproic acid</i>)	7	
			AMICAR TABS (<i>aminocaproic acid</i>)	7	
			<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	3	
			<i>aminocaproic acid TABS</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
LYSTEDA TABS (<i>tranexamic acid</i>)	7	QL(6 ea daily; 5 Day(s) limit)
<i>tranexamic acid</i> TABS	1	QL(6 ea daily; 5 Day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital</i> ELIX	1	
<i>phenobarbital</i> TABS	1	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	7	QL(1 ea daily)
AMBIEN TABS (<i>zolpidem tartrate</i>)	7	QL(1 ea daily)
DORAL (<i>quazepam</i>)	7	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL(1 ea daily)
<i>flurazepam hcl</i> 30 MG	1	QL(1 ea daily)
<i>flurazepam hcl</i> 15 MG	1	QL(2 ea daily)
HALCION 0.25 MG (<i>triazolam</i>)	7	QL(1 ea daily)
LUNESTA (<i>eszopiclone</i>)	7	QL(1 ea daily)
<i>midazolam hcl</i> SYRP	3	
<i>quazepam</i>	3	
RESTORIL 15 MG (<i>temazepam</i>)	7	QL(2 ea daily)
RESTORIL 7.5 MG (<i>temazepam</i>)	7	
RESTORIL 22.5 MG, 30 MG (<i>temazepam</i>)	7	QL(1 ea daily)
<i>temazepam</i> 15 MG	1	QL(2 ea daily)
<i>temazepam</i> 30 MG	1	QL(1 ea daily)
<i>temazepam</i> 22.5 MG	3	QL(1 ea daily)
<i>temazepam</i> 7.5 MG	1	
<i>triazolam</i> 0.25 MG	1	QL(1 ea daily)
<i>triazolam</i> 0.125 MG	1	
<i>zaleplon</i>	1	QL(1 ea daily)
<i>zolpidem tartrate</i> TABS	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate</i> TBCR	1	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 ea daily); ST
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	3	QL(1 ea daily); ST
ROZEREM (<i>ramelteon</i>)	7	QL(1 ea daily); ST
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE	5	PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	5	QL(4000 ml per fill retail); PV
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	7	QL(4000 ml per fill retail); PV
NULYTELY (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	7	PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	5	QL(4000 ml per fill retail); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	PV
PEG-PREP	5	QL(1 ea per fill retail); PV
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	7	PV	(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
Laxatives - Miscellaneous					
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1				
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX POWD	1	Limited to 510 Gm per month; QL(17.6 gm daily)			
<i>lactulose SOLN</i>	1				
MIRALAX POWD (<i>polyethylene glycol 3350</i>)	7	Limited to 510 Gm per month; QL(17.6 gm daily)			
<i>polyethylene glycol 3350 POWD</i>	1	Limited to 510 Gm per month; QL(17.6 gm daily)			
Saline Laxatives					
OSMOPREP	5	PV			
Stimulant Laxatives					
			(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV

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Drug Name	Drug Tier	Requirements/Limits
<i>bisacodyl SUPP</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>bisacodyl TBEC</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	7	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>bisacodyl</i>)	7	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX TBEC (<i>bisacodyl</i>)	7	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin SUSR</i>	1	
<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail)
<i>azithromycin TABS 600 MG</i>	1	QL(10 ea per fill retail)
<i>azithromycin TABS 500 MG</i>	1	QL(3 ea daily)
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	7	QL(3 ea daily)
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	7	QL(6 ea per fill retail)
ZITHROMAX PACK (<i>azithromycin</i>)	7	
ZITHROMAX SUSR (<i>azithromycin</i>)	7	
ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	7	QL(3 ea daily)
ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	7	QL(6 ea per fill retail)
Clarithromycin		
<i>clarithromycin SUSR</i>	1	
<i>clarithromycin TABS</i>	1	
<i>clarithromycin TB24</i>	1	QL(14 ea per fill retail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	7	
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	7	
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	7	
<i>erythromycin base CPEP</i>	1	
<i>erythromycin base TABS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base TBEC</i>	1	
<i>erythromycin ethylsuccinate SUSR</i>	1	
Fidaxomicin		
DIFICID TABS	3	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
CAYA DPRH	5	QL(1 ea per 365 days retail); PV
CONDOMS	5	PV
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FANTASY LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FANTASY LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FC2 FEMALE CONDOM	5	PV
FEMCAP DEVI	5	PV
KAMELEON LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO COLORS DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MAXX/LARGE FLARE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)

Drug Name	Drug Tier	Requirements/Limits
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MICRO THIN MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SENSATION LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SPECIAL DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
K-Y ME & YOU INTENSE DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
MAXX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)

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MAXX PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
OMNIFLEX DIAPHRAGM	5	PV	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
PREMIUM CONDOMS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
REALITY LATEX CONDOMS/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX/RIA LUBRICATED/SPERMICI DE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX/RIA LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TRUSTEX LUBRICATED EXTRALARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX/RIA NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	5	PV
TRUSTEX LUBRICATED/RIBBED/STUDED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	5	PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	5	PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	5	PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	5	PV
			WIDE-SEAL SILICONE DIAPHRAGM KIT 85	5	PV
			WIDE-SEAL SILICONE DIAPHRAGM KIT 90	5	PV

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WIDE-SEAL SILICONE DIAPHRAGM KIT 95	5	PV	BD NEEDLE/30G X 1/2"	2	RX/OTC
Diabetic Supplies			BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	Available through Mail Order; QL(6.67 ea daily)
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	BD PEN NEEDLE/mini/ULTRA-FINE/31G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
ONETOUCH ULTRA 2 KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	Available through Mail Order; QL(6.67 ea daily)
ONETOUCH VERIO REFLECT KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
Parenteral Therapy Supplies			BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD AUTOSHIELD DUO 30G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	RX/OTC			

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BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC
CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	2	RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

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H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	2	RX/OTC
HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC	AEROCHAMBER MINI AEROSOLCHAMBER DEVI	2	RX/OTC
POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC	AEROCHAMBER MV MISC	2	RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	2	RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	2	RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	2	RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	2	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	2	RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	RX/OTC
ADULT MASK DEVI	2	RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	2	RX/OTC
AEROBIKA DEVI	2	RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	RX/OTC
			AEROCHAMBER PLUS FLOW-VU MISC	2	RX/OTC
			AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	2	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	RX/OTC	BREATHE EASE/MEDIUM MASK DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	RX/OTC	BREATHE EASE/SMALL MASK DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	RX/OTC	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	RX/OTC	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	2	RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	2	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	2	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	2	RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	2	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	2	RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	2	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	2	RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	2	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	2	RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	2	RX/OTC	CO MONITOR DEVI	2	RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	2	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	2	RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	2	RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	2	RX/OTC			
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	2	RX/OTC			
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	2	RX/OTC			
BREATHE EASE/LARGE MASK DEVI	2	RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	2	RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	2	RX/OTC	FLEXICHAMBER DEVI	2	RX/OTC
EASIVENT/MASK-LARGE MISC	2	RX/OTC	IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	2	RX/OTC
EASIVENT/MASK-MEDIUM MISC	2	RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	2	RX/OTC
EASIVENT/MASK-SMALL MISC	2	RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	2	RX/OTC
EASIVENT MISC	2	RX/OTC	INSPIREASE DRUG DELIVERYSYSTEM MISC	2	RX/OTC
EASY FLOW BLACK/BLUE DEVI	2	RX/OTC	MICROCHAMBER DEVI	2	RX/OTC
EASY FLOW BLACK/ORANGE DEVI	2	RX/OTC	MICROCHAMBER MISC	2	RX/OTC
EASY FLOW BLACK/RED DEVI	2	RX/OTC	MICROSPACER MISC	2	RX/OTC
EASY FLOW BLACK/WHITE DEVI	2	RX/OTC	NEBULIZER CUP/TUBING DEVI	2	RX/OTC
EASY FLOW BLACK/YELLOW DEVI	2	RX/OTC	OMBRA TABLE TOP COMPRESSOR DEVI	2	RX/OTC
EASY FLOW WHITE/BLUE DEVI	2	RX/OTC	ONE FLOW FVC MONITORING SPIROMETER DEVI	2	RX/OTC
EASY FLOW WHITE/GREEN DEVI	2	RX/OTC	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	RX/OTC
EASY FLOW WHITE/PINK DEVI	2	RX/OTC	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	RX/OTC
EASY FLOW WHITE/WHITE DEVI	2	RX/OTC	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	RX/OTC
EASY FLOW WHITE/YELLOW DEVI	2	RX/OTC	OPTICHAMBER DIAMOND DEVI	2	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	2	RX/OTC	OPTICHAMBER DIAMOND MISC	2	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	2	RX/OTC	PARI MANUAL INTERRUPTER DEVI	2	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	2	RX/OTC	PARI TREK S COMBO PACK DEVI	2	RX/OTC
			POCKET CHAMBER DEVI	2	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
POCKET SPACER DEVI	2	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	2	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	2	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	2	RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	2	RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	2	RX/OTC
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	2	RX/OTC
PURE COMFORT 3-BALL BREATH EXERCISER DEVI	2	RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	2	RX/OTC
QUAKE DEVI	2	RX/OTC
RITEFLO DEVI	2	RX/OTC
SPIRO PD DEVI	2	RX/OTC
THRESHOLD PEP DEVI	2	RX/OTC
VERSAPAP/UNIVERSAL TUBING DEVI	2	RX/OTC
VERSAPAP DEVI	2	RX/OTC
VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	2	RX/OTC
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	2	RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	2	RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		

Drug Name	Drug Tier	Requirements/Limits
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	2	PA
AJOVY SOSY	2	PA
EMGALITY SOAJ	2	PA
EMGALITY SOSY 120 MG/ML	2	PA
UBRELVY	3	QL(10 ea per 30 days retail); ST
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	7	
<i>ergotamine w/ caffeine</i> TABS	1	
Migraine Products		
D.H.E. 45 SOLN IJ (<i>dihydroergotamine mesylate</i>)	7	PA
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	4	PA
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	3	QL(0.27 ml daily)
ERGOMAR SUBL	2	
MIGRANAL SOLN NA (<i>dihydroergotamine mesylate</i>)	7	QL(0.27 ml daily)
Serotonin Agonists		
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 ea daily)
AMERGE (<i>naratriptan hcl</i>)	7	Limit 9 per month; QL(0.3 ea daily)
<i>eletriptan hydrobromide</i>	3	Limit 6 per month; QL(0.2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FROVA (<i>frovatriptan succinate</i>)	7	Limit 9 per month; QL(0.3 ea daily)	<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)
<i>frovatriptan succinate</i>	3	Limit 9 per month; QL(0.3 ea daily)	<i>rizatriptan benzoate TBDP</i>	1	Limit 12 per month; QL(0.4 ea daily)
IMITREX 5 MG/ACT (<i>sumatriptan</i>)	7	Limit 6 per month; QL(0.2 ea daily)	<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 ea daily)
IMITREX 20 MG/ACT (<i>sumatriptan</i>)	7	Limit 6 sprayers per month; QL(2 ea daily)	<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>sumatriptan succinate</i>)	7	ST; PA	<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	4	PA
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>sumatriptan succinate</i>)	7	PA	<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	4	Limit 2 per fill, 4 per month; QL(0.14 ml daily; 2 ml per fill retail); PA
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>sumatriptan succinate</i>)	7	Limit 2 per fill, 4 per month; QL(0.14 ml daily; 2 ml per fill retail); PA	<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	4	ST; PA
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>sumatriptan succinate</i>)	7	PA	<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	4	PA
IMITREX TABS (<i>sumatriptan succinate</i>)	7	Limit 9 per month; QL(2 ea daily)	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	ST; QL(2 ml per 30 days retail); PA
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	7	Limit 12 per month; QL(0.4 ea daily)	<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 ea daily)
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	7	Limit 18 tabs per month; QL(0.6 ea daily)	<i>zolmitriptan SOLN</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 ea daily)	<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 ea daily)
RELPAZ (<i>eletriptan hydrobromide</i>)	7	Limit 6 per month; QL(0.2 ea daily)	<i>zolmitriptan TBDP</i>	1	Limit 6 per month; QL(0.2 ea daily)
			ZOMIG SOLN (<i>zolmitriptan</i>)	7	Limit 6 per month; QL(0.2 ea daily)
			ZOMIG SOLN 2.5 MG	2	Limit 6 per month; QL(0.2 ea daily)
			ZOMIG TABS 2.5 MG, 5 MG (<i>zolmitriptan</i>)	7	Limit 6 per month; QL(0.2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MINERALS & ELECTROLYTES					
Calcium					
CALCIFOL	3		K-PHOS NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	7	
CALCIUM-FOLIC ACID PLUS D	3		K-PHOS TABS (<i>potassium phosphate monobasic</i>)	7	
MAGNEBIND 400	3		<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
Fluoride			Potassium		
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	5	AL(Up to 6 yrs old); PV	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	
FLORIVA	3		(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
<i>sodium fluoride CHEW 1 MG, 2.2 MG</i>	1	AL(Up to 6 yrs old)	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	5	AL(Up to 6 yrs old); PV	(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	1	
<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	5	AL(Up to 6 yrs old); PV; RX/OTC	(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	1	
<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old); PV	(Potassium Chloride) KLOR-CON PACK OR 20 MEQ	1	
<i>sodium fluoride TABS 0.5 MG</i>	5	AL(Up to 6 yrs old); PV	EFFER-K	3	
Iodine Products			K-TAB TBCR 10 MEQ, 20 MEQ (<i>potassium chloride</i>)	7	
<i>iodine strong (lugol's)</i>	3		K-TAB TBCR 8 MEQ (<i>potassium chloride</i>)	2	
Phosphate					
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1				
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride microencapsulated crystals er</i>	1		(Azathioprine) AZASAN TABS 75 MG, 100 MG	3	
<i>potassium chloride CPCR</i>	1		(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
<i>potassium chloride PACK OR 20 MEQ</i>	1		(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
<i>potassium chloride SOLN OR 10 %, 20 %</i>	1		ASTAGRAF XL CP24	3	PA
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1		<i>azathioprine TABS 75 MG, 100 MG</i>	3	
<i>potassium chloride TBCR 20 MEQ</i>	3		<i>azathioprine TABS 50 MG</i>	1	
Zinc			CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	7	
GALZIN	3		CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	7	
WILZIN	3		CELLCEPT TABS (<i>mycophenolate mofetil</i>)	7	
MISCELLANEOUS THERAPEUTIC CLASSES					
Chelating Agents					
CUPRIMINE CAPS (<i>penicillamine</i>)	7	PA	<i>cyclosporine modified (for microemulsion) CAPS</i>	1	
DEPEN TITRATABS TABS (<i>penicillamine</i>)	7		<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
<i>penicillamine CAPS</i>	4	PA	<i>cyclosporine CAPS</i>	1	
<i>penicillamine TABS</i>	1		<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
SYPRINE (<i>trientine hcl</i>)	7	PA	IMURAN TABS (<i>azathioprine</i>)	7	
<i>trientine hcl 250 MG</i>	4	PA	<i>mycophenolate mofetil CAPS</i>	1	
<i>trientine hcl 500 MG</i>	4	PA	<i>mycophenolate mofetil SUSR</i>	1	
Immunomodulators					
<i>lenalidomide</i>	4	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	<i>mycophenolate mofetil TABS</i>	1	
THALOMID	3	Must use Exactus Specialty Rx 1-866-458-9246; AC	<i>mycophenolate sodium</i>	3	
Immunosuppressive Agents					
			MYFORTIC (<i>mycophenolate sodium</i>)	7	
			NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	7	

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NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	7		Anti-infectives - Throat		
PROGRAF CAPS (<i>tacrolimus</i>)	7		<i>clotrimazole</i>	1	
PROGRAF PACK	4	PA	<i>nystatin (mouth-throat)</i>	1	
RAPAMUNE SOLN (<i>sirolimus</i>)	7		ORAVIG	3	
RAPAMUNE TABS (<i>sirolimus</i>)	7		Dental Products		
SANDIMMUNE CAPS (<i>cyclosporine</i>)	7		PREVIDENT RINSE SOLN	3	
SANDIMMUNE SOLN OR <i>sirolimus SOLN</i>	2		<i>sodium fluoride (dental) SOLN 0.2 %</i>	3	
<i>sirolimus TABS</i>	3		Steroids - Mouth/Throat/Dental		
<i>tacrolimus CAPS</i>	1		(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	1	
ZORTRESS 0.25 MG, 0.5 MG, 0.75 MG (<i>everolimus (immunosuppressant)</i>)	7		<i>triamcinolone acetonide (mouth)</i>	1	
Potassium Removing Agents			Throat Products - Misc.		
(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML	1		<i>cevimeline hcl</i>	3	QL(3 ea daily)
LOKELMA	3	QL(1 ea daily); PA	EVOXAC (<i>cevimeline hcl</i>)	7	QL(3 ea daily)
<i>sodium polystyrene sulfonate POWD</i>	1		MUCOTROL WAFR	3	
Systemic Lupus Erythematosus Agents			<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 ea daily)
BENLYSTA SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily)
BENLYSTA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	SALAGEN 7.5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(4 ea daily)
MOUTH/THROAT/DENTAL AGENTS			SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(6 ea daily)
Anesthetics Topical Oral			MULTIVITAMINS		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1		Ped Multi Vitamins w/FI & FE		
			(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	RX/OTC

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(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	RX/OTC	(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	RX/OTC	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)	(Pediatric Vitamins ACD W/ Fluoride) TRIVITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON SUSP	3	RX/OTC	FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			MULTIVITAMIN WITH FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	AL(Up to 6 yrs old)
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
			POLY-VI-FLOR SUSP	3	
			QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
			QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
			TRI-VI-FLOR	3	
			TRI-VI-FLORO	3	
			Pediatric Multiple Vitamins & Minerals w/ Fluoride		
			FLORIVA	3	
			Prenatal Vitamins		
			(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	

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(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1		DUET DHA 400 MISC	3	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	3		DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	3	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC	ENBRACE HR	3	
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA	3		FOLIVANE-OB	2	
ATABEX EC TBEC	2		NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3	
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2		NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3	
CITRANATAL ASSURE	2		NESTABS	3	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3		NESTABS DHA	2	
CITRANATAL BLOOM	3		NESTABS ONE	3	
CITRANATAL BLOOM DHA	2		OB COMPLETE ONE	3	
CITRANATAL ESSENCE	2		OB COMPLETE PETITE	3	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3		OB COMPLETE PREMIER	3	
CITRANATAL MEDLEY	3		OB COMPLETE/DHA	3	
C-NATE DHA CAPS	3		OBSTETRIX DHA MISC	2	
COMPLETENATE CHEW	2		OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	2	
CONCEPT DHA	2		PNV TABS 29-1 TABS	2	RX/OTC
CONCEPT OB	2		PNV-DHA+DOCUSATE	3	
CVS WOMENS PRENATAL+DHA MISC	3		PNV-OMEGA	3	
			PREMESISRX	3	
			PRENA 1 TRUE	2	
			PRENA1 PEARL	3	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRENAISSANCE	3		SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3	
PRENAISSANCE PLUS CAPS	3		SE-NATAL 19 CHEW	2	
PRENATAL 19 CHEW	2		SE-NATAL 19 TABS	3	RX/OTC
PRENATAL 19 TABS	3	RX/OTC	THRIVITE RX TABS	2	RX/OTC
PRENATAL MULTIVITAMIN PLUS DHA MISC	3		TRINATAL RX 1 TABS	2	
PRENATAL+DHA MISC	3		TRISTART DHA	3	
PRENATAL-U CAPS	2		TRISTART ONE	3	
PRENATE	3		VINATE DHA RF	3	
PRENATE AM	3		VINATE ONE TABS	2	
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3		VIRT-C DHA	2	
PRENATE ENHANCE	3		VIRT-NATE DHA CAPS	3	
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3		VIRT-PN DHA	3	
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	3		VIRT-PN PLUS	3	
PRENATE PIXIE	3		VITAFOL GUMMIES	3	
PRENATE RESTORE	3		VITAFOL-NANO	3	
PROVIDA OB	2		VITAFOL-ONE CAPS	3	
RELNATE DHA CAPS	3		VITAMEDMD ONE RX/QUATREFOLIC	3	
SELECT-OB+DHA MISC	3		VITAPEARL	3	
SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2		VITATRUE	2	
			VIVA DHA CAPS	3	
			VP-PNV-DHA CAPS	3	
			WESCAP-C DHA	2	
			WESNATE DHA CAPS	3	
			WESTGEL DHA	3	
			ZATEAN-PN DHA	3	
			ZATEAN-PN PLUS	3	
			MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
			Central Muscle Relaxants		
			(Carisoprodol) VANADOM TABS 350 MG	1	
			baclofen TABS 10 MG	1	QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>baclofen TABS 20 MG</i>	1	QL(4 ea daily)
<i>baclofen TABS 5 MG</i>	1	
<i>carisoprodol TABS 350 MG</i>	1	
<i>carisoprodol TABS 250 MG</i>	3	
<i>chlorzoxazone TABS 500 MG</i>	3	
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
<i>metaxalone 800 MG</i>	3	QL(4 ea daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
<i>orphenadrine citrate TB12</i>	1	
SKELAXIN (<i>metaxalone</i>)	7	QL(4 ea daily)
SOMA TABS (<i>carisoprodol</i>)	7	
<i>tizanidine hcl CAPS</i>	1	
<i>tizanidine hcl TABS 2 MG</i>	1	
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 ea daily)
ZANAFLEX CAPS (<i>tizanidine hcl</i>)	7	
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	7	QL(9 ea daily)
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG, 50 MG (<i>dantrolene sodium</i>)	7	
<i>dantrolene sodium CAPS</i>	1	
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine</i>	3	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	3	Limit 1 bottle per month; QL(0.77 gm daily)

Drug Name	Drug Tier	Requirements/Limits
DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	7	Limit 1 bottle per month; QL(0.77 gm daily)
Nasal Antiallergy		
(AzelaStine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	Limit 1 bottle per month; QL(1.2 ml daily); RX/OTC
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	Limit 1 bottle per month; QL(1.2 ml daily); RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 inhaler per month; QL(1.2 ml daily)
<i>olopatadine hcl (nasal)</i>	3	
PATANASE (<i>olopatadine hcl (nasal)</i>)	7	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal)</i>	1	
Nasal Steroids		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.07 ml daily); RX/OTC	FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	7	Limit 2 inhalers per month; QL(1.07 ml daily); RX/OTC
			FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	7	Limit 2 inhalers per month; QL(1.07 ml daily); RX/OTC
			<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.07 gm daily); RX/OTC
			<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 gm daily); RX/OTC
			NASACORT ALLERGY 24HR CHILDRENS AERO (<i>triamcinolone acetonide (nasal)</i>)	7	Limit 1 sprayer per month; QL(1.2 ml daily)
			NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	7	Limit 1 sprayer per month; QL(1.2 ml daily)
			NASONEX 24HR SUSP	2	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC
			<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ml daily)
			XHANCE EXHU	3	QL(1.07 ml daily); ST
			(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGYSPRAY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPOM, RA NASAL ALLERGY SPRAY AERO	1	Limit 1 sprayer per month; QL(1.2 ml daily)	NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles
ALS Agents					
RADICAVA ORS STARTER KIT SUSP	4	PA			
RADICAVA ORS SUSP	4	PA			
RELYVRIO	4	PA			
RILUTEK TABS (<i>riluzole</i>)	7				
<i>riluzole TABS</i>	3				
Spinal Muscular Atrophy Agents (SMA)					

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Drug Name	Drug Tier	Requirements/Limits
EVRYSDI	4	PA
NUTRIENTS		
Lipids		
DOJOLVI	4	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 %	3	
<i>betaxolol hcl (ophth)</i> SOLN	1	
BETIMOL	2	
BETOPTIC-S SUSP	2	
<i>brimonidine tartrate-timolol maleate</i>	3	
<i>carteolol hcl (ophth)</i>	3	
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	7	
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	7	
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	7	
DORZOLAMIDE HCL/TIMOLOL MALEATE	2	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	3	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	7	
<i>levobunolol hcl 0.5 %</i>	1	
<i>timolol maleate (ophth)</i> SOLG	1	
<i>timolol maleate (ophth)</i> SOLN	3	
<i>timolol maleate (ophth)</i> SOLN	1	

Drug Name	Drug Tier	Requirements/Limits
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	7	
TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	7	
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	2	
Cycloplegic Mydriatics		
(Homatropine Hbr) HOMATROPAIRE	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %	3	
<i>atropine sulfata (ophthalmic) OINT</i>	1	
<i>atropine sulfata (ophthalmic) SOLN</i>	1	
ATROPINE SULFATE SOLN 1 %	2	
ATROPINE SULFATE SOLN 1 % (<i>atropine sulfata (ophthalmic)</i>)	7	
CYCLOGYL (<i>cyclopentolate hcl</i>)	7	
CYCLOGYL	2	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl</i>	1	
ISOPTO ATROPINE SOLN	2	
MYDRIACYL SOLN (<i>tropicamide</i>)	7	
<i>phenylephrine hcl (mydriatic) SOLN 10 %</i>	3	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	
<i>tropicamide SOLN</i>	3	
Miotics		

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Drug Name	Drug Tier	Requirements/ Limits
ISOPTO CARPINE SOLN 1 %, 2 % (<i>pilocarpine hcl</i>)	7	QL(0.5 ml daily)
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ml daily)
Ophthalmic Adrenergic Agents		
ALPHAGAN P (<i>brimonidine tartrate</i>)	7	
<i>apraclonidine hcl</i>	1	
<i>brimonidine tartrate</i>	1	
IOPIDINE	3	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYICIN	1	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYICIN	1	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
<i>bacitracin (ophthalmic)</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
BLEPH-10 SOLN (<i>sulfacetamide sodium (ophth)</i>)	7	
CILOXAN OINT	2	
CILOXAN SOLN (<i>ciprofloxacin hcl (ophth)</i>)	7	
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
ERYTHROMYCIN	2	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin sulfate (ophth) SOLN</i>	1	
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
<i>levofloxacin (ophth) 1.5 %</i>	3	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ml per fill retail)
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
OCUFLOX (<i>ofloxacin (ophth)</i>)	7	QL(5 ml per fill retail)
<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail)
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM (<i>polymyxin b-trimethoprim</i>)	7	
POVIDONE IODINE	3	
<i>sulfacetamide sodium (ophth) OINT</i>	1	
<i>sulfacetamide sodium (ophth) SOLN</i>	1	
<i>tobramycin (ophth) SOLN</i>	1	
TOBEX OINT	2	
<i>trifluridine</i>	1	
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	7	QL(3 ml per fill retail)
ZIRGAN GEL	3	
ZYMAXID (<i>gatifloxacin (ophth)</i>)	7	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 ea daily)
Ophthalmic Local Anesthetics		
(Tetracaine Hcl (Ophth)) ALTACAINE	3	
AKTEN	3	

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Drug Name	Drug Tier	Requirements/Limits
ALCAINE (<i>proparacaine hcl</i>)	7	
<i>proparacaine hcl</i>	3	
<i>tetracaine hcl (ophth)</i>	3	
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 gm per fill retail)
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
ALREX SUSP	3	
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail)
BLEPHAMIDE S.O.P. OINT	2	
BLEPHAMIDE SUSP	2	
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>difluprednate</i>	3	
DUREZOL (<i>difluprednate</i>)	7	
FLAREX	2	
<i>fluorometholone (ophth) SUSP</i>	1	
FML FORTE SUSP	2	
FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	7	
FML OINT	2	
LOTEMAX GEL (<i>loteprednol etabonate</i>)	7	
LOTEMAX OINT	3	
LOTEMAX SUSP (<i>loteprednol etabonate</i>)	7	Limit 6 per month; QL(0.2 ml daily)
<i>loteprednol etabonate GEL</i>	3	
<i>loteprednol etabonate SUSP</i>	3	Limit 6 per month; QL(0.2 ml daily)
<i>loteprednol etabonate SUSP</i>	3	

Drug Name	Drug Tier	Requirements/Limits
MAXIDEX SUSP OP	2	
MAXITROL OINT (<i>neomycin-polymyx-dexameth</i>)	7	
MAXITROL SUSP (<i>neomycin-polymyx-dexameth</i>)	7	
<i>neomycin-polymyx-dexameth OINT</i>	1	
<i>neomycin-polymyx-dexameth SUSP</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
PRED MILD	2	
PRED-G S.O.P. OINT	3	
PRED-G SUSP	3	
<i>prednisolone acetate (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	2	
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	3	
<i>sulfacetamide sod-prednisolone SOLN</i>	1	
TOBRADEX ST SUSP	3	
TOBRADEX OINT	3	
TOBRADEX SUSP (<i>tobramycin-dexamethasone</i>)	7	QL(5 ml per fill retail)
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ml per fill retail)
ZYLET	3	QL(5 ml per fill retail)
Ophthalmic Surgical Aids		
GELFILM OP	3	
Ophthalmics - Misc.		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 %	1	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC	bromfenac sodium (ophth) 0.09 %	1	
			BROMSITE 0.075 % (bromfenac sodium (ophth))	7	
			cromolyn sodium (ophth)	1	
			CYSTARAN	4	Limit 4 bottles per month; QL(2.15 ml daily); PA
			diclofenac sodium (ophth)	1	
			dorzolamide hcl	1	QL(0.34 ml daily)
			DORZOLAMIDE HCL	2	QL(0.34 ml daily)
			epinastine hcl (ophth)	1	
			flurbiprofen sodium	1	
			ILEVRO	3	
			ketorolac tromethamine (ophth)	1	
			LASTACAFT	3	ST
			NEVANAC	3	
			olopatadine hcl 0.1 %	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
			olopatadine hcl 0.2 %	1	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
			PAREMYD	3	
			PATADAY 0.2 % (olopatadine hcl)	7	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
			PATADAY 0.1 % (olopatadine hcl)	7	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
			PATADAY EXTRA STRENGTH	3	Limit 1 bottle per month; QL(0.084 ml daily); ST
			PROLENSA (bromfenac sodium (ophth))	7	
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC			
ACULAR (ketorolac tromethamine (ophth))	7				
ACULAR LS (ketorolac tromethamine (ophth))	7				
ACUVAIL	3				
ALOCRIL	3				
ALOMIDE	2				
azelastine hcl (ophth)	1				
AZOPT (brinzolamide)	7	Limit 10mls per month; QL(0.34 ml daily)			
bepotastine besilate	3	QL(0.34 ml daily); ST			
BEPREVE (bepotastine besilate)	7	QL(0.34 ml daily); ST			
brinzolamide	1	Limit 10mls per month; QL(0.34 ml daily)			
bromfenac sodium (ophth)	3				

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TRUSOPT (<i>dorzolamide hcl</i>)	7	QL(0.34 ml daily)
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.084 ml daily)
<i>latanoprost SOLN</i>	1	QL(0.0949 ml daily)
LATANOPROST SOLN	2	QL(0.0949 ml daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.084 ml daily)
<i>tafluprost</i>	3	QL(1 ea daily)
TRAVATAN Z SOLN (<i>travoprost</i>)	7	Limit 2.5mls per month; QL(0.084 ml daily)
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.084 ml daily)
XALATAN SOLN (<i>latanoprost</i>)	7	QL(0.0949 ml daily)
ZIOPTAN (<i>tafluprost</i>)	7	QL(1 ea daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	2	
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
CIPRO HC	3	
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	7	QL(8 ml per fill retail)
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-fluocinolone acetamide</i>	3	Limit 15mls per month; QL(0.5 ea daily)
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
OTOVEL (<i>ciprofloxacin-fluocinolone acetamide</i>)	7	Limit 15mls per month; QL(0.5 ea daily)
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	3	
DERMOTIC (<i>fluocinolone acetamide (otic)</i>)	7	
<i>fluocinolone acetamide (otic)</i>	3	
<i>hydrocortisone w/acetic acid</i>	3	QL(10 ml per fill retail; 30 per fill mail)
HYDROCORTISONE/ACETIC ACID (<i>hydrocortisone w/acetic acid</i>)	7	QL(10 ml per fill retail; 30 per fill mail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1		AYGESTIN TABS (<i>norethindrone acetate</i>)	7	
<i>amoxicillin SUSR</i>	1		<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 ea daily)
<i>amoxicillin TABS</i>	1		<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>ampicillin CAPS 500 MG</i>	1		<i>megestrol acetate (appetite)</i>	3	AC
Natural Penicillins			<i>norethindrone acetate TABS</i>	1	
<i>penicillin v potassium SOLR</i>	1		<i>progesterone CAPS</i>	1	QL(1 ea daily)
<i>penicillin v potassium TABS</i>	1		PROMETRIUM CAPS (<i>progesterone</i>)	7	QL(1 ea daily)
Penicillin Combinations			PROVERA 10 MG (<i>medroxyprogesterone acetate</i>)	7	QL(1 ea daily)
<i>amoxicillin & pot clavulanate CHEW</i>	1		PROVERA 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	7	
<i>amoxicillin & pot clavulanate SUSR</i>	1		PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
<i>amoxicillin & pot clavulanate TABS</i>	1		Agents for Chemical Dependency		
<i>amoxicillin & pot clavulanate TB12</i>	1		<i>acamprosate calcium</i>	1	
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	7		<i>disulfiram</i>	1	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2		LUCEMYRA	3	QL(224 ea per 14 days retail); PA
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	7		Anti-Cataplectic Agents		
Penicillinase-Resistant Penicillins			SODIUM OXYBATE SOLN	4	ST; PA
<i>dicloxacillin sodium</i>	1		XYREM SOLN	4	ST; PA
PHARMACEUTICAL ADJUVANTS			Antidementia Agents		
Liquid Vehicles			ARICEPT TABS (<i>donepezil hydrochloride</i>)	7	QL(1 ea daily)
BASE GELATIN GUMMY TROCHE	3	RX/OTC	<i>donepezil hydrochloride TABS</i>	1	QL(1 ea daily)
GUM BASE GELATIN	3	RX/OTC	<i>donepezil hydrochloride TBDP</i>	1	QL(1 ea daily)
KLEAR GUMMY BASE	3	RX/OTC	EXELON (<i>rivastigmine</i>)	7	
PROGESTINS - Hormone Replacement/Modifying Drugs					
Progestins					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)	<i>chlordiazepoxide-amitriptyline</i>	3	
<i>galantamine hydrobromide SOLN</i>	1		<i>olanzapine-fluoxetine hcl</i>	3	
<i>galantamine hydrobromide TABS</i>	1		<i>perphenazine-amitriptyline</i>	3	
<i>memantine hcl CP24 7 MG</i>	3	ST; PA	SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	7	
<i>memantine hcl CP24 14 MG, 21 MG, 28 MG</i>	3	PA	Fibromyalgia Agents		
<i>memantine hcl SOLN</i>	1		SAVELLA TITRATION PACK MISC	3	QL(2 ea daily); PA
<i>memantine hcl TABS 5 MG</i>	1	QL(4 ea daily)	SAVELLA TABS	3	QL(2 ea daily); PA
<i>memantine hcl TABS 10 MG</i>	1	QL(2 ea daily)	Movement Disorder Drug Therapy		
<i>memantine hcl TABS</i>	1		AUSTEDO TABS 6 MG	4	ST; QL(2 ea daily); PA
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	7		AUSTEDO TABS 9 MG	4	QL(2 ea daily); PA
NAMENDA XR CP24 7 MG (<i>memantine hcl</i>)	7	ST; PA	AUSTEDO TABS 12 MG	4	QL(4 ea daily); PA
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (<i>memantine hcl</i>)	7	PA	INGREZZA CAPS 60 MG	4	QL(1 ea daily); PA
NAMENDA TABS 10 MG (<i>memantine hcl</i>)	7	QL(2 ea daily)	INGREZZA CAPS 40 MG	4	Specialty drug-Health Net will refer to SP Pharmacy; QL(1 ea daily); PA
NAMENDA TABS 5 MG (<i>memantine hcl</i>)	7	QL(4 ea daily)	INGREZZA CAPS 80 MG	4	QL(1 ea daily); PA
NAMZARIC C4PK	3	PA	INGREZZA CPPK	4	PA
NAMZARIC CP24 14 MG-10 MG, 21 MG-10 MG, 28 MG-10 MG	3	PA	<i>tetrabenazine</i>	4	
NAMZARIC CP24 7 MG-10 MG	3	ST; PA	XENAZINE (<i>tetrabenazine</i>)	7	
RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>)	7	QL(1 ea daily)	Multiple Sclerosis Agents		
<i>rivastigmine</i>	1		(Glatiramer Acetate) GLATOPA SOSY	1	PA
<i>rivastigmine tartrate CAPS</i>	1		AMPYRA (<i>dalfampridine</i>)	7	PA
Combination Psychotherapeutics			AUBAGIO (<i>teriflunomide</i>)	7	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(1 ea daily); PA

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AVONEX PEN AJKT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	MAYZENT TABS 0.25 MG	3	not available thru mail order; QL(4 ea daily); PA
AVONEX PSKT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	PLEGRIDY STARTER PACK SOPN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
BETASERON KIT	4	PA	PLEGRIDY STARTER PACK SOSY SC	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
COPAXONE SOSY (<i>glatiramer acetate</i>)	7	PA	PLEGRIDY SOPN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>dalfampridine</i>	1	PA	PLEGRIDY SOSY IM	4	PA
<i>dimethyl fumarate CDPK</i>	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	PLEGRIDY SOSY SC	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>dimethyl fumarate CPDR</i>	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA
<i> fingolimod hcl</i>	1	QL(1 ea daily); PA	REBIF REBIDOSE SOAJ	4	PA
GILENYA 0.5 MG	2	QL(1 ea daily); PA	REBIF TITRATION PACK SOSY	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
GILENYA (<i> fingolimod hcl</i>)	7	QL(1 ea daily); PA	REBIF SOSY	4	PA
<i>glatiramer acetate SOSY</i>	1	PA	TECFIDERA STARTER PACK CDPK (<i>dimethyl fumarate</i>)	7	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
KESIMPTA	4	QL(0.0143 ml daily); PA	TECFIDERA CPDR (<i>dimethyl fumarate</i>)	7	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
MAYZENT STARTER PACK TBPK	3	not available thru mail order; QL(12 ea per 5 days retail); PA	<i>teriflunomide</i>	1	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(1 ea daily); PA
MAYZENT STARTER PACK TBPK	3	not available thru mail order; PA	Premenstrual Dysphoric Disorder (PMDD) Agents		
MAYZENT TABS 2 MG	3	not available thru mail order; QL(1 ea daily); PA			
MAYZENT TABS 1 MG	3	not available thru mail order; PA			

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl (pmd)</i> TABS	3	
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	4	PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates</i> TABS	3	
<i>pimozide</i>	3	
Smoking Deterrents		
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG	5	PV

Drug Name	Drug Tier	Requirements/Limits
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG	5	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	5	PV
			(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	5	PV	(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR			(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR			(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR			(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR			(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV

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Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR		
APO-VARENICLINE TABS	5	QL(2 ea daily); PV
<i>bupropion hcl (smoking deterrent)</i>	5	PV
NICODERM CQ PT24 TD (<i>nicotine</i>)	7	PV
NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	7	PV
NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	7	PV
NICORETTE GUM (<i>nicotine polacrilex</i>)	7	PV
NICORETTE LOZG (<i>nicotine polacrilex</i>)	7	PV
<i>nicotine polacrilex GUM</i>	5	PV
<i>nicotine polacrilex LOZG</i>	5	PV
NICOTINE TRANSDERMAL SYSTEM KIT	5	PV
<i>nicotine MISC XX</i>	5	PV
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	PV
NICOTROL INHALER INHA	5	PV
NICOTROL NS SOLN	5	PV
<i>varenicline tartrate TABS</i>	5	QL(2 ea daily); PV
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	4	PA

Drug Name	Drug Tier	Requirements/Limits
KALYDECO TABS	4	PA
ORKAMBI PACK 94 MG-75 MG	4	PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	4	PA
ORKAMBI TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(4 ea daily); PA
PULMOZYME	4	QL(5 ml daily); PA
SYMDEKO	4	PA
TRIKAFTA TBPK 100 MG-50 MG	4	QL(3 ea daily); PA
TRIKAFTA TBPK 50 MG-25 MG	4	QL(3 ea daily); PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS (<i>pirfenidone</i>)	7	QL(3 ea daily); SP; PA
ESBRIET TABS (<i>pirfenidone</i>)	7	QL(3 ea daily); SP; PA
OFEV	4	QL(2 ea daily); PA
<i>pirfenidone CAPS</i>	4	QL(3 ea daily); SP; PA
<i>pirfenidone TABS</i>	4	QL(3 ea daily); SP; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	3	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	

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Drug Name	Drug Tier	Requirements/Limits
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1	
(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
ACTICLATE TABS (<i>doxycycline hyclate</i>)	7	
<i>demeclocycline hcl</i> TABS	1	
<i>doxycycline (monohydrate)</i> CAPS 150 MG	3	ST
<i>doxycycline (monohydrate)</i> CAPS 50 MG, 75 MG, 100 MG	1	
<i>doxycycline (monohydrate)</i> SUSR	1	
<i>doxycycline (monohydrate)</i> TABS 50 MG, 75 MG	3	
<i>doxycycline (monohydrate)</i> TABS 100 MG	1	
<i>doxycycline (monohydrate)</i> TABS 150 MG	3	ST
<i>doxycycline hyclate</i> CAPS	1	
<i>doxycycline hyclate</i> TABS 20 MG, 75 MG, 150 MG	3	
<i>doxycycline hyclate</i> TABS 100 MG	1	
<i>minocycline hcl</i> CAPS	1	
<i>minocycline hcl</i> TABS 50 MG, 100 MG	1	PA
<i>minocycline hcl</i> TABS 75 MG	1	PA
<i>tetracycline hcl</i> CAPS	1	
VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	7	
VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	7	

THYROID AGENTS - Drugs to Regulate Thyroid

Drug Name	Drug Tier	Requirements/Limits
Hormones		
Antithyroid Agents		
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i>	1	QL(3 ea daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
ADTHYZA TABS	2	
ARMOUR THYROID TABS	2	
CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 ea daily)
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2	
<i>levothyroxine sodium</i> CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	1	
<i>levothyroxine sodium</i> CAPS 125 MCG	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium</i> TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)	(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	
<i>levothyroxine sodium</i> TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1		(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
<i>liothyronine sodium</i> TABS 5 MCG	1		ANASPAZ TBDP (<i>hyoscyamine sulfate</i>)	7	
<i>liothyronine sodium</i> TABS 25 MCG, 50 MCG	1	QL(2 ea daily)	BELLADONNA/OPIUM	3	
NIVA THYROID TABS	2		<i>chlordiazepoxide hcl-clidinium bromide</i>	1	PA
NP THYROID 120 TABS	2		CUVPOSA SOLN OR (<i>glycopyrrolate</i>)	7	
NP THYROID 15 TABS	2		<i>dicyclomine hcl</i> CAPS	1	
NP THYROID 30 TABS	2		<i>dicyclomine hcl</i> SOLN OR	1	
NP THYROID 60 TABS	2		<i>dicyclomine hcl</i> TABS	1	
NP THYROID 90 TABS	2		GLYCATE TABS	3	
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	2		<i>glycopyrrolate</i> SOLN OR 1 MG/5ML	1	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 ea daily)	<i>glycopyrrolate</i> TABS 1 MG, 2 MG	1	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2		GLYCOPYRROLATE TABS	3	
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	3		<i>hyoscyamine sulfate</i> SUBL 0.125 MG	1	
TIROSINT CAPS 75 MCG	2		<i>hyoscyamine sulfate</i> TABS 0.125 MG	1	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			<i>hyoscyamine sulfate</i> TB12 0.375 MG	1	
Antispasmodics			<i>hyoscyamine sulfate</i> TBDP 0.125 MG	1	
(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG	1		LEVVID TB12 (<i>hyoscyamine sulfate</i>)	7	
			LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	7	
			LEVSIN TABS (<i>hyoscyamine sulfate</i>)	7	
			LIBRAX (<i>chlordiazepoxide hcl-clidinium bromide</i>)	7	PA
			<i>methscopolamine bromide</i>	1	
			ROBINUL FORTE TABS (<i>glycopyrrolate</i>)	7	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ROBINUL TABS (<i>glycopyrrolate</i>)	7		(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG	1	QL(1 ea daily)
H-2 Antagonists			(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 ea daily)
<i>cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML</i>	1		(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 ea daily)
<i>cimetidine TABS 300 MG, 800 MG</i>	1		ACIPHEX TBEC (<i>rabeprazole sodium</i>)	7	ST; QL(1 ea daily); PA
<i>cimetidine TABS 400 MG</i>	1	QL(4 ea daily)	<i>lansoprazole CPDR</i>	1	QL(1 ea daily)
<i>famotidine SUSR</i>	3		<i>lansoprazole TBDD 15 MG</i>	3	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
<i>famotidine TABS 40 MG</i>	1	QL(2 ea daily)	<i>lansoprazole TBDD 30 MG</i>	3	QL(1 ea daily); AL(Up to 12 yrs old)
<i>nizatidine CAPS</i>	1		<i>omeprazole magnesium CPDR</i>	1	QL(1 ea daily)
<i>nizatidine SOLN</i>	1		<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 ea daily)
PEPCID TABS 40 MG (<i>famotidine</i>)	7	QL(2 ea daily)	<i>pantoprazole sodium PACK</i>	3	QL(1 ea daily)
Misc. Anti-Ulcer					
CARAFATE SUSP (<i>sucralfate</i>)	7				
CARAFATE TABS (<i>sucralfate</i>)	7	QL(4 ea daily)			
<i>sucralfate SUSP</i>	1				
<i>sucralfate TABS</i>	1	QL(4 ea daily)			
Proton Pump Inhibitors					
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 ea daily); RX/OTC			
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	3	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium TBEC</i>	1	QL(1 ea daily)
PREVACID 24HR CPDR (<i>lansoprazole</i>)	7	QL(1 ea daily); RX/OTC
PREVACID SOLUTAB TBDD 15 MG (<i>lansoprazole</i>)	7	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
PREVACID SOLUTAB TBDD 30 MG (<i>lansoprazole</i>)	7	QL(1 ea daily); AL(Up to 12 yrs old)
PREVACID CPDR 30 MG (<i>lansoprazole</i>)	7	QL(1 ea daily)
PRILOSEC PACK	3	PA
PROTONIX PACK (<i>pantoprazole sodium</i>)	7	QL(1 ea daily)
PROTONIX TBEC (<i>pantoprazole sodium</i>)	7	QL(1 ea daily)
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA
<i>rabeprazole sodium TBEC</i>	3	ST; QL(1 ea daily); PA
Ulcer Drugs - Prostaglandins		
CYTOTEC (<i>misoprostol</i>)	7	
<i>misoprostol</i>	1	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 rti MAX day(s) supply; 365 rti lmt day(s)
HELIDAC THERAPY	3	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	3	
DETROL LA CP24 (<i>tolterodine tartrate</i>)	7	QL(1 ea daily)
DETROL TABS (<i>tolterodine tartrate</i>)	7	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DITROPAN XL TB24 5 MG, 10 MG (<i>oxybutynin chloride</i>)	7	
<i>fesoterodine fumarate</i>	1	QL(1 ea daily)
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 ea daily)
<i>oxybutynin chloride TB24</i>	1	
<i>solifenacin succinate TABS 5 MG</i>	1	
<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 ea daily)
<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 ea daily)
TOVIAZ (<i>fesoterodine fumarate</i>)	7	QL(1 ea daily)
<i>tropium chloride CP24</i>	1	
<i>tropium chloride TABS</i>	1	QL(2 ea daily)
VESICARE TABS 10 MG (<i>solifenacin succinate</i>)	7	QL(1 ea daily)
VESICARE TABS 5 MG (<i>solifenacin succinate</i>)	7	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
VACCINES		
Viral Vaccines		
COVID VACCINES	5	
FLUMIST QUADRIVALENT	5	PV
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA	3	QL(1 ea daily)
Spermicides		
ENCARE SUPP 100 MG	5	PV

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Drug Name	Drug Tier	Requirements/Limits
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM FILM	5	PV
VCF VAGINAL CONTRACEPTIVE GEL	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	3	
CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	7	
CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal CREA</i>	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1	
NUVESSA	3	PA
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	3	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA (<i>estradiol vaginal</i>)	7	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	
FEMRING	3	Limit 1 per month; QL(0.04 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PREMARIN	2	QL(2 gm daily)
VAGIFEM TABS (<i>estradiol vaginal</i>)	7	
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	ST; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	4	Not available through mail; QL(2 ea per fill retail; 4 ea per 30 days retail)
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>	4	QL(2 ea per fill retail; 4 ea per 30 days retail)
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	3	QL(2 ea per fill retail; 4 ea per 30 days retail)
EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	7	Limited to 2 syringes per fill / 4 per month without authorization; 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); PA
SYMJEPI SOSY 0.3 MG/0.3ML	3	QL(2 ea per fill retail; 4 ea per 30 days retail); PA
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	4	PA
NORTHERA (<i>droxidopa</i>)	7	PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		

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Drug Name	Drug Tier	Requirements/ Limits
Oil Soluble Vitamins		
DRISDOL CAPS <i>(ergocalciferol)</i>	7	PV
<i>ergocalciferol CAPS</i>	1	PV
MEPHYTON TABS <i>(phytonadione)</i>	7	
<i>phytonadione TABS 5 MG</i>	1	
Water Soluble Vitamins		
POTABA CAPS	3	

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(Acetaminophen-Caff-Dihydrocod) TREXIX CAPS 30 MG-320.5 MG-16 MG	9	ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN ADULT LOW STRENGTH, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	7	BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	80
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	58	(Azathioprine) AZASAN TABS 75 MG, 100 MG	92	(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	80
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(Amiodarone Hcl) PACERONE TABS	13	(Bacitracin-Polymyxin B (Ophth)) AK- POLY-BAC, POLYCIN	100	(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	6
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG	7	(Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC	101	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	6
(Aspirin) ASPIRIN 81 LOW DOSE,		(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE		(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG .	6
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				(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	75

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(Carisoprodol) VANADOM TABS 350 MG 96	(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA 51	(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG 47
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(Clobetasol Propionate) CLODAN SHAM 64	ARTHRTIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG 51
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(Indomethacin) INDOCIN SUPP4	LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG .117	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-2851
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC61	(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG .117	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE52
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(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG ..59	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG .51	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG52
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG ..58	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG ...51	(Levonorgestrel-Ethinyl Estradiol (Conti- nuous)) AMETHYST, DOLISHALE52
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG59	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG ...51	(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEAUX52
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(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT17		
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(Lorazepam) LORAZEPAM INTENSOL CONC 12	(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC 7	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG 108
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(Metronidazole (Topical)) ROSADAN CREA 68	(Metronidazole (Topical)) ROSADAN GEL 0.75 % 68	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG 108
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(Nabumetone) RELAFEN 500 MG .. 4	(Nabumetone) RELAFEN 750 MG .. 4	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG 108
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN 100	(Niacin (Antihyperlipidemic)) NIACOR TABS 28	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG 108
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS		(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS

NICOTINE POLACRILEX, CVS
 NICOTINE POLACRILEX STARTER,
 EQ NICOTINE POLACRILEX, EQL
 NICOTINE POLACRILEX REFILL,
 EQL NICOTINE POLACRILEX
 STARTER, GNP NICOTINE GUM,
 GNP NICOTINE POLACRILEX,
 GOODSENSE NICOTINE GUM,
 GOODSENSE NICOTINE
 POLACRILEX GUM, HM NICOTINE
 POLACRILEX, KLS QUIT2, KLS
 QUIT4, PX STOP SMOKING AID,
 RA NICOTINE, RA NICOTINE GUM,
 SM NICOTINE, SM NICOTINE
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(Nicotine) CVS NICOTINE
 TRANSDERMALSYSTEM, CVS
 NICOTINE
 TRANSDERMALSYSTEM STEP 1,
 CVS NICOTINE
 TRANSDERMALSYSTEM STEP 2,
 CVS NICOTINE
 TRANSDERMALSYSTEM/STEP 3,
 EQ NICOTINE, EQ NICOTINE STEP
 3, GNP NICOTINE
 TRANSDERMALSYSTEM, GNP
 NICOTINE
 TRANSDERMALSYSTEM STEP 2,
 HABITROL, HM NICOTINE
 TRANSDERMAL SYSTEM STEP 1,
 HM NICOTINE TRANSDERMAL
 SYSTEM STEP 2, HM NICOTINE
 TRANSDERMAL SYSTEM STEP 3,
 NICOTINE STEP 1, NICOTINE
 STEP 3, NICOTINE TRANSDERMAL
 SYSTEM STEP 1, NICOTINE
 TRANSDERMAL SYSTEM STEP
 1/CLEAR, NICOTINE
 TRANSDERMAL SYSTEM STEP 2,
 NICOTINE TRANSDERMAL
 SYSTEM STEP 2/CLEAR,
 NICOTINE TRANSDERMAL
 SYSTEM STEP 3, NICOTINE
 TRANSDERMAL SYSTEM STEP
 3/CLEAR, QC NICOTINE

TRANSDERMAL SYSTEM/STEP 1,
 QC NICOTINE TRANSDERMAL
 SYSTEM/STEP 2, RA NICOTINE,
 RA NICOTINE TRANSDERMAL
 SYSTEM, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP
 1/CLEAR, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP
 2/CLEAR, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP
 3/CLEAR PT24 TD 14 MG/24HR, 21
 MG/24HR 109

(Nicotine) CVS NICOTINE
 TRANSDERMALSYSTEM, CVS
 NICOTINE
 TRANSDERMALSYSTEM STEP 1,
 CVS NICOTINE
 TRANSDERMALSYSTEM STEP 2,
 CVS NICOTINE
 TRANSDERMALSYSTEM/STEP 3,
 EQ NICOTINE, EQ NICOTINE STEP
 3, GNP NICOTINE
 TRANSDERMALSYSTEM, GNP
 NICOTINE
 TRANSDERMALSYSTEM STEP 2,
 HABITROL, HM NICOTINE
 TRANSDERMAL SYSTEM STEP 1,
 HM NICOTINE TRANSDERMAL
 SYSTEM STEP 2, HM NICOTINE
 TRANSDERMAL SYSTEM STEP 3,
 NICOTINE STEP 1, NICOTINE
 STEP 3, NICOTINE TRANSDERMAL
 SYSTEM STEP 1, NICOTINE
 TRANSDERMAL SYSTEM STEP
 1/CLEAR, NICOTINE
 TRANSDERMAL SYSTEM STEP 2,
 NICOTINE TRANSDERMAL
 SYSTEM STEP 2/CLEAR,
 NICOTINE TRANSDERMAL
 SYSTEM STEP 3, NICOTINE
 TRANSDERMAL SYSTEM STEP
 3/CLEAR, QC NICOTINE

RA NICOTINE TRANSDERMAL
 SYSTEM, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP
 1/CLEAR, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP
 2/CLEAR, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP
 3/CLEAR PT24 TD 14 MG/24HR, 21
 MG/24HR 110

(Nicotine) CVS NICOTINE
 TRANSDERMALSYSTEM, CVS
 NICOTINE
 TRANSDERMALSYSTEM STEP 1,
 CVS NICOTINE
 TRANSDERMALSYSTEM STEP 2,
 CVS NICOTINE
 TRANSDERMALSYSTEM/STEP 3,
 EQ NICOTINE, EQ NICOTINE STEP
 3, GNP NICOTINE
 TRANSDERMALSYSTEM, GNP
 NICOTINE
 TRANSDERMALSYSTEM STEP 2,
 HABITROL, HM NICOTINE
 TRANSDERMAL SYSTEM STEP 1,
 HM NICOTINE TRANSDERMAL
 SYSTEM STEP 2, HM NICOTINE
 TRANSDERMAL SYSTEM STEP 3,
 NICOTINE STEP 1, NICOTINE
 STEP 3, NICOTINE TRANSDERMAL
 SYSTEM STEP 1, NICOTINE
 TRANSDERMAL SYSTEM STEP
 1/CLEAR, NICOTINE
 TRANSDERMAL SYSTEM STEP 2,
 NICOTINE TRANSDERMAL
 SYSTEM STEP 2/CLEAR,
 NICOTINE TRANSDERMAL
 SYSTEM STEP 3, NICOTINE
 TRANSDERMAL SYSTEM STEP
 3/CLEAR, QC NICOTINE

TRANSDERMAL SYSTEM/STEP 1,
 QC NICOTINE TRANSDERMAL
 SYSTEM/STEP 2, RA NICOTINE,
 RA NICOTINE TRANSDERMAL
 SYSTEM, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP

1/CLEAR, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP
 2/CLEAR, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP
 3/CLEAR PT24 TD 14 MG/24HR 113
 (Nicotine) CVS NICOTINE
 TRANSDERMALSYSTEM, CVS
 NICOTINE
 TRANSDERMALSYSTEM STEP 1,
 CVS NICOTINE
 TRANSDERMALSYSTEM STEP 2,
 CVS NICOTINE
 TRANSDERMALSYSTEM/STEP 3,
 EQ NICOTINE, EQ NICOTINE STEP
 3, GNP NICOTINE
 TRANSDERMALSYSTEM, GNP
 NICOTINE
 TRANSDERMALSYSTEM STEP 2,
 HABITROL, HM NICOTINE
 TRANSDERMAL SYSTEM STEP 1,
 HM NICOTINE TRANSDERMAL
 SYSTEM STEP 2, HM NICOTINE
 TRANSDERMAL SYSTEM STEP 3,
 NICOTINE STEP 1, NICOTINE
 STEP 3, NICOTINE TRANSDERMAL
 SYSTEM STEP 1, NICOTINE
 TRANSDERMAL SYSTEM STEP
 1/CLEAR, NICOTINE
 TRANSDERMAL SYSTEM STEP 2,
 NICOTINE TRANSDERMAL
 SYSTEM STEP 2/CLEAR,
 NICOTINE TRANSDERMAL
 SYSTEM STEP 3, NICOTINE
 TRANSDERMAL SYSTEM STEP
 3/CLEAR, QC NICOTINE
 TRANSDERMAL SYSTEM/STEP 1,
 QC NICOTINE TRANSDERMAL
 SYSTEM/STEP 2, RA NICOTINE,
 RA NICOTINE TRANSDERMAL
 SYSTEM, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP
 1/CLEAR, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP
 2/CLEAR, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP

3/CLEAR PT24 TD 14 MG/24HR 114
 (Nicotine) CVS NICOTINE
 TRANSDERMALSYSTEM, CVS
 NICOTINE
 TRANSDERMALSYSTEM STEP 1,
 CVS NICOTINE
 TRANSDERMALSYSTEM STEP 2,
 CVS NICOTINE
 TRANSDERMALSYSTEM/STEP 3,
 EQ NICOTINE, EQ NICOTINE STEP
 3, GNP NICOTINE
 TRANSDERMALSYSTEM, GNP
 NICOTINE
 TRANSDERMALSYSTEM STEP 2,
 HABITROL, HM NICOTINE
 TRANSDERMAL SYSTEM STEP 1,
 HM NICOTINE TRANSDERMAL
 SYSTEM STEP 2, HM NICOTINE
 TRANSDERMAL SYSTEM STEP 3,
 NICOTINE STEP 1, NICOTINE
 STEP 3, NICOTINE TRANSDERMAL
 SYSTEM STEP 1, NICOTINE
 TRANSDERMAL SYSTEM STEP
 1/CLEAR, NICOTINE
 TRANSDERMAL SYSTEM STEP 2,
 NICOTINE TRANSDERMAL
 SYSTEM STEP 2/CLEAR,
 NICOTINE TRANSDERMAL
 SYSTEM STEP 3, NICOTINE
 TRANSDERMAL SYSTEM STEP
 3/CLEAR, QC NICOTINE
 TRANSDERMAL SYSTEM/STEP 1,
 QC NICOTINE TRANSDERMAL
 SYSTEM/STEP 2, RA NICOTINE,
 RA NICOTINE TRANSDERMAL
 SYSTEM, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP
 1/CLEAR, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP
 2/CLEAR, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP
 3/CLEAR PT24 TD 21 MG/24HR 111
 (Nicotine) CVS NICOTINE
 TRANSDERMALSYSTEM, CVS
 NICOTINE
 TRANSDERMALSYSTEM STEP 1,
 CVS NICOTINE
 TRANSDERMALSYSTEM STEP 2,

SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR ..113 (Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY54 (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG52 (Norethin Acet & Estrad-Fe)	AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 52 (Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 52 (Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS52 (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG 53 (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG 52 (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH,	PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG 53 (Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG 53 (Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG 53 (Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA 55 (Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1 MG- 20 MCG 53 (Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG- 30 MCG 53 (Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 72 (Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG72 (Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE 53 (Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7,
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ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/753	REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG117	(Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML 94
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI- ESTARYLLA, TRI-LINYAH, TRI-LO- ESTARYLLA, TRI-LO-MARZIA, TRI- LO-MILI, TRI-LO-SPRINTEC, TRI- MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI- VYLIBRA LO 53	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG .....117	(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW 94
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA 53	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR.....117	(Pediatric Multivitamins W/Fl) MULTI- VITAMIN/FLUORIDE DROPS SOLN . 94
(Norgestrel & Ethinyl Estradiol) CRYSSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG 53	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG 9	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML 94
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 61	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG .9	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN 94
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 % 102	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ....9	(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT E .....79
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %102	(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML ....93	(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM- 22.74 GM-236 GM 79
(Omeprazole Magnesium) ACID	(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML ...94	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %99
		(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 % 99
		(Phenylephrine-Brompheniramine- DM) PRESGEN B, TUSSI-PRES B LIQD 10 MG/5ML-20 MG/5ML-4 MG/5ML .....56

(Phenylephrine-Chlorphen-DM) ED A-HIST DM, NOHIST-DM LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML .. 56	(Potassium Chloride) Klor-Con 10, Klor-Con 8 TBCR 10 MEQ 91	(Pseudoephed-Bromphen-DM) Bromfed DM Syrp 10 MG/5ML- 30 MG/5ML-2 MG/5ML 56
(Phenytoin Sodium Extended) Phenytek 200 MG, 300 MG 19	(Potassium Chloride) Klor-Con 10, Klor-Con 8 TBCR 8 MEQ 91	(Pseudoephedrine-Guaifenesin) Ambi 40PSE/400GFN, Mucus Relief D, QC Mucus Sinus Relief D Tabs 400 MG-40 MG .. 56
(Phenytoin) Phenytoin Infatabs Chew 19	(Potassium Chloride) Klor-Con Pack or 20 MEQ 91	(Pseudoephedrine-Guaifenesin) CVS Mucus D Extended Release, CVS Mucus D Maximum Strength ER, EQ Mucus-D, FT Mucus Relief D 12 Hour, Mucus D, Mucus D Maximum Strength, Mucus Relief D, Mucus Relief D 12 Hour Extended Release, Mucus-D, RA Mucus Relief D, RA Mucus Relief D Maximum Strength, SM Guaifenesin/Pseudoephedrin E Hydrochloride TB12 1200 MG-120 MG 57
(Polyethylene Glycol 3350) Clearlax, CVS Purelax, EQ Clearlax, EQL Clearlax, FT Clearlax, Gavilax, Gentlelax, Glycolax, GNP Clearlax, GoodSense Clearlax, HM Clearlax, KLS Laxaclear, MM Clearlax, QC Natura-Lax, RA Laxative, SB Polyethylene Glycol 3350, SM Clearlax, Smooth Lax Powd 80	(Potassium Citrate-Citric Acid) Cytra K Crystals Pack 75	(Pseudoephedrine-Guaifenesin) CVS Mucus D Extended Release, CVS Mucus D Maximum Strength ER, EQ Mucus-D, FT Mucus Relief D 12 Hour, Mucus D, Mucus D Maximum Strength, Mucus Relief D, Mucus Relief D 12 Hour Extended Release, Mucus-D, RA Mucus Relief D, RA Mucus Relief D Maximum Strength, SM Guaifenesin/Pseudoephedrin E Hydrochloride TB12 1200 MG-120 MG 57
(Pot & Sod Citrates W/Citric Ac) Cytra-3 Syrp 75	(Potassium Citrate-Citric Acid) Cytra-K Soln 75	(Pseudoephedrine-Guaifenesin) CVS Mucus D Extended Release, CVS Mucus D Maximum Strength ER, EQ Mucus-D, FT Mucus Relief D 12 Hour, Mucus D, Mucus D Maximum Strength, Mucus Relief D, Mucus Relief D 12 Hour Extended Release, Mucus-D, RA Mucus Relief D, RA Mucus Relief D Maximum Strength, SM Guaifenesin/Pseudoephedrin E Hydrochloride TB12 600 MG- 60 MG 57
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) Phospha 250 Neutral, Phospho-Trin 250 Neutral, Virt-Phos 250 Neutral, Wes- Phos 250 Neutral 91	(Potassium Phosphate Monobasic) Phospho-Trin K500 Tabs 91	(Salicylic Acid) Keralyt Sham 6 % 67
(Potassium Bicarbonate) Effer-K, K-Prime, Klor-Con/EF TBEF .. 91	(Prednisolone Acetate (Ophth)) Prednisolone Acetate P-F 101	(Sapropterin Dihydrochloride) Javygtor Pack 71
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 10 MEQ 91	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) Inatal GT Tabs 94	(Sapropterin Dihydrochloride) Javygtor Pack 71
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 15 MEQ 91	(Prenatal Vit W/ Ferrous Fumarate- Folic Acid) Prenatal 19 Chew .95	(Sapropterin Dihydrochloride) Javygtor Pack 71
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 20 MEQ 91	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- Select 95	(Sapropterin Dihydrochloride) Javygtor Pack 71
	(Prenatal Vit W/ Iron Carbonyl-Folic Acid) Prenatabs Rx Tabs 120 MG-3 MG-30 MCG-1 MG-400 UNIT- 8 MCG-3 MG-20 MG-7 MG-3 MG- 100 MG-15 MG-3 MG-4000 UNIT- 200 MG-150 MCG-30 UNIT-29 MG 95	
	(Prenatal Without A W/ Fe Fumarate- L Methylfolate-FA-DHA) PNV-DHA 95	
	(Prochlorperazine) Compro 43	
	(Promethazine Hcl) Promethegan Supp 12.5 MG, 25 MG 26	
	(Promethazine Hcl) Promethegan Supp 50 MG 26	

JAVYGTOR TABS	71	(Tretinoin) AVITA GEL 0.025 % ...	59	ABSORICA 30 MG (isotretinoin) ...	59
(Silver Sulfadiazine) SSD	64	(Triamcinolone Acetonide (Mouth))		ABSORICA 35 MG, 40 MG	
(Sodium Chloride (Inhalant))		KOURZEQ, ORALONE DENTAL		(isotretinoin)	59
NEBUSAL, PULMOSAL NEBU 3 %		PASTE	93	acamprosate calcium	104
58		(Triamcinolone Acetonide (Nasal))		acarbose	22
(Sodium Chloride (Inhalant))		ALLERGY NASAL SPRAY 24		ACCUPRIL (quinapril hcl)	28
NEBUSAL, PULMOSAL NEBU 7 %		HOUR, CVS NASAL ALLERGY		ACCURETIC 12.5 MG-10 MG, 12.5	
58		SPRAY, EQ NASAL ALLERGY		MG-20 MG (quinapril-	
(Sodium Fluoride) FLUORITAB		SPRAY, GNP 24 HOUR NASAL		hydrochlorothiazide)	29
SOLN 0.125 MG/DROP	91	ALLERGY SPRAY, GOODSENSE		ACCURETIC 25 MG-20 MG	
(Sodium Fluoride) NAFRINSE CHEW		NASAL ALLERGY SPRAY, HM 24		(quinapril-hydrochlorothiazide)	29
2.2 MG	91	HOUR NASAL ALLERGYSPRAY,		acebutolol hcl CAPS	46
(Sodium Polystyrene Sulfonate) SPS		KLS ALLER-CORT, NASAL		acetaminophen w/ codeine SOLN ..	9
SUSP OR 15 GM/60ML	93	ALLERGY 24 HOUR, NASAL		acetaminophen w/ codeine TABS 15	
(Sotalol Hcl) SORINE TABS	46	ALLERGY 24 HOUR MULTI-		MG-300 MG, 30 MG-300 MG	9
(Sulfacetamide Sodium W/ Sulfur) BP		SYMPTOM, RA NASAL ALLERGY		acetaminophen w/ codeine TABS 60	
10-1, SULFAMEZ WASH EMUL 10		SPRAY AERO	98	MG-300 MG	9
%-1 %	59	(Triamcinolone Acetonide (Topical))		acetaminophen-caff-dihydrocod	
(Sulfacetamide Sodium W/ Sulfur)		TRIDERM CREA 0.5 %	64	CAPS 30 MG-320.5 MG-16 MG	9
SSS 10-5 FOAM	59	(Vigabatrin) VIGADRONE TABS ..	19	acetazolamide CP12	69
(Sulfacetamide Sodium-Sulfur In		(Vigabatrin) VIGADRONE,		acetazolamide TABS 125 MG	69
Urea Vehicle) BP CLEANSING		VIGPODER PACK	19	acetazolamide TABS 250 MG	69
WASH EMUL 10 %-10 %-4 %	59	(Warfarin Sodium) JANTOVEN TABS		acetic acid (otic)	103
(Sulfamethoxazole-Trimethoprim)		.....	15	acetylcysteine SOLN	58
SULFATRIM PEDIATRIC SUSP ..	32	abacavir sulfate SOLN	43	ACIPHEX TBEC (rabeprazole	
(Tadalafil (Pulmonary Hypertension))		abacavir sulfate TABS	43	sodium)	117
ALYQ TABS	49	abacavir sulfate-lamivudine	43	acitretin 10 MG	62
(Testosterone Cypionate) DEPO-		ABILIFY TABS 15 MG (aripiprazole) .		acitretin 17.5 MG	62
TESTOSTERONE SOLN IM	10	43		acitretin 25 MG	62
(Tetracaine Hcl (Ophth)) ALTACAINE		ABILIFY TABS 2 MG, 5 MG, 10 MG,		ACTICLATE TABS (doxycycline	
.....	100	30 MG (aripiprazole)	43	hyclate)	115
(Theophylline) ELIXOPHYLLIN ELIX .		ABILIFY TABS 20 MG (aripiprazole) .		ACTIMMUNE	40
15		43		ACTINEL PEDIATRIC LIQD	57
(Timolol Maleate (Ophth)) TIMOLOL		abiraterone acetate	35		
MALEATE IN OCUDOSE SOLN 0.5		ABSORICA 10 MG, 25 MG			
%	99	(isotretinoin)	59		
(Tretinoin) AVITA CREA 0.025 % .	59	ABSORICA 20 MG (isotretinoin) ..	59		

ACTIQ LPOP 1600 MCG (fentanyl citrate)	8	adapalene GEL 0.1 %	59	AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	86
ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (fentanyl citrate)	8	adapalene GEL 0.3 %	59	AEROCHAMBER PLUS FLOW-VU MISC	86
ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 72		adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	59	AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI ..	86
ACTONEL TABS 150 MG (risedronate sodium)	70	adapalene-benzoyl peroxide GEL 2.5 %-0.3 %	59	AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	86
ACTONEL TABS 35 MG (risedronate sodium)	70	ADCIRCA TABS (tadalafil (pulmonary hypertension))	49	AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	86
ACTOPLUS MET TABS (pioglitazone hcl-metformin hcl)	22	ADDERALL TABS (amphetamine-dextroamphetamine)	1	AEROCHAMBER PLUS FLOW-VU/MASK MISC	86
ACTOS 15 MG (pioglitazone hcl) ..	24	ADDERALL XR CP24 (amphetamine-dextroamphetamine) .	1	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	86
ACTOS 30 MG, 45 MG (pioglitazone hcl)	24	adefovir dipivoxil	45	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	86
ACULAR (ketorolac tromethamine (ophth))	102	ADEMPAS	50	AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	86
ACULAR LS (ketorolac tromethamine (ophth))	102	ADIPEX-P CAPS (phentermine hcl) 1		AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	86
ACUVAIL	102	ADTHYZA TABS	115	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	86
acyclovir CAPS	46	ADULT MASK DEVI	86	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	87
acyclovir SUSP	46	ADVAIR DISKUS AEPB (fluticasone-salmeterol)	14	AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	87
acyclovir TABS OR 400 MG	46	ADVATE	76	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	87
acyclovir TABS OR 800 MG	46	ADYNOVATE 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT 76		AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	87
acyclovir topical CREA	64	ADYNOVATE 750 UNIT, 1500 UNIT .	76	AEROCHAMBER/FLOWSIGNAL MISC	87
acyclovir topical OINT	64	AEROBIKA DEVI	86	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI ..	87
ACZONE 5 % (dapsone (topical)) .	59	AEROCHAMBER HOLDING CHAMBER DEVI	86	AFINITOR DISPERZ TBSO (everolimus)	36
ACZONE 7.5 % (dapsone (topical))	59	AEROCHAMBER MINI AEROSOLCHAMBER DEVI	86		
ADALIMUMAB-ADAZ SOAJ	3	AEROCHAMBER MV MISC	86		
ADALIMUMAB-ADAZ SOSY	3	AEROCHAMBER PLUS FLOW VU MISC	86		
adapalene CREA	59				

AFINITOR TABS 2.5 MG (everolimus)	36	alendronate sodium SOLN	70	ALORA PTTW	73
AFINITOR TABS 5 MG, 7.5 MG, 10 MG (everolimus)	36	alendronate sodium TABS 35 MG, 70 MG	70	alose tron hcl	74
AFSTYLA	76	alendronate sodium TABS 5 MG, 10 MG	70	ALPHAGAN P (brimonidine tartrate) 100	
AGAMREE	55	ALFERON N	40	ALPHANATE SOLR	76
AGRYLIN 0.5 MG (anagrelide hcl) ..	77	alfuzosin hcl	76	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	76
AIMSCO LUBRICATED MISC	82	ALINIA SUSR	32	ALPRAZOLAM INTENSOL CONC 12	
AJOVY SOAJ	89	ALINIA TABS (nitazoxanide)	32	alprazolam TABS	12
AJOVY SOSY	89	aliskiren fumarate	31	alprazolam TB24	12
AKTEN	100	ALKERAN (melphalan)	33	alprazolam TBDP	12
AKYNZEO	25	ALL FLOW 1000 PFT FILTER DEVI . 87		ALPROLIX 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT 76	
ALA-SCALP LOTN	64	ALL FLOW 2000 PFT FILTER DEVI . 87		ALPROLIX 4000 UNIT	77
albendazole	11	ALL FLOW 3000 PFT FILTER DEVI . 87		ALREX SUSP	101
ALBENZA (albendazole)	11	ALL FLOW 4000 PFT FILTER DEVI . 87		ALTABAX	61
albuterol sulfate AERS	14	ALL FLOW 5000 PFT FILTER DEVI . 87		ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril)	28
albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	14	ALL FLOW 6000 PFT FILTER DEVI . 87		ALTUVIIIIO	77
ALBUTEROL SULFATE NEBU	14	ALL FLOW 7000 PFT FILTER DEVI . 87		ALUNBRIG TABS	36
albuterol sulfate SYRP	14	allopurinol 100 MG	76	ALUNBRIG TBPK	36
albuterol sulfate TABS	14	allopurinol 300 MG	76	alvimopan	74
ALCAINE (proparacaine hcl)	101	almotriptan malate	89	amantadine hcl CAPS	40
alclometasone dipropionate CREA 64		ALOCRIIL	102	amantadine hcl TABS	40
alclometasone dipropionate OINT .64		alogliptin benzoate 25 MG	23	AMARYL (glimepiride)	24
ALDACTAZIDE (spironolactone & hydrochlorothiazide)	69	alogliptin benzoate 6.25 MG, 12.5 MG	23	AMBIEN CR TBCR (zolpidem tartrate)	79
ALDACTAZIDE	69	ALOMIDE	102	AMBIEN TABS (zolpidem tartrate) 79	
ALDACTONE TABS (spironolactone)	70			ambrisentan	49
ALDARA (imiquimod)	67			amcinonide CREA	64
ALECENSA	36			amcinonide LOTN	64

amcinonide OINT	64	amoxicillin & pot clavulanate SUSR 104	MG/1.25GM, 40.5 MG/2.5GM (testosterone)	11	
AMERGE (naratriptan hcl)	89	amoxicillin & pot clavulanate TABS 104	ANDROGEL GEL TD 25 MG/2.5GM (testosterone)	10	
AMICAR SOLN OR (aminocaproic acid)	78	amoxicillin & pot clavulanate TB12 104	ANDROGEL PUMP GEL TD 1.62 % (testosterone)	10	
AMICAR TABS (aminocaproic acid) 78		amoxicillin CAPS	103	ANGELIQ	72
amiloride & hydrochlorothiazide ..	69	amoxicillin CHEW 125 MG, 250 MG . 104	ANNOVERA	55	
amiloride hcl TABS	70	amoxicillin SUSR	104	ANORO ELLIPTA	14
aminocaproic acid SOLN OR 0.25 GM/ML	78	amoxicillin TABS	104	ANTARA 30 MG	27
aminocaproic acid TABS	78	amoxicillin-clarithromycin w/ lansoprazole THPK	118	ANTIVERT TABS 50 MG (meclizine hcl)	25
amiodarone hcl TABS	13	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	ANUSOL-HC EX (hydrocortisone (rectal))	11
AMITIZA (lubiprostone)	74	amphetamine-dextroamphetamine TABS	1	ANZEMET TABS 50 MG	25
amitriptyline hcl TABS	22	ampicillin CAPS 500 MG	104	APEXICON E CREA	64
amlodipine besylate TABS 2.5 MG	47	AMPYRA (dalfampridine)	105	APO-VARENICLINE TABS	114
amlodipine besylate TABS 5 MG, 10 MG	47	ANAFRANIL (clomipramine hcl) ..	22	apraclonidine hcl	100
amlodipine besylate-atorvastatin calcium	48	anagrelide hcl	77	aprepitant CAPS 40 MG	25
amlodipine besylate-benazepril hcl 10 MG-2.5 MG	30	ANALPRAM-HC LOTN EX	11	aprepitant CAPS 80 MG, 125 MG .	25
amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG- 5 MG, 40 MG-10 MG, 40 MG-5 MG 30		ANAPROX DS TABS (naproxen sodium)	4	aprepitant CAPS	25
amlodipine besylate-valsartan 10 MG-160 MG	30	ANASPAZ TBDP (hyoscyamine sulfate)	116	aprepitant MISC	25
amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG- 320 MG	30	anastrozole	35	APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	43
amlodipine-valsartan- hydrochlorothiazide	30	ANCOBON (flucytosine)	25	APRISO CP24 (mesalamine)	74
amoxapine	22	ANDEXXA 200 MG	24	APTENSIO XR CP24 (methylphenidate hcl)	2
amoxicillin & pot clavulanate CHEW . 104		ANDROGEL GEL TD 20.25		APTIVUS CAPS	43
				ARAVA 10 MG (leflunomide)	6
				ARAVA 20 MG (leflunomide)	6
				ARCALYST	4

arformoterol tartrate	14	ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	84	AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	104
ARICEPT TABS (donepezil hydrochloride)	104	ASTAGRAF XL CP24	92	AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	104
ARIKAYCE	3	ATABEX EC TBEC	95	AURYXIA	75
ARIMIDEX (anastrozole)	35	ATACAND 32 MG (candesartan cilexetil)	29	AUSTEDO TABS 12 MG	105
aripiprazole SOLN OR	43	ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil)	29	AUSTEDO TABS 6 MG	105
aripiprazole TABS 15 MG	43	ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	30	AUSTEDO TABS 9 MG	105
aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	43	atazanavir sulfate CAPS	43	AVALIDE (irbesartan-hydrochlorothiazide)	30
aripiprazole TABS 20 MG	43	atenolol & chlorthalidone	30	AVAPRO (irbesartan)	29
aripiprazole TBDP	43	atenolol TABS	46	AVODART (dutasteride)	76
ARIXTRA 10 MG/0.8ML (fondaparinux sodium)	15	ATIVAN TABS (lorazepam)	12	AVONEX PEN AJKT	106
ARIXTRA 2.5 MG/0.5ML, 7.5 MG/0.6ML (fondaparinux sodium)	15	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	AVONEX PSKT	106
ARIXTRA 5 MG/0.4ML (fondaparinux sodium)	15	atomoxetine hcl 60 MG, 80 MG, 100 MG	1	AYGESTIN TABS (norethindrone acetate)	104
armodafinil	2	atorvastatin calcium TABS	28	AYVAKIT 100 MG, 200 MG, 300 MG 36	
ARMOUR THYROID TABS	115	atovaquone	32	AYVAKIT 25 MG, 50 MG	36
ARNUITY ELLIPTA	14	atovaquone-proguanil hcl	32	AZASITE	100
AROMASIN (exemestane)	35	ATRALIN GEL (tretinoin)	59	azathioprine TABS 50 MG	92
ARTHROTEC 50 TBEC (diclofenac w/ misoprostol)	4	atropine sulfate (ophthalmic) OINT	99	azathioprine TABS 75 MG, 100 MG 92	
ARTHROTEC 75 TBEC (diclofenac w/ misoprostol)	4	atropine sulfate (ophthalmic) SOLN	99	azelaic acid GEL	68
ASACOL HD TBEC (mesalamine)	74	ATROPINE SULFATE SOLN 1 % (atropine sulfate (ophthalmic))	99	azelastine hcl (opth)	102
asenapine maleate	42	ATROPINE SULFATE SOLN 1 %	99	azelastine hcl 0.1 %, 137 MCG/SPRAY	97
aspirin CHEW	7	ATROVENT HFA	13	azelastine hcl 0.15 %, 205.5 MCG/SPRAY	97
aspirin TBEC 81 MG	7	AUBAGIO (teriflunomide)	105	azelastine hcl-fluticasone propionate SUSP	97
aspirin-dipyridamole	77	AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	104	AZELEX	59
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	84			AZILECT (rasagiline mesylate)	41

azithromycin PACK	81	84	BD VEO INSULIN SYRINGE ULTR- FINE/U-100/0.5ML/31G X 15/64" .	85
azithromycin SUSR	81	BD ECLIPSE NEEDLE/LUER- LOK/30G X 1/2"	84	BELLADONNA/OPIUM
azithromycin TABS 250 MG	81	BD NEEDLE/30G X 1/2"	84	BELSOMRA
azithromycin TABS 500 MG	81	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM	84	benazepril & hydrochlorothiazide .
azithromycin TABS 600 MG	81	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM	84	benazepril hcl
AZOPT (brinzolamide)	102	BD PEN NEEDLE/NANO/ULTRA- FINE/31G X 5MM	84	BENEFIX KIT 500 UNIT, 1000 UNIT .
AZULFIDINE EN-TABS TBEC (sulfasalazine)	74	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	84	77
AZULFIDINE TABS (sulfasalazine) 74		BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM	84	BENICAR 40 MG (olmesartan medoxomil)
bacitracin (ophthalmic)	100	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM	84	BENICAR 5 MG, 20 MG (olmesartan medoxomil)
bacitracin-polymyxin b (ophth) ...	100	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM	84	BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil- hydrochlorothiazide)
bacitracin-poly-neomycin-hc	101	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ...	84	BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil- hydrochlorothiazide)
baclofen TABS 10 MG	96	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...	84	BENLYSTA SOAJ
baclofen TABS 20 MG	97	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	84	BENLYSTA SOSY
baclofen TABS 5 MG	97	BD VEO INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 6MM	84	BENSAL HP OINT
BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	32	BD VEO INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 6MM	85	BENZAMYCIN GEL (benzoyl peroxide-erythromycin)
BACTRIM TABS (sulfamethoxazole- trimethoprim)	32	BD VEO INSULIN SYRINGE ULTRA- FINE/1ML/31G X 6MM	85	BENZNIDAZOLE
BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	54	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/0.3ML/31G X 15/64" .	85	benzonatate 100 MG, 200 MG
balsalazide disodium CAPS	74	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/1ML/31G X 15/64" ...	85	benzonatate 150 MG
BALVERSA	36			benzoyl peroxide-erythromycin GEL .
BANZEL SUSP (rufinamide)	17			59
BANZEL TABS 200 MG (rufinamide) .	17			benztropine mesylate TABS
BANZEL TABS 400 MG (rufinamide) .	17			bepotastine besilate
BARACLUDE TABS (entecavir) ...	45			BEPREVE (bepotastine besilate)
BASE GELATIN GUMMY TROCHE .	104			102
BD AUTOSHIELD DUO 30G X 5MM .				BESIVANCE
				100
				BETADINE OPHTHALMIC PREP

100	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ...	BREATHE EASE/MEDIUM MASK DEVI
betaine	54	87
betamethasone dipropionate (topical) CREA	bicalutamide	BREATHE EASE/SMALL MASK DEVI
64	35	87
betamethasone dipropionate (topical) LOTN	BIDIL (isosorbide dinitrate-hydralazine hcl)	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI ..
64	48	87
betamethasone dipropionate (topical) OINT	BIKTARVY 200 MG-50 MG-25 MG 43	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI
64	BILTRICIDE (praziquantel)	87
betamethasone dipropionate augmented CREA	bimatoprost SOLN	BREZTRI AEROSPHERE
64	103	14
betamethasone dipropionate augmented GEL 0.05 %	BIO-DTUSS DMX LIQD	BRILINTA
64	57	78
betamethasone dipropionate augmented LOTN	bisacodyl SUPP	brimonidine tartrate (topical)
64	81	68
betamethasone dipropionate augmented OINT	bisacodyl TBEC	brimonidine tartrate
64	81	100
betamethasone dipropionate augmented CREA ...	bisoprolol & hydrochlorothiazide ..	brimonidine tartrate-timolol maleate .
64	30	99
betamethasone dipropionate augmented LOTN	bisoprolol fumarate	brinzolamide
64	46	102
betamethasone dipropionate augmented OINT	BLEPH-10 SOLN (sulfacetamide sodium (ophth))	BRIVIACT SOLN OR 10 MG/ML ..
64	100	17
betamethasone valerate CREA ...	BLEPHAMIDE S.O.P. OINT	BRIVIACT TABS 10 MG
64	101	17
betamethasone valerate FOAM ...	BLEPHAMIDE SUSP	BRIVIACT TABS 100 MG
64	101	17
betamethasone valerate LOTN ...	BONIVA TABS (ibandronate sodium) 70	BRIVIACT TABS 25 MG, 50 MG, 75 MG
64	70	17
betamethasone valerate OINT	bosentan TABS 125 MG	bromfenac sodium (ophth)
64	49	102
BETAPACE AF (sotalol hcl (afib/af))	bosentan TABS 62.5 MG	bromfenac sodium (ophth) 0.09 %
46	49	102
BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	BOSULIF CAPS	bromocriptine mesylate CAPS
46	36	40
BETASERON KIT	BOSULIF TABS	bromocriptine mesylate TABS 2.5 MG
106	37	40
betaxolol hcl (ophth) SOLN	BRAFTOVI 75 MG	BROMSITE 0.075 % (bromfenac sodium (ophth))
99	37	102
betaxolol hcl	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	BROVANA (arformoterol tartrate) .
46	87	14
bethanechol chloride	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	BRUKINSA
118	87	37
BETHKIS NEBU (tobramycin)	BREATHE EASE/LARGE MASK DEVI	budesonide (inhalation) SUSP 0.25 MG/2ML
3	87	14
BETIMOL		budesonide (inhalation) SUSP 0.5 MG/2ML
99		14
BETOPTIC-S SUSP		
99		
bexarotene (topical)		
62		
bexarotene		
40		

candesartan cilexetil 4 MG, 8 MG, 16 MG	29	carbinoxamine maleate TABS 4 MG . 26	cefaclor SUSR 125 MG/5ML, 375 MG/5ML	50	
candesartan cilexetil-hydrochlorothiazide	30	CARBINOXAMINE MALEATE TABS . 26	cefadroxil CAPS	50	
CAPCOF SYRP	57	CARDIZEM CD CP24 (diltiazem hcl coated beads)	47	cefadroxil SUSR	50
capecitabine 150 MG	33	CARDIZEM LA TB24 (diltiazem hcl) 47	cefadroxil TABS	50	
capecitabine 500 MG	33	CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)	47	cefdinir CAPS	50
CAPEX SHAM	65	CARDURA (doxazosin mesylate) .29	cefdinir SUSR	50	
CAPRELSA	37	CARDURA XL	76	cefixime CAPS	50
captopril	28	CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	85	cefixime SUSR	50
CARAC CREA (fluorouracil (topical)) 62		carisoprodol TABS 250 MG	97	cefpodoxime proxetil SUSR	50
CARAFATE SUSP (sucralfate) ...	117	carisoprodol TABS 350 MG	97	cefpodoxime proxetil TABS	50
CARAFATE TABS (sucralfate) ...	117	carisoprodol w/ aspirin & codeine .97		cefprozil SUSR	50
carbamazepine CHEW	17	CARNITOR SF SOLN OR (levocarnitine (metabolic modifiers)) 71		cefprozil TABS	50
carbamazepine CP12	17	CARNITOR SOLN OR 1 GM/10ML (levocarnitine (metabolic modifiers)) 71		cefuroxime axetil TABS	50
carbamazepine SUSP	17	CARNITOR TABS (levocarnitine (metabolic modifiers))	71	CELEBREX 400 MG (celecoxib) ...	4
carbamazepine TABS	17	carteolol hcl (ophth)	99	CELEBREX 50 MG, 100 MG, 200 MG (celecoxib)	4
carbamazepine TB12 100 MG	17	carvedilol 3.125 MG	46	celecoxib 400 MG	4
carbamazepine TB12 200 MG	17	carvedilol 6.25 MG, 12.5 MG, 25 MG 46		celecoxib 50 MG, 100 MG, 200 MG 5	
carbamazepine TB12 400 MG	17	carvedilol phosphate	46	CELEXA TABS (citalopram hydrobromide)	20
CARBATROL CP12 (carbamazepine)	17	CASODEX (bicalutamide)	35	CELLCEPT CAPS (mycophenolate mofetil)	92
carbidopa	40	CAYA DPRH	82	CELLCEPT SUSR (mycophenolate mofetil)	92
carbidopa-levodopa TABS	40	cefaclor CAPS	50	CELLCEPT TABS (mycophenolate mofetil)	92
carbidopa-levodopa TBCR 100 MG-25 MG	40	CEFACLOR ER TB12	50	CELONTIN (methsuximide)	20
carbidopa-levodopa TBCR 200 MG-50 MG	41			CENTANY OINT	61
carbidopa-levodopa TBDP	41			cephalexin CAPS 250 MG, 500 MG 50	
carbidopa-levodopa-entacapone .40				cephalexin CAPS 750 MG	50
carbinoxamine maleate SOLN	26				

cephalexin SUSR	50	ciclopirox SHAM	61	CITRANATAL ASSURE	95
CEPROTIN	77	ciclopirox SOLN	61	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 95	
CERDELGA	78	cilostazol	78	CITRANATAL BLOOM	95
CERVIDIL INST	103	CILOXAN OINT	100	CITRANATAL BLOOM DHA	95
CETRAXAL (ciprofloxacin hcl (otic)) . 103		CILOXAN SOLN (ciprofloxacin hcl (ophth))	100	CITRANATAL ESSENCE	95
cevimeline hcl	93	CIMDUO	43	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	95
CHEMET	24	cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML	117	CITRANATAL MEDLEY	95
CHENODAL	74	cimetidine TABS 300 MG, 800 MG 117		CLARINEX TABS (desloratadine) .	26
CHLOPHEDIANOL/DEXCHLOPHEN IRAMINE./PSEUDOEPHEDRINE .	57	cimetidine TABS 400 MG	117	clarithromycin SUSR	81
chlordiazepoxide hcl CAPS	12	cinacalcet hcl	71	clarithromycin TABS	81
chlordiazepoxide hcl-clidinium bromide	116	CIPRO HC	103	clarithromycin TB24	81
chlordiazepoxide-amitriptyline ...	105	CIPRO SUSR	73	clemastine fumarate SYRP	26
chloroquine phosphate TABS	33	CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	73	clemastine fumarate TABS 2.68 MG . 26	
chlorpromazine hcl TABS	43	CIPRODEX (ciprofloxacin- dexamethasone)	103	CLEOCIN (clindamycin hcl)	32
chlorthalidone 25 MG, 50 MG	70	ciprofloxacin hcl (ophth) SOLN ...	100	CLEOCIN CREA (clindamycin phosphate vaginal)	119
chlorzoxazone TABS 500 MG	97	ciprofloxacin hcl (otic)	103	CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride)	32
cholestyramine light PACK	27	ciprofloxacin hcl TABS	73	CLEOCIN SUPP	119
cholestyramine light POWD	27	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	73	CLEOCIN-T LOTN (clindamycin phosphate (topical))	59
cholestyramine POWD	27	ciprofloxacin-dexamethasone ...	103	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI .	87
choline fenofibrate 135 MG	27	ciprofloxacin-fluocinolone acetoneide . 103		CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	87
choline fenofibrate 45 MG	27	citalopram hydrobromide SOLN ...	20	CLEVER CHOICE ANTI- STATICVALVED HOLDING	
CIALIS 2.5 MG (tadalafil)	48	citalopram hydrobromide TABS ...	20		
CIALIS 5 MG, 10 MG, 20 MG (tadalafil)	48	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG- 20 MG-50 MG-25 MG-2 MG-159 MG- 90 MG-150 MCG-30 UNIT-0.75 MG- 300 MG	95		
ciclopirox GEL	61				
ciclopirox olamine CREA	61				
ciclopirox olamine SUSP	61				

CHAMBER/MEDIUM/3 YEA DEVI .87	clobetasol propionate CREA 0.05 % .65	CREA .....61
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI .....87	clobetasol propionate emollient base 0.05 %65	clotrimazole w/ betamethasone LOTN .....61
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI .87	clobetasol propionate emulsion ...65	clozapine TABS .....42
CLIMARA PRO .....72	clobetasol propionate FOAM .....65	clozapine TBDP 12.5 MG, 25 MG, 100 MG .....42
CLIMARA PTWK (estradiol) .....73	clobetasol propionate GEL 0.05 % 65	CLOZARIL TABS (clozapine) .....42
CLINDAGEL GEL (clindamycin phosphate (topical)) .....59	clobetasol propionate LIQD .....65	C-NATE DHA CAPS .....95
clindamycin hcl .....32	clobetasol propionate LOTN .....65	CO MONITOR DEVI .....87
clindamycin palmitate hydrochloride .32	clobetasol propionate OINT 0.05 % 65	COAGADDEX .....77
clindamycin phosphate (topical) FOAM .....59	clobetasol propionate SHAM .....65	COARTEM .....33
clindamycin phosphate (topical) GEL 59	clobetasol propionate SOLN 0.05 % .65	codeine sulfate TABS .....8
clindamycin phosphate (topical) LOTN .....59	CLOBEX LIQD (clobetasol propionate) .....65	CODITUSSIN AC LIQD .....57
clindamycin phosphate (topical) SOLN .....59	CLOBEX LOTN 0.05 % (clobetasol propionate) .....65	COLAZAL CAPS (balsalazide disodium) .....74
clindamycin phosphate (topical) SWAB .....59	CLOBEX SHAM (clobetasol propionate) .....65	colchicine CAPS .....76
clindamycin phosphate vaginal CREA .....119	clocortolone pivalate .....65	colchicine TABS .....76
clindamycin phosphate-benzoyl peroxide (refrigerate) .....59	CLODERM (clocortolone pivalate) 65	colchicine w/ probenecid .....76
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %59	clomiphene citrate TABS .....70	COLCRYS TABS (colchicine) .....76
clindamycin phosphate-tretinoin ..60	clomipramine hcl .....22	colesevelam hcl PACK .....27
CLINDESSE .....119	clonazepam TABS .....16	colesevelam hcl TABS .....27
clobazam SUSP .....16	clonazepam TBDP .....16	COLESTID FLAVORED GRAN (colestipol hcl) .....27
clobazam TABS 10 MG .....16	clonidine hcl TABS .....29	COLESTID FLAVORED PACK (colestipol hcl) .....27
clobazam TABS 20 MG .....16	clonidine hcl TB24 .....29	COLESTID GRAN (colestipol hcl) .27
	clopidogrel bisulfate .....78	COLESTID PACK (colestipol hcl) .27
	clorazepate dipotassium TABS ...12	COLESTID TABS (colestipol hcl) .27
	clotrimazole .....93	colestipol hcl GRAN .....27
	clotrimazole w/ betamethasone	colestipol hcl PACK .....27
		colestipol hcl TABS .....27
		COMBIGAN (brimonidine tartrate-

timolol maleate) .....99	65	CREON CPEP 69
COMBIPATCH PTTW .....72	CORDRAN LOTN (flurandrenolide) .....65	CRESEMBA CAPS 186 MG .....26
COMBIVENT RESPIMAT AERS .. 14	CORDRAN OINT .....65	CRESTOR TABS (rosuvastatin calcium) 28
COMBIVIR (lamivudine-zidovudine) . 43	CORDRAN TAPE .....65	CRINONE GEL 8 % 119
COMETRIQ KIT .....37	COREG 3.125 MG (carvedilol) 46	cromolyn sodium (ophth) 102
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI ...88	COREG 6.25 MG, 12.5 MG, 25 MG (carvedilol) 46	cromolyn sodium NEBU 13
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI .....87	COREG CR (carvedilol phosphate) 46	CUPRIMINE CAPS (penicillamine) 92
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI .....87	CORGARD TABS 20 MG, 40 MG, 80 MG (nadolol) 47	CUTIVATE LOTN (fluticasone propionate) .....65
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI .....88	CORIFACT 77	CUVPOSA SOLN OR (glycopyrrolate) 116
COMPLERA .....43	CORLANOR SOLN 50	CVS WOMENS PRENATAL+DHA MISC 95
COMPLETENATE CHEW 95	CORLANOR TABS 50	cyclobenzaprine hcl TABS 5 MG, 10 MG 97
COMTAN (entacapone) .....40	CORTEF TABS (hydrocortisone) ..55	CYCLOGYL (cyclopentolate hcl) ..99
CONCEPT DHA .....95	CORTENEMA (hydrocortisone intrarectal)) 11	CYCLOGYL 99
CONCEPT OB .....95	CORTIFOAM EX 10 %11	CYCLOMYDRIL .....99
CONCERTA TBCR 18 MG, 27 MG, 36 MG (methylphenidate hcl) 2	CORTISPORIN-TC 103	cyclopentolate hcl 99
CONCERTA TBCR 54 MG (methylphenidate hcl) 2	COSENTYX SENSOREADY PEN SOAJ .....63	cyclophosphamide CAPS .....33
CONDOMS .....82	COSENTYX SOSY 150 MG/ML ...63	CYCLOPHOSPHAMIDE TABS ...33
CONDYLOX GEL (podofilox) .....67	COSENTYX SOSY 75 MG/0.5ML .63	cycloserine 33
CONTRAVE 1	COSENTYX UNOREADY SOAJ .. 63	cyclosporine (ophth) EMUL .....100
CONZIP CP24 (tramadol hcl) .....8	COSOPT (dorzolamide hcl-timolol maleate) .....99	cyclosporine CAPS 92
COPAXONE SOSY (glatiramer acetate) 106	COSOPT PF (dorzolamide hcl-timolol maleate) .....99	cyclosporine modified (for microemulsion) CAPS 92
COPIKTRA .....37	COTELLIC .....37	cyclosporine modified (for microemulsion) SOLN 92
CORDRAN CREA (flurandrenolide)	COVID VACCINES 118	CYMBALTA CPEP (duloxetine hcl) 21
	COVID-19 AT HOME TEST KITS .68	cyproheptadine hcl SYRP 26
	COZAAR (losartan potassium) ...29	

cyproheptadine hcl TABS	26	deferasirox TABS	24	NA	72
CYSTADANE (betaine)	71	deferiprone TABS 500 MG	24	desmopressin acetate spray	72
CYSTAGON CAPS	76	deflazacort TABS 6 MG, 18 MG, 30		desmopressin acetate spray	
CYSTARAN	102	MG, 36 MG	55	refrigerated	72
CYTOMEL TABS 25 MCG, 50 MCG		DELESTROGEN (estradiol valerate)		desmopressin acetate TABS 0.1 MG	
(lithyronine sodium)	115	73		72	
CYTOMEL TABS 5 MCG		DELSTRIGO	43	desmopressin acetate TABS 0.2 MG	
(lithyronine sodium)	115	DELZICOL CPDR (mesalamine) ..	74	72	
CYTOTEC (misoprostol)	118	demeclocycline hcl TABS	115	desogestrel & ethinyl estradiol	54
D.H.E. 45 SOLN IJ		DEMSEER (metyrosine)	29	desogestrel-ethinyl estradiol	
(dihydroergotamine mesylate)	89	DEPAKOTE ER TB24 (divalproex		(biphasic)	54
dalfampridine	106	sodium)	20	desonide CREA	65
DALIRESP (roflumilast)	14	DEPAKOTE SPRINKLES CSDR		desonide GEL	65
danazol CAPS	11	(divalproex sodium)	20	desonide LOTN	65
DANTRIUM CAPS 25 MG, 50 MG		DEPAKOTE TBEC (divalproex		desonide OINT	65
(dantrolene sodium)	97	sodium)	20	DESOWEN CREA (desonide)	65
dantrolene sodium CAPS	97	DEPEN TITRATABS TABS		desoximetasone CREA	65
dapsone (topical) 5 %	60	(penicillamine)	92	desoximetasone GEL	65
dapsone (topical) 7.5 %	60	DEPO-SUBQ PROVERA 104		desoximetasone LIQD	65
dapsone 100 MG	32	(MEDROXYPROGESTERONE		desoximetasone OINT 0.05 %	65
dapsone 25 MG	32	ACETATE 104MG/0.65ML SUSP		desoximetasone OINT 0.25 %	65
darifenacin hydrobromide	118	PREF SYR)	55	DESOXYN (methamphetamine hcl) .	
darunavir TABS	43	DERMA-SMOOTH/FS BODY OIL		1	
DAURISMO	35	(fluocinolone acetonide)	65	desvenlafaxine succinate	21
DAYPRO TABS (oxaprozin)	5	DERMA-SMOOTH/FS SCALP OIL		DETROL LA CP24 (tolterodine	
DAYTRANA PTCH		(fluocinolone acetonide)	65	tartrate)	118
(methylphenidate)	2	DERMOTIC (fluocinolone acetonide		DETROL TABS (tolterodine tartrate) .	
DDAVP TABS 0.1 MG		(otic))	103	118	
(desmopressin acetate)	72	DESCOVY 200 MG-25 MG	43	dexamethasone ELIX	55
DDAVP TABS 0.2 MG		desipramine hcl TABS	22	DEXAMETHASONE INTENSOL	
(desmopressin acetate)	72	desloratadine TABS	26	CONC	55
deferasirox PACK	24	desloratadine TBDP 2.5 MG	26	dexamethasone sodium phosphate	
		desloratadine TBDP 5 MG	26	(ophth)	101
		DESMOPRESSIN ACETATE SOLN			

dexamethasone SOLN	55	diclofenac sodium (ophth)	102	DILANTIN (phenytoin sodium extended)	19
dexamethasone TABS	55	diclofenac sodium (topical) GEL EX 62		DILANTIN 30 MG	19
DEXEDRINE CP24 (dextroamphetamine sulfate)	1	diclofenac sodium (topical) SOLN EX 1.5 %	62	DILANTIN INFATABS CHEW (phenytoin)	19
dexmethylphenidate hcl CP24	2	diclofenac sodium TB24	5	DILANTIN-125 SUSP (phenytoin) .	19
dexmethylphenidate hcl TABS	2	diclofenac sodium TBEC	5	DILAUDID LIQD (hydromorphone hcl)	8
dextroamphetamine sulfate CP24 ...	1	diclofenac w/ misoprostol TBEC ...	5	DILAUDID TABS (hydromorphone hcl)	8
dextroamphetamine sulfate SOLN ..	1	dicloxacillin sodium	104	diltiazem hcl coated beads CP24 ..	47
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	dicyclomine hcl CAPS	116	diltiazem hcl CP12	47
DHIVY TABS	41	dicyclomine hcl SOLN OR	116	diltiazem hcl CP24	47
DIACOMIT CAPS 250 MG	17	dicyclomine hcl TABS	116	diltiazem hcl extended release beads	47
DIACOMIT CAPS 500 MG	17	DIFFERIN CREA (adapalene)	60	diltiazem hcl TABS	47
DIACOMIT PACK 250 MG	17	DIFFERIN GEL 0.1 % (adapalene) 60		diltiazem hcl TB24	47
DIACOMIT PACK 500 MG	17	DIFFERIN GEL 0.3 % (adapalene) 60		dimethyl fumarate CDPK	106
DIASTAT ACUDIAL GEL (diazepam (anticonvulsant))	16	DIFFERIN LOTN	60	dimethyl fumarate CPDR	106
DIASTAT PEDIATRIC GEL (diazepam (anticonvulsant))	16	DIFICID TABS	82	DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (valsartan- hydrochlorothiazide)	30
diazepam (anticonvulsant) GEL ...	16	diflorasone diacetate CREA	65	DIOVAN HCT 25 MG-160 MG (valsartan-hydrochlorothiazide)	30
diazepam CONC	12	diflorasone diacetate OINT	65	DIOVAN TABS 160 MG (valsartan) 29	
diazepam SOLN OR 5 MG/5ML ...	12	DIFLUCAN SUSR (fluconazole) ...	26	DIOVAN TABS 40 MG, 80 MG, 320 MG (valsartan)	29
diazepam TABS 10 MG	12	DIFLUCAN TABS (fluconazole) ...	26	DIPENTUM	74
diazepam TABS 2 MG, 5 MG	12	diflunisal TABS	7	diphenoxylate w/ atropine LIQD ...	24
diazoxide	22	difluprednate	101	diphenoxylate w/ atropine TABS ..	24
DIBENZYLIN (phenoxybenzamine hcl)	29	digoxin SOLN OR 0.05 MG/ML ...	48	DIPROLENE OINT (betamethasone dipropionate augmented)	65
DICLEGIS TBEC (doxylamine- pyridoxine)	25	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG	48		
diclofenac potassium TABS 50 MG .5		dihydroergotamine mesylate SOLN IJ 1 MG/ML	89		
diclofenac sodium (actinic keratoses) EX	62	dihydroergotamine mesylate SOLN NA 4 MG/ML	89		

dipyridamole	78	doxycycline (monohydrate) SUSR 115	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	85	
disopyramide phosphate CAPS ...	13	doxycycline (monohydrate) TABS 100 MG	115	drospirenone-ethinyl estradiol	54
disulfiram	104	doxycycline (monohydrate) TABS 150 MG	115	drospirenone-ethinyl estradiol- levomefolate calcium	54
DITROPAN XL TB24 5 MG, 10 MG (oxybutynin chloride)	118	doxycycline (monohydrate) TABS 50 MG, 75 MG	115	DROXIA CAPS	78
DIURIL SUSP	70	doxycycline (monohydrate) TABS 50 MG, 75 MG	115	droxidopa	119
divalproex sodium CSDR	20	doxycycline (rosacea)	68	DRYSOL SOLN	67
divalproex sodium TB24	20	doxycycline hyclate CAPS	115	DUAVEE	73
divalproex sodium TBEC	20	doxycycline hyclate TABS 100 MG 115	DUET DHA 400 MISC	95	
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM (estradiol)	73	doxycycline hyclate TABS 20 MG, 75 MG, 150 MG	115	DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT- 12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG- 2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	95
dofetilide	13	doxylamine-pyridoxine TBEC	25	DUETACT (pioglitazone hcl- glimepiride)	22
DOJOLVI	99	DRISDOL CAPS (ergocalciferol) ..	120	DULCOLAX PINK LAXATIVE TBEC (bisacodyl)	81
donepezil hydrochloride TABS ...	104	dronabinol CAPS 10 MG	25	DULCOLAX SUPP (bisacodyl)	81
donepezil hydrochloride TBDP ...	104	dronabinol CAPS 2.5 MG	25	DULCOLAX TBEC (bisacodyl)	81
DORAL (quazepam)	79	dronabinol CAPS 5 MG	25	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	21
dorzolamide hcl	102	DROPLET INSULIN SYRINGE U- 100/0.3ML/31G X 15/64"	85	DUOPA SUSP	41
DORZOLAMIDE HCL	102	DROPLET INSULIN SYRINGE U- 100/1ML/31G X 15/64"	85	DUPIXENT SOPN 300 MG/2ML ...	67
DORZOLAMIDE HCL/TIMOLOL MALEATE	99	DROPLET INSULIN SYRINGE/U- 100/0.3ML/31G X 15/64"	85	DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	67
dorzolamide hcl-timolol maleate ..	99	DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 15/64"	85	DUREX EXTRA SENSITIVE THIN DEVI	82
DOVATO	43	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	85	DUREZOL (difluprednate)	101
DOVONEX CREA (calcipotriene) ..	63	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	85	dutasteride	76
doxazosin mesylate	29			dutasteride-tamsulosin hcl	76
doxepin hcl CAPS	22				
doxepin hcl CONC	22				
doxercalciferol CAPS	71				
doxycycline (monohydrate) CAPS 150 MG	115				
doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG	115				

DYMISTA SUSP (azelastine hcl- fluticasone propionate)	97	EDARBI 80 MG	29	EMCYT	35
DYRENIUM CAPS (triamterene) ..	70	EDARBYCLOR	30	EMEND CAPS 80 MG (aprepitant)	25
E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	81	EDECIN (ethacrynic acid)	70	EMEND SUSR	25
EASIVENT MISC	88	EDURANT	43	EMEND TRIPACK CAPS (aprepitant)	25
EASIVENT/MASK-LARGE MISC ..	88	efavirenz CAPS	43	EMFLAZA SUSP	55
EASIVENT/MASK-MEDIUM MISC	88	efavirenz TABS	43	EMFLAZA TABS 6 MG, 18 MG, 30 MG, 36 MG (deflazacort)	55
EASIVENT/MASK-SMALL MISC ..	88	efavirenz-emtricitabine-tenofovir disoproxil fumarate	43	EMGALITY SOAJ	89
EASY FLOW BLACK/BLUE DEVI ..	88	efavirenz-lamivudine-tenofovir disoproxil fumarate	43	EMGALITY SOSY 120 MG/ML	89
EASY FLOW BLACK/ORANGE DEVI	88	EFFER-K	91	EMSAM	20
EASY FLOW BLACK/RED DEVI ..	88	EFFEXOR XR CP24 150 MG (venlafaxine hcl)	21	emtricitabine CAPS	43
EASY FLOW BLACK/WHITE DEVI 88		EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl)	21	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	44
EASY FLOW BLACK/YELLOW DEVI	88	EFFIENT (prasugrel hcl)	78	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	44
EASY FLOW WHITE/BLUE DEVI ..	88	EFUDEX CREA (fluorouracil (topical))	62	EMTRIVA CAPS (emtricitabine) ...	44
EASY FLOW WHITE/GREEN DEVI 88		EGRIFTA 2 MG	71	EMTRIVA SOLN	44
EASY FLOW WHITE/PINK DEVI ..	88	EGRIFTA SV	71	enalapril maleate & hydrochlorothiazide	30
EASY FLOW WHITE/WHITE DEVI 88		ELESTRIN GEL	73	enalapril maleate TABS	28
EASY FLOW WHITE/YELLOW DEVI 88		eletriptan hydrobromide	89	ENBRACE HR	95
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	85	ELIDEL (pimecrolimus)	67	ENBREL MINI SOCT	6
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	85	ELIGARD SC	35	ENBREL SOLN	6
econazole nitrate CREA	61	ELIQUIS STARTER PACK TBPK .	15	ENBREL SOLR	6
ECOZA FOAM	61	ELIQUIS TABS	15	ENBREL SOSY 25 MG/0.5ML	6
ED BRON GP LIQD	57	ELLA	55	ENBREL SOSY 50 MG/ML	6
EDARBI 40 MG	29	ELMIRON CAPS	76	ENBREL SURECLICK SOAJ	6
		ELOCTATE 250 UNIT, 500 UNIT, 750 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	77	ENCARE SUPP 100 MG	118
		ELOCTATE 4000 UNIT, 5000 UNIT, 6000 UNIT	77	ENDOMETRIN INST	119
				enoxaparin sodium SOLN IJ 300	

MG/3ML	15	(hbv))	45	ERYTHROMYCIN	100
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	15	EPIVIR SOLN (lamivudine)	44	erythromycin base CPEP	81
enoxaparin sodium SOSY 30 MG/0.3ML	15	EPIVIR TABS (lamivudine)	44	erythromycin base TABS	81
enoxaparin sodium SOSY 40 MG/0.4ML	16	eplerenone	31	erythromycin base TBEC	82
enoxaparin sodium SOSY 60 MG/0.6ML	15	EPZICOM (abacavir sulfate- lamivudine)	44	erythromycin ethylsuccinate SUSR 82	
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	15	EQ SPACE CHAMBER ANTI- STATIC DEVI	88	ESBRIET CAPS (pirfenidone)	114
entacapone	40	EQ SPACE CHAMBER ANTI- STATIC/LARGE MASK DEVI	88	ESBRIET TABS (pirfenidone)	114
entecavir TABS	45	EQ SPACE CHAMBER ANTI- STATIC/MEDIUM MASK DEVI ...	88	escitalopram oxalate SOLN	20
ENTEREG (alvimopan)	74	EQ SPACE CHAMBER ANTI- STATIC/SMALL MASK DEVI	88	escitalopram oxalate TABS 10 MG, 20 MG	20
ENTRESTO	48	EQUETRO	41	escitalopram oxalate TABS 5 MG .	20
EPCLUSA PACK	45	ergocalciferol CAPS	120	ESGIC TABS (butalbital- acetaminophen-caffeine)	6
EPCLUSA TABS 100 MG-400 MG	45	ergoloid mesylates TABS	107	estazolam	79
EPCLUSA TABS 50 MG-200 MG .	45	ERGOMAR SUBL	89	ESTRACE CREA (estradiol vaginal) .	119
EPIDIOLEX	17	ergotamine w/ caffeine TABS	89	ESTRACE TABS (estradiol)	73
EPIDUO FORTE GEL (adapalene- benzoyl peroxide)	60	ERIVEDGE	35	estradiol & norethindrone acetate TABS	73
EPIDUO GEL (adapalene-benzoyl peroxide)	60	ERLEADA 240 MG	35	estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM	73
EPIFOAM FOAM	65	ERLEADA 60 MG	35	estradiol PTTW	73
epinastine hcl (ophth)	102	erlotinib hcl	35	estradiol PTWK	73
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	119	ERTACZO	61	estradiol TABS	73
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	119	ERYGEL GEL (erythromycin (acne aid))	60	estradiol vaginal CREA	119
epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	119	ERYPED 200 SUSR (erythromycin ethylsuccinate)	81	estradiol vaginal TABS	119
EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	119	ERYPED 400 SUSR (erythromycin ethylsuccinate)	81	estradiol valerate	73
EPIVIR HBV TABS (lamivudine		erythromycin (acne aid) GEL	60	ESTRING RING	119
		erythromycin (acne aid) SOLN	60	ESTROGEL GEL	73
		erythromycin (ophth)	100	ESTROSTEP FE (norethindrone acetate-ethinyl estradiol-fe)	54

eszopiclone	79	exemestane	35	felbamate TABS	19
ethacrynic acid	70	EXFORGE 10 MG-160 MG (amlodipine besylate-valsartan) ...	30	FELBATOL SUSP (felbamate)	19
ethambutol hcl TABS	33	EXFORGE 10 MG-320 MG, 5 MG- 160 MG, 5 MG-320 MG (amlodipine besylate-valsartan)	30	FELBATOL TABS (felbamate)	19
ethosuximide CAPS	20	EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide)	30	FELDENE CAPS 10 MG (piroxicam) . 5	
ethosuximide SOLN	20	EXODERM	61	FELDENE CAPS 20 MG (piroxicam) . 5	
ethynodiol diacet & eth estrad	54	EXTINA FOAM (ketoconazole (topical))	61	felodipine 10 MG	47
etodolac CAPS	5	ezetimibe	28	felodipine 2.5 MG, 5 MG	47
etodolac TABS	5	EZETIMIBE/ATORVASTATIN	27	FEMARA (letrozole)	35
etodolac TB24	5	ezetimibe-simvastatin	27	FEMCAP DEVI	82
etonogestrel-ethinyl estradiol	55	FABHALTA	77	FEMHRT (norethindrone acetate- ethinyl estradiol)	73
etoposide CAPS	40	FABIOR FOAM	60	FEMRING	119
etravirine	44	famciclovir	46	fenofibrate CAPS	27
EUCRISA	67	famotidine SUSR	117	fenofibrate micronized 130 MG, 200 MG	27
EULEXIN	35	famotidine TABS 40 MG	117	fenofibrate micronized 30 MG, 90 MG	27
EVAMIST SOLN	73	FANTASY LUBRICATED MISC ...	82	fenofibrate micronized 43 MG, 67 MG, 134 MG	27
everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	92	FANTASY LUBRICATED/SPERMICIDE MISC 82		fenofibrate TABS 145 MG, 160 MG 27	
everolimus TABS 2.5 MG	37	FARESTON (toremifene citrate) ..	35	fenofibrate TABS 48 MG	27
everolimus TABS 5 MG, 7.5 MG, 10 MG	37	FARXIGA	24	fenofibrate TABS 54 MG	27
everolimus TBSO	37	FARYDAK	37	FENOFIBRATE TABS	27
EVISTA (raloxifene hcl)	71	FASENRA PEN SOAJ	13	fenoprofen calcium CAPS 200 MG .	5
EVOCLIN FOAM (clindamycin phosphate (topical))	60	FC2 FEMALE CONDOM	82	FENOPROFEN CALCIUM CAPS 200 MG	5
EVOTAZ	44	febuxostat 40 MG	76	fenoprofen calcium CAPS 400 MG .	5
EVOXAC (cevimeline hcl)	93	febuxostat 80 MG	76	fenoprofen calcium TABS	5
EVRYSDI	99	FEIBA	77	FENSOLVI SC	71
EXELDERM CREA (sulconazole nitrate)	61	felbamate SUSP	19	fenofibrate TABS 145 MG, 160 MG 27	
EXELDERM SOLN	61			fenofibrate TABS 48 MG	27
EXELON (rivastigmine)	104			fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27
				FENOFIBRATE TABS	27
				fenoprofen calcium CAPS 200 MG .	5
				FENOPROFEN CALCIUM CAPS 200 MG	5
				fenoprofen calcium CAPS 400 MG .	5
				fenoprofen calcium TABS	5
				FENSOLVI SC	71
				fenofibrate TABS 145 MG, 160 MG 27	
				fenofibrate TABS 48 MG	27
				fenofibrate TABS 54 MG	27

fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	8	FLAREX	101	fluoxetine hcl (pmdd) TABS	107
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	8	flavoxate hcl	118	fluoxetine hcl CAPS 10 MG, 20 MG 20	
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	8	flecainide acetate	13	fluoxetine hcl CAPS 40 MG	20
FERRIPROX SOLN	24	FLEXICHAMBER DEVI	88	fluoxetine hcl CPDR	20
FERRIPROX TABS 500 MG (deferiprone)	24	FLOMAX (tamsulosin hcl)	76	fluoxetine hcl SOLN	21
fesoterodine fumarate	118	FLONASE ALLERGY RELIEF CHILDRENS SUSP (fluticasone propionate (nasal))	98	fluoxetine hcl TABS 10 MG	21
FETZIMA CP24 20 MG	21	FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal))	98	fluoxetine hcl TABS 20 MG	21
FETZIMA CP24 40 MG, 80 MG, 120 MG	21	FLORIVA	91	fluoxetine hcl TABS 60 MG	21
FETZIMA TITRATION PACK C4PK 21		FLORIVA	94	FLUOXETINE HYDROCHLORIDE TABS (fluoxetine hcl)	21
FIBRICOR (fenofibric acid)	27	FLORIVA PLUS SOLN	94	fluphenazine hcl CONC	43
FIBRYGA	77	fluconazole SUSR	26	fluphenazine hcl ELIX	43
FINACEA FOAM	68	fluconazole TABS	26	fluphenazine hcl TABS	43
FINACEA GEL (azelaic acid)	68	flucytosine	25	flurandrenolide CREA	66
finasteride	76	fludrocortisone acetate TABS	56	flurandrenolide LOTN	66
fingolimod hcl	106	FLUMIST QUADRIVALENT	118	flurazepam hcl 15 MG	79
FIORICET CAPS (butalbital-acetaminophen-caffeine)	6	fluocinolone acetonide (otic)	103	flurazepam hcl 30 MG	79
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine) .	9	fluocinolone acetonide CREA	65	flurbiprofen sodium	102
FIRAZYR SOSY (icatibant acetate)	77	fluocinolone acetonide OIL	65	flurbiprofen TABS	5
FIRDAPSE	33	fluocinolone acetonide OINT	65	flutamide	35
FIRVANQ SOLR OR (vancomycin hcl)	32	fluocinolone acetonide SOLN	65	fluticasone furoate-vilanterol	14
FLAGYL CAPS (metronidazole) ...	31	fluocinonide CREA	65	fluticasone propionate (inhalation) AEPB 100 MCG/ACT	14
		fluocinonide emulsified base	65	fluticasone propionate (inhalation) AEPB 250 MCG/ACT	14
		fluocinonide GEL	65	fluticasone propionate (inhalation) AEPB 50 MCG/ACT	14
		fluocinonide OINT	66	fluticasone propionate (nasal) SUSP .	98
		fluocinonide SOLN	66	fluticasone propionate CREA 0.05 %	66
		fluorometholone (ophth) SUSP ...	101		
		fluorouracil (topical) CREA 5 % ...	62		
		fluorouracil (topical) SOLN	62		

fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	14	fondaparinux sodium 2.5 MG/0.5ML, 7.5 MG/0.6ML	16	STRP	68
fluticasone propionate hfa 44 MCG/ACT	14	fondaparinux sodium 5 MG/0.4ML	16	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	84
fluticasone propionate LOTN	66	FORFIVO XL TB24 (bupropion hcl) 20		FREESTYLE LITE TEST STRIPS STRP	68
fluticasone propionate OINT	66	formoterol fumarate NEBU	15	FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	84
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	15	FORTESTA GEL TD (testosterone) 11		FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	68
fluticasone-salmeterol AERO	15	FOSAMAX TABS 70 MG (alendronate sodium)	70	FREESTYLE TEST STRIPS STRP	68
fluvastatin sodium CAPS	28	fosamprenavir calcium TABS	44	FROVA (frovatriptan succinate)	90
fluvastatin sodium TB24	28	fosfomycin tromethamine	32	frovatriptan succinate	90
fluvoxamine maleate CP24 100 MG 21		fosinopril sodium & hydrochlorothiazide	30	furosemide SOLN OR 10 MG/ML	70
fluvoxamine maleate CP24 150 MG 21		fosinopril sodium	28	furosemide SOLN OR 40 MG/5ML	70
fluvoxamine maleate TABS 100 MG 21		FOSRENOL CHEW 1000 MG (lanthanum carbonate)	75	furosemide TABS	70
fluvoxamine maleate TABS 25 MG, 50 MG	21	FOSRENOL CHEW 500 MG (lanthanum carbonate)	75	FUZEON SOLR	44
FML FORTE SUSP	101	FOSRENOL CHEW 750 MG (lanthanum carbonate)	75	FYCOMPA SUSP	16
FML LIQUIFILM SUSP (fluorometholone (ophth))	101	FOSRENOL PACK	75	FYCOMPA TABS 2 MG	16
FML OINT	101	FRAGMIN SOLN 95000 UNIT/3.8ML	16	FYCOMPA TABS 4 MG	16
FOCALIN TABS (dexmethylphenidate hcl)	2	FRAGMIN SOSY 10000 UNIT/ML	16	FYCOMPA TABS 6 MG	16
FOCALIN XR CP24 (dexmethylphenidate hcl)	2	FRAGMIN SOSY 12500 UNIT/0.5ML, 15000 UNIT/0.6ML	16	FYCOMPA TABS 8 MG, 10 MG, 12 MG	16
folic acid TABS 1 MG	78	FRAGMIN SOSY 18000 UNT/0.72ML	16	gabapentin CAPS	17
folic acid TABS 400 MCG, 800 MCG	78	FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	16	gabapentin SOLN	17
FOLIVANE-OB	95	FRAGMIN SOSY 7500 UNIT/0.3ML	16	gabapentin TABS 600 MG, 800 MG	17
fondaparinux sodium 10 MG/0.8ML	16	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS		GABITRIL (tiagabine hcl)	19
				GALAFOLD	71
				galantamine hydrobromide CP24	105

galantamine hydrobromide SOLN 105	glipizide TABS 24	guaifenesin-codeine SOLN 57
galantamine hydrobromide TABS 105	glipizide TB24 24	guanfacine hcl (adhd) 1
GALZIN 92	glipizide-metformin hcl 22	guanfacine hcl 29
gatifloxacin (ophth) 100	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ... 85	GUM BASE GELATIN 104
GATTEX 75	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" .. 85	GYNAZOLE-1 119
gefitinib 35	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" 85	HADLIMA PUSHTOUCH SOAJ 3
GELFILM OP 101	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR 22	HADLIMA SOSY 3
gemfibrozil TABS 27	GLUCOTROL XL TB24 (glipizide) .24	HAEGARDA SOLR SC 77
GENERESS FE (norethindrone & ethinyl estradiol-fe) 54	glyburide micronized 1.5 MG, 3 MG, 6 MG 24	HALCION 0.25 MG (triazolam) 79
gentamicin sulfate (ophth) SOLN .100	glyburide TABS 24	halobetasol propionate CREA 66
gentamicin sulfate (topical) CREA .61	glyburide-metformin 22	halobetasol propionate OINT 66
gentamicin sulfate (topical) OINT ..61	GLYCATE TABS 116	haloperidol lactate CONC 42
GENVOYA 44	glycopyrrolate SOLN OR 1 MG/5ML . 116	haloperidol TABS 42
GEODON 20 MG, 40 MG (ziprasidone hcl) 42	glycopyrrolate TABS 1 MG, 2 MG 116	H-E-B IN CONTROL PEN NEEDLE 31GX3/16" 86
GEODON 60 MG, 80 MG (ziprasidone hcl) 41	GLYCOPYRROLATE TABS 116	HELIDAC THERAPY 118
GILENYA (fingolimod hcl) 106	GLYNASE (glyburide micronized) 24	HEMANGEOL SOLN OR 47
GILENYA 0.5 MG 106	GLYXAMBI 22	HEMOFIL M SOLR 1501 -2000 UNIT, 1700 UNIT 77
GILOTRIF 35	GNP TRUETRACK SMART SYSTEM STRP 68	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT 77
GILPHEX TR TABS 10 MG-388 MG . 57	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ... 79	HEPSERA (adefovir dipivoxil) 45
GILTUSS COUGH & COLD TABS 57	granisetron hcl TABS 25	HIPREX (methenamine hippurate) 32
GILTUSS SINUS & CONGESTION TABS 57	griseofulvin microsize SUSP 25	HUMALOG JUNIOR KWIKPEN SOPN 23
glatiramer acetate SOSY 106	griseofulvin microsize TABS 25	HUMALOG KWIKPEN SOPN 100 UNIT/ML 23
GLENMAX PEB LIQD 57	griseofulvin ultramicrosize 25	HUMALOG KWIKPEN SOPN 200 UNIT/ML 23
GLEOSTINE 10 MG, 40 MG, 100 MG 33	guaifenesin TABS 400 MG 58	HUMALOG MIX 50/50 KWIKPEN SUPN 23
glimepiride 24		HUMALOG MIX 50/50 SUSP 23

HUMALOG MIX 75/25 KWIKPEN SUPN	23	HYCANTIN CAPS	40	hydrocortisone (topical) OINT 2.5 % .	66
HUMALOG MIX 75/25 SUSP	23	HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	56	hydrocortisone butyrate CREA	66
HUMALOG SOCT	23	hydralazine hcl TABS	31	hydrocortisone butyrate hydrophilic lipo base	66
HUMALOG SOLN IJ	23	HYDREA (hydroxyurea)	40	hydrocortisone butyrate LOTN	66
HUMATE-P SOLR	77	hydrochlorothiazide CAPS	70	hydrocortisone butyrate OINT	66
HUMATIN	3	hydrochlorothiazide TABS	70	hydrocortisone butyrate SOLN	66
HUMATROPE CART IJ	71	hydrocodone bitartrate CP12	8	hydrocortisone TABS	55
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	3	hydrocodone bitartrate T24A	8	hydrocortisone valerate CREA	66
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT .3	3	hydrocodone bitartrate-homatropine methylbromide SOLN	56	hydrocortisone valerate OINT	66
HUMIRA PEN PNKT 80 MG/0.8ML .4	4	hydrocodone polistirex-chlorpheniramine polistirex SUER .57	57	hydrocortisone w/acetic acid	103
HUMIRA PEN PNKT	4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	9	HYDROCORTISONE/ACETIC ACID (hydrocortisone w/acetic acid)	103
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	3	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	9	hydromorphone hcl LIQD	8
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	3	hydrocodone-acetaminophen TABS 300 MG-7.5 MG	9	hydromorphone hcl TABS	8
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	9	hydromorphone hcl TB24 32 MG ...	8
HUMIRA PEN-PS/UV STARTER PNKT	4			hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	8
HUMIRA PSKT	4			hydroxychloroquine sulfate 200 MG 33	
HUMULIN 70/30 KWIKPEN SUPN 23	23			hydroxyurea	40
HUMULIN 70/30 SUSP	23			hydroxyzine hcl SYRP	12
HUMULIN N KWIKPEN SUPN	23			hydroxyzine hcl TABS	12
HUMULIN N SUSP	23			hydroxyzine pamoate CAPS	12
HUMULIN R SOLN IJ	23			hyoscyamine sulfate SUBL 0.125 MG	116
HUMULIN R U-500 (CONCENTRATED) SOLN SC	23			hyoscyamine sulfate TABS 0.125 MG	116
HUMULIN R U-500 KWIKPEN SOPN SC	23			hyoscyamine sulfate TB12 0.375 MG 116	
				hyoscyamine sulfate TBDP 0.125 MG	116

HYPERSAL NEBU (sodium chloride (inhalant))	58	IMITREX 5 MG/ACT (sumatriptan)	90	indomethacin CAPS 25 MG, 50 MG	5
HYPERSAL NEBU	58	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (sumatriptan succinate)	90	indomethacin CPR	5
HYPODERMIC NEEDLE 30GX1/2"	86	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (sumatriptan succinate)	90	indomethacin SUPP	5
HYSINGLA ER T24A	8	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (sumatriptan succinate)	90	indomethacin SUSP	5
HYZAAR (losartan potassium & hydrochlorothiazide)	30	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate)	90	INGREZZA CAPS 40 MG	105
ibandronate sodium TABS	70	IMITREX TABS (sumatriptan succinate)	90	INGREZZA CAPS 60 MG	105
IBRANCE CAPS	37	IMODIUM A-D CAPS (loperamide hcl)	24	INGREZZA CAPS 80 MG	105
IBRANCE TABS	37	IMPAVIDO	31	INGREZZA CPPK	105
ibuprofen TABS 400 MG, 600 MG, 800 MG	5	IMURAN TABS (azathioprine)	92	INLYTA	34
icatibant acetate SOLN	77	INBRIJA CAPS	41	INNOPRAN XL	47
icatibant acetate SOSY	77	IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	88	INQOVI	36
ICLUSIG 10 MG, 30 MG	37	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	88	INREBIC	38
ICLUSIG 15 MG, 45 MG	37	INCREASEX	71	INSPIREASE DRUG DELIVERYSYSTEM MISC	88
icosapent ethyl	27	INCRUSE ELLIPTA	13	INSPIRA (eplerenone)	31
IDELVION	77	indapamide TABS 1.25 MG, 2.5 MG	70	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	23
IDHIFA	37	INDERAL LA CP24 (propranolol hcl)	47	INTELENCE (etravirine)	44
ILEVRO	102	INDERAL XL	47	INTELENCE 25 MG	44
imatinib mesylate 100 MG	37	INDOCIN SUSP (indomethacin)	5	INTRAROSA	118
imatinib mesylate 400 MG	37			INTRON A SOLR	40
IMBRUVICA CAPS	38			INTUNIV (guanfacine hcl (adhd))	1
IMBRUVICA TABS	38			INVEGA (paliperidone)	42
imipramine hcl TABS 10 MG, 25 MG	22			iodine strong (lugol's)	91
imipramine hcl TABS 50 MG	22			iodoquinol-hydrocortisone in aloe vehicle	61
imipramine pamoate	22			IOPIDINE	100
imiquimod 5 %	67			ipratropium bromide (nasal)	97
IMITREX 20 MG/ACT (sumatriptan)	90			ipratropium bromide SOLN 0.02 %	13
				ipratropium-albuterol SOLN	15

irbesartan	29	JADENU SPRINKLE PACK (deferasirox)	24	KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)	17
irbesartan-hydrochlorothiazide	30	JADENU TABS (deferasirox)	24	KEPPRA XR TB24 (levetiracetam)	17
IRESSA (gefitinib)	35	JAKAFI	38	KESIMPTA	106
ISENTRESS CHEW	44	JALYN (dutasteride-tamsulosin hcl) . 76		ketoconazole (topical) CREA	61
ISENTRESS HD TABS	44	JANUMET TABS	22	ketoconazole (topical) FOAM	61
ISENTRESS TABS	44	JANUMET XR TB24 1000 MG-100 MG	22	ketoconazole (topical) SHAM 2 %	61
isoniazid SYRP	33	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	22	ketoconazole	26
isoniazid TABS	33	JANUVIA	23	KETONE STRP	68
ISOPTO ATROPINE SOLN	99	JARDIANCE	24	ketoprofen CAPS 75 MG	5
ISOPTO CARPINE SOLN 1 %, 2 % (pilocarpine hcl)	100	JIVI	77	ketoprofen CP24	5
ISORDIL TITRADOSE TABS (isosorbide dinitrate)	12	JULUCA	44	ketorolac tromethamine (ophth) .	102
isosorbide dinitrate TABS	12	JUXTAPID 10 MG, 20 MG, 30 MG	28	ketorolac tromethamine TABS	5
isosorbide dinitrate-hydralazine hcl 48		JUXTAPID 5 MG	28	KETOSTIX STRP	69
isosorbide mononitrate TABS	12	JYNARQUE TBPK	72	KEVZARA SOAJ	4
isosorbide mononitrate TB24	12	KALETRA SOLN (lopinavir-ritonavir) . 44		KEVZARA SOSY	4
isotretinoin 10 MG, 25 MG	60	KALETRA TABS (lopinavir-ritonavir) . 44		KIMONO COLORS DEVI	82
isotretinoin 20 MG	60	KALYDECO PACK	114	KIMONO LUBRICATED MISC	82
isotretinoin 30 MG	60	KALYDECO TABS	114	KIMONO MAXX/LARGE FLARE MISC	82
isotretinoin 35 MG, 40 MG	60	KAMELEON LUBRICATED MISC	82	KIMONO MICRO THIN MISC	82
isradipine CAPS	47	KARBINAL ER SUER	26	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	82
ISTALOL SOLN (timolol maleate (ophth))	99	KCENTRA	77	KIMONO PLUS SPERMICIDE LUBRICATED MISC	82
itraconazole CAPS	26	KENALOG AERS (triamcinolone acetonide (topical))	66	KIMONO PLUS SPERMICIDE/LUBRICATED MISC	82
itraconazole SOLN	26	KEPPRA SOLN OR 100 MG/ML (levetiracetam)	17	KIMONO PS LUBRICATED MISC	82
ivermectin (pediculicide)	68	KEPPRA TABS 1000 MG (levetiracetam)	17	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	82
ivermectin (rosacea)	68				
ivermectin	11				
IXINITY SOLR	77				

KIMONO SENSATION	chloride)	91	100 MG, 200 MG (lamotrigine)	18
LUBRICATED MISC		82	LAMICTAL XR TB24 250 MG	
KIMONO SENSATION PLUS	dihydrochloride)	71	(lamotrigine)	17
SPERMICIDE LUBRICATED MISC	KUVAN TABS (sapropterin		LAMICTAL XR TB24 300 MG	
82	dihydrochloride)	71	(lamotrigine)	18
KIMONO SPECIAL DEVI		82	lamivudine (hbv) TABS	45
KISQALI	K-Y ME & YOU EXTRA		lamivudine SOLN	44
38	LUBRICATED DEVI	82	lamivudine TABS	44
KISQALI FEMARA 200 DOSE	K-Y ME & YOU INTENSE DEVI ...	82	lamivudine-zidovudine	44
36	KYNMOBI FILM	41	lamotrigine CHEW	18
KISQALI FEMARA 400 DOSE	KYNMOBI TITRATION KIT KIT ...	41	lamotrigine KIT 25 MG	18
36	labetalol hcl TABS	46	lamotrigine KIT	18
KISQALI FEMARA 600 DOSE	lacosamide SOLN OR 10 MG/ML .	17	lamotrigine TABS	18
36	lacosamide TABS	17	lamotrigine TB24 25 MG, 50 MG, 100	
KITABIS PAK NEBU (tobramycin) ..	lactulose (encephalopathy)	74	MG, 200 MG	18
3	lactulose SOLN	80	lamotrigine TB24 250 MG	18
KLARITY-A		46	lamotrigine TB24 300 MG	18
100	LAGEVRIO	46	lamotrigine TBDD	18
KLARON (sulfacetamide sodium	LAMICTAL CHEWABLE		LANOXIN TABS 62.5 MCG, 125	
(acne))	DISPERSIBLE CHEW (lamotrigine)		MCG, 250 MCG (digoxin)	48
60	17		lansoprazole CPDR	117
KLEAR GUMMY BASE	LAMICTAL ODT KIT (lamotrigine) .	17	lansoprazole TBDD 15 MG	117
104	17		lansoprazole TBDD 30 MG	117
KLONOPIN TABS (clonazepam) ..	LAMICTAL ODT KIT	17	lanthanum carbonate CHEW 1000	
16	LAMICTAL ODT TBDD (lamotrigine) .		MG	75
KLOXXADO LIQD	17		lanthanum carbonate CHEW 500 MG	
24	LAMICTAL STARTER/NOT TAKING		.....	75
KOATE SOLR	CARBAMAZEPINE KIT (lamotrigine) .		lanthanum carbonate CHEW 750 MG	
77	17		.....	75
KOATE-DVI SOLR 500 UNIT, 1000	LAMICTAL STARTER/TAKING		LANTUS SOLN	23
UNIT	CARBAMAZEPINE/NOT TAKING		LANTUS SOLOSTAR SOPN	23
77	VALPROATE KIT (lamotrigine)	17	lapatinib ditosylate	38
KOGENATE FS KIT	17			
77	LAMICTAL TABS (lamotrigine)	18		
KOSELUGO	LAMICTAL XR KIT	17		
38	LAMICTAL XR TB24 25 MG, 50 MG,			
KOVALTRY				
77				
K-PHOS NEUTRAL (pot phosphate				
monobasic w/ sod phosphate dibasic				
& monobasic)				
91				
K-PHOS NO 2				
75				
K-PHOS TABS (potassium				
phosphate monobasic)				
91				
KRINTAFEL				
33				
K-TAB TBCR 10 MEQ, 20 MEQ				
(potassium chloride)				
91				
K-TAB TBCR 8 MEQ (potassium				

MG-10 MG, 12.5 MG-20 MG 30	LOPROX CREA (ciclopirox olamine) . 61	LOVAZA (omega-3-acid ethyl esters) .....27
lisinopril & hydrochlorothiazide 25 MG-20 MG 30	LOPROX SHAMPOO SHAM (ciclopirox) 61	LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium) 16
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG 28	LOPROX SUSP (ciclopirox olamine) . 61	LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium) 16
lisinopril TABS 40 MG 28	lorazepam CONC 12	LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium) 16
LITHIUM 41	lorazepam TABS 12	LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium) 16
lithium carbonate CAPS 150 MG, 600 MG 41	LORBRENA 38	LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium) 16
lithium carbonate CAPS 300 MG .. 41	LORTAB ELIX 9	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ... 16
lithium carbonate TABS 41	losartan potassium & hydrochlorothiazide 30	loxapine succinate 42
lithium carbonate TBCR 41	losartan potassium 29	lubiprostone 74
LITHOBID TBCR (lithium carbonate) . 41	LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day)) 54	LUCEMYRA 104
LITHOSTAT 76	LOTEMAX GEL (loteprednol etabonate) 101	luliconazole 61
LO LOESTRIN FE TABS 54	LOTEMAX OINT 101	LUMIGAN SOLN 0.01 % 103
LOCOID LIPOCREAM 66	LOTEMAX SUSP (loteprednol etabonate) 101	LUNESTA (eszopiclone) 79
LOCOID LOTN (hydrocortisone butyrate) 66	LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl) 28	LUPRON DEPOT (1-MONTH) KIT IM 35
LODINE TABS (etodolac) 5	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 30	LUPRON DEPOT-PED (1-MONTH) 7.5 MG 71
LODOSYN (carbidopa) 40	loteprednol etabonate GEL 101	lurasidone hcl 42
LOHIST-DM SYRP 57	loteprednol etabonate SUSP 101	LUXIQ FOAM (betamethasone valerate) 66
LOKELMA 93	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 30	LUZU (luliconazole) 61
LOMOTIL TABS (diphenoxylate w/ atropine) 24	LOTRONEX (aloseptron hcl) 74	LYNPARZA TABS 38
LONSURF 36	lovastatin TABS 10 MG, 20 MG ... 28	LYRICA CAPS 225 MG, 300 MG (pregabalin) 18
loperamide hcl CAPS 24	lovastatin TABS 40 MG 28	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin) 18
LOPID TABS (gemfibrozil) 27		
lopinavir-ritonavir SOLN 44		
lopinavir-ritonavir TABS 44		
LOPRESSOR TABS (metoprolol tartrate) 46		

LYRICA SOLN (pregabalin)	18	MAXX PLUS SPERMICIDE LUBRICATED MISC	83	meloxicam TABS 7.5 MG	5
LYSODREN	35	MAXZIDE TABS (triamterene & hydrochlorothiazide)	69	melphalan	33
LYSTEDA TABS (tranexamic acid) 79		MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	69	memantine hcl CP24 14 MG, 21 MG, 28 MG	105
MACROBID (nitrofurantoin monohyd macro)	32	MAYZENT STARTER PACK TBPK 106		memantine hcl CP24 7 MG	105
MACRODANTIN (nitrofurantoin macrocrystal)	32	MAYZENT TABS 0.25 MG	106	memantine hcl SOLN	105
mafenide acetate PACK	64	MAYZENT TABS 1 MG	106	memantine hcl TABS 10 MG	105
MAGNEBIND 400	91	MAYZENT TABS 2 MG	106	memantine hcl TABS 5 MG	105
MALARONE (atovaquone-proguanil hcl)	33	M-CLEAR WC SOLN	57	memantine hcl TABS	105
malathion	68	meclizine hcl TABS 50 MG	25	M-END PE LIQD	57
maraviroc TABS	44	meclofenamate sodium CAPS	5	MENEST	73
MAR-COF BP	57	MEDROL DOSEPAK TBPK (methylprednisolone)	55	MENOSTAR PTWK	73
MAR-COF CG EXPECTORANT LIQD	57	MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone)	56	meperidine hcl SOLN OR 50 MG/5ML	8
MARINOL CAPS 2.5 MG (dronabinol)	25	MEDROL TABS	55	meperidine hcl TABS 50 MG	8
MARPLAN	20	medroxyprogesterone acetate 10 MG	104	MEPHYTON TABS (phytonadione) 120	
MATULANE	40	medroxyprogesterone acetate 2.5 MG, 5 MG	104	MEPRON (atovaquone)	32
MAVYRET TABS	45	mefenamic acid CAPS	5	mercaptopurine TABS	34
MAXALT TABS 10 MG (rizatriptan benzoate)	90	mefloquine hcl	33	mesalamine CP24	74
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	90	megestrol acetate (appetite)	104	mesalamine CPR	74
MAXIDEX SUSP OP	101	megestrol acetate SUSP	35	mesalamine CPDR	74
MAXITROL OINT (neomycin-polymy- dexameth)	101	megestrol acetate TABS	35	mesalamine ENEM	74
MAXITROL SUSP (neomycin- polymy-dexameth)	101	MEKINIST TABS	38	mesalamine SUPP	74
MAXI-TUSS PE MAX LIQD	57	MEKTOVI	38	mesalamine TBEC 1.2 GM	74
MAXX LUBRICATED MISC	82	meloxicam CAPS 10 MG	5	mesalamine TBEC 800 MG	74
		meloxicam CAPS 5 MG	5	MESNEX TABS	40
		meloxicam TABS 15 MG	5	MESTINON SOLN OR (pyridostigmine bromide)	33
				MESTINON TABS (pyridostigmine bromide)	33
				MESTINON TIMESPAN TBCR	

(pyridostigmine bromide)	33	methsuximide	20	metoclopramide hcl TBDP	74
METADATE CD CPR (methylphenidate hcl)	2	methylidopa TABS	29	metolazone	70
metaxalone 800 MG	97	methylergonovine maleate TABS	103	METOPIRONE	68
metformin hcl SOLN	22	METHYLIN SOLN (methylphenidate hcl)	2	metoprolol & hydrochlorothiazide TABS	30
metformin hcl TABS 500 MG, 850 MG, 1000 MG	22	methylphenidate hcl CHEW	2	metoprolol succinate TB24	46
metformin hcl TB24 500 MG, 750 MG	22	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG	2	metoprolol tartrate TABS	46
methadone hcl CONC	8	methylphenidate hcl CP24 60 MG ..	2	METROCREAM CREA (metronidazole (topical))	68
methadone hcl SOLN OR	8	methylphenidate hcl CP24	2	METROGEL GEL 1 % (metronidazole (topical))	68
methadone hcl TABS	8	methylphenidate hcl CPR	2	METROLOTION LOTN (metronidazole (topical))	68
methadone hcl TBSO	8	methylphenidate hcl SOLN	2	metronidazole (topical) CREA	68
METHADOSE CONC (methadone hcl)	8	methylphenidate hcl TABS 20 MG ..	2	metronidazole (topical) GEL 0.75 % 68	
METHADOSE SUGAR-FREE CONC (methadone hcl)	8	methylphenidate hcl TABS 5 MG, 10 MG	2	metronidazole (topical) GEL 1 % ..	68
methamphetamine hcl	1	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	2	metronidazole (topical) LOTN	68
methazolamide TABS	69	methylphenidate hcl TB24 36 MG ..	2	metronidazole CAPS	31
methenamine hippurate	32	methylphenidate hcl TBCR 10 MG ..	2	metronidazole TABS	31
methenamine mandelate 0.5 GM, 1 GM	32	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	2	metronidazole vaginal	119
methimazole TABS	115	methylphenidate hcl TBCR 20 MG ..	2	metyrosine	29
METHITEST TABS	11	methylphenidate hcl TBCR 54 MG ..	2	mexiletine hcl	13
methocarbamol TABS 500 MG, 750 MG	97	METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG	2	MG217 PSORIASIS MULTI- SYMPTOM OINT	67
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	34	methylphenidate PTCH	2	MIACALCIN IJ (calcitonin (salmon)) 70	
methotrexate sodium TABS 2.5 MG 34		methylprednisolone TABS	56	MICARDIS 20 MG, 40 MG (telmisartan)	29
methoxsalen rapid	63	methylprednisolone TBPK	56	MICARDIS 80 MG (telmisartan) ...	29
methscopolamine bromide	116	methyltestosterone CAPS	11	MICARDIS HCT (telmisartan- hydrochlorothiazide)	30
		metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	74	MICROCHAMBER DEVI	88
		metoclopramide hcl TABS	74		

MICROCHAMBER MISC	88	MITIGARE CAPS (colchicine)	76	MUCINEX D MAXIMUM STRENGTH TB12 (pseudoephedrine-guaifenesin)	57
MICROSPACER MISC	88	MOBIC TABS 15 MG (meloxicam) .	5	MUCINEX D TB12 (pseudoephedrine-guaifenesin) ...	57
midazolam hcl SYRP	79	MOBIC TABS 7.5 MG (meloxicam) .	5	MUCOTROL WAFR	93
midodrine hcl	119	modafinil	2	MULPLETA	78
MIFEPREX (mifepristone)	72	moexipril hcl	28	MULTIVITAMIN + FLUORIDE CHEW	94
mifepristone	72	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	45	MULTIVITAMIN WITH FLUORIDE CHEW	94
miglitol	22	mometasone furoate (nasal) SUSP 98		MULTI-VIT-FLOR CHEW	94
miglustat	78	mometasone furoate CREA	66	mupirocin OINT	61
MIGRANAL SOLN NA (dihydroergotamine mesylate)	89	mometasone furoate OINT	66	MYALEPT	71
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	54	mometasone furoate SOLN	66	MYAMBUTOL TABS 400 MG (ethambutol hcl)	33
MINIPRESS CAPS (prazosin hcl) .	29	montelukast sodium CHEW	13	MYCOBUTIN (rifabutin)	33
MINIVELLE PTTW (estradiol)	73	montelukast sodium PACK	13	mycophenolate mofetil CAPS	92
minocycline hcl CAPS	115	montelukast sodium TABS	13	mycophenolate mofetil SUSR	92
minocycline hcl TABS 50 MG, 100 MG	115	MONUROL (fosfomycin tromethamine)	32	mycophenolate mofetil TABS	92
minocycline hcl TABS 75 MG	115	morphine sulfate beads	8	mycophenolate sodium	92
minoxidil 2.5 MG, 10 MG	31	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	8	MYDRIACYL SOLN (tropicamide) .	99
MIRALAX POWD (polyethylene glycol 3350)	80	morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	8	MYFORTIC (mycophenolate sodium)	92
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (pramipexole dihydrochloride) .	41	morphine sulfate SUPP	8	MYLERAN TABS	33
MIRAPEX ER TB24 3 MG (pramipexole dihydrochloride)	41	morphine sulfate TABS	8	MYSOLINE (primidone)	18
MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	54	morphine sulfate TBCR	8	MYTESI	24
mirtazapine TABS	20	MOVANTIK	74	nabumetone 500 MG	5
mirtazapine TBDP	20	moxifloxacin hcl (ophth) SOLN OP 100		nabumetone 750 MG	5
MIRVASO (brimonidine tartrate (topical))	68	moxifloxacin hcl TABS	73	nadolol TABS 20 MG, 40 MG, 80 MG	47
misoprostol	118	MS CONTIN TBCR (morphine sulfate)	8	naftifine hcl CREA	61
				naftifine hcl GEL 2 %	61

NAFTIN GEL 2 % (naftifine hcl) ... 61	acetonide (nasal)) .....98	103
NALFON TABS (fenoprofen calcium) 5	NASONEX 24HR SUSP 98	NEORAL CAPS (cyclosporine modified (for microemulsion)) .....92
naloxone hcl LIQD 25	NATACHEW CHEW 120 MG-10 MG- 20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG 95	NEORAL SOLN (cyclosporine modified (for microemulsion)) 93
naloxone hcl SOSY 25	NATACYN .....100	NERLYNX .....38
naltrexone hcl 25	NATAZIA 54	NESTABS 95
NAMENDA TABS 10 MG (memantine hcl) 105	nateglinide .....24	NESTABS DHA 95
NAMENDA TABS 5 MG (memantine hcl) 105	NATPARA .....70	NESTABS ONE 95
NAMENDA TITRATION PAK TABS (memantine hcl) 105	NATROBA (spinosad) .....68	NEUPRO 41
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (memantine hcl) .....105	NAYZILAM 16	NEURONTIN CAPS (gabapentin) . 18
NAMENDA XR CP24 7 MG (memantine hcl) 105	nebivolol hcl 46	NEURONTIN SOLN (gabapentin) . 18
NAMZARIC C4PK 105	NEBULIZER CUP/TUBING DEVI .88	NEURONTIN TABS (gabapentin) . 18
NAMZARIC CP24 14 MG-10 MG, 21 MG-10 MG, 28 MG-10 MG 105	NEBUPENT IN (pentamidine isethionate) .....31	NEVANAC .....102
NAMZARIC CP24 7 MG-10 MG ..105	NEBUSAL NEBU .....58	nevirapine SUSP 44
NAPROSYN SUSP (naproxen) 5	NEEVO DHA 85 MG-25 MG-15 MG- 5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG .....95	nevirapine TABS 44
NAPROSYN TABS 500 MG (naproxen) .....5	nefazodone hcl .....21	nevirapine TB24 44
naproxen sodium TABS 275 MG, 550 MG .....5	neomycin sulfate TABS 3	NEXAVAR (sorafenib tosylate) ... 38
naproxen SUSP .....5	neomycin-bacitracin zn-polymyxin 100	NEXICLON XR TB24 (clonidine hcl) . 29
naproxen TABS 5	neomycin-polymy-dexameth OINT 101	NEXTSTELLIS 54
naratriptan hcl 90	neomycin-polymy-dexameth SUSP 101	niacin (antihyperlipidemic) TABS ..28
NARCAN LIQD (naloxone hcl) 25	neomycin-polymyxin-gramicidin . 100	niacin (antihyperlipidemic) TBCR ..28
NARDIL (phenelzine sulfate) .....20	neomycin-polymyxin-hc (ophth) . 101	NIASPAN TBCR (niacin (antihyperlipidemic)) 28
NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal)) ..98	neomycin-polymyxin-hc (otic) SOLN . 103	nicardipine hcl CAPS 47
NASACORT ALLERGY 24HR CHILDRENS AERO (triamcinolone	neomycin-polymyxin-hc (otic) SUSP .	NICODERM CQ PT24 TD (nicotine) . 114
		NICORETTE GUM (nicotine polacrilex) .....114
		NICORETTE LOZG (nicotine polacrilex) .....114

NICORETTE MINI LOZG (nicotine polacrilex)	114	nitroglycerin SOLN TL 0.4 MG/SPRAY	12	NORTHERA (droxidopa)	119
NICORETTE STARTER KIT GUM (nicotine polacrilex)	114	nitroglycerin SUBL	12	nortriptyline hcl CAPS	22
nicotine MISC XX	114	NITROLINGUAL SOLN TL (nitroglycerin)	12	nortriptyline hcl SOLN	22
nicotine polacrilex GUM	114	NITROSTAT SUBL (nitroglycerin) ..	12	NORVASC TABS 2.5 MG (amlodipine besylate)	47
nicotine polacrilex LOZG	114	NIVA THYROID TABS	116	NORVASC TABS 5 MG, 10 MG (amlodipine besylate)	47
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	114	nizatidine CAPS	117	NORVIR PACK	44
NICOTINE TRANSDERMAL SYSTEM KIT	114	nizatidine SOLN	117	NORVIR SOLN	44
NICOTROL INHALER INHA	114	NORDITROPIN FLEXPPO SOPN ..	71	NORVIR TABS (ritonavir)	44
NICOTROL NS SOLN	114	norelgestromin-ethinyl estradiol ..	55	NOVOEIGHT	77
nifedipine CAPS	47	norethin acet & estrad-fe CAPS ...	54	NOVOSEVEN RT	77
nifedipine TB24 30 MG, 60 MG ...	47	norethin acet & estrad-fe CHEW ..	54	NOXAFIL SUSP (posaconazole) ..	26
nifedipine TB24	47	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	54	NOXAFIL TBEC (posaconazole) ..	26
NILANDRON (nilutamide)	35	norethindrone & ethinyl estradiol-fe 54	54	NP THYROID 120 TABS	116
nilutamide	35	norethindrone (contraceptive)	55	NP THYROID 15 TABS	116
nimodipine CAPS	47	norethindrone acet & eth estra ...	54	NP THYROID 30 TABS	116
NINJACOF-XG LIQD	57	norethindrone acetate TABS	104	NP THYROID 60 TABS	116
NINLARO	38	norethindrone acetate-ethinyl estradiol	73	NP THYROID 90 TABS	116
nisoldipine	47	norethindrone acetate-ethinyl estradiol-fe	54	NUBEQA	35
nitazoxanide TABS	32	norgestimate-ethinyl estradiol (triphasic)	54	NUCALA SOAJ	13
nitisinone CAPS	71	norgestimate-ethinyl estradiol	54	NUCALA SOLR	13
NITRO-BID OINT	12	NORPACE CAPS (disopyramide phosphate)	13	NUCALA SOSY 100 MG/ML	13
NITRO-DUR PT24 (nitroglycerin) ..	12	NORPACE CR CP12	13	NUEDEXTA	107
NITRO-DUR PT24	12	NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl)	22	NULYTELY (peg 3350-potassium chloride-sod bicarbonate-sod chloride)	79
nitrofurantoin	32			NUPLAZID CAPS	42
nitrofurantoin macrocrystal	32			NUPLAZID TABS 10 MG	42
nitrofurantoin monohyd macro	32			NUVARING (etonogestrel-ethinyl estradiol)	55
nitroglycerin PT24	12			NUVESSA	119

NUVIGIL (armodafinil)	2	ofloxacin 300 MG	73	ondansetron hcl TABS 4 MG, 8 MG	25
NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	77	ofloxacin 400 MG	73	ondansetron TBDP	25
NUWIQ SOLR 2500 UNIT, 3000 UNIT, 4000 UNIT	77	olanzapine TABS 15 MG, 20 MG ..	42	ONE FLOW FVC MONITORING SPIROMETER DEVI	88
nystatin (mouth-throat)	93	olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	42	ONETOUCH ULTRA 2 KIT	84
nystatin (topical) CREA	62	olanzapine TBDP	42	ONETOUCH ULTRA STRP	69
nystatin (topical) OINT	62	olanzapine-fluoxetine hcl	105	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	84
nystatin (topical) POWD EX	62	olmesartan medoxomil 40 MG	29	ONETOUCH VERIO REFLECT KIT	84
nystatin TABS	25	olmesartan medoxomil 5 MG, 20 MG	29	ONETOUCH VERIO TEST STRIPS STRP	69
nystatin-triamcinolone CREA	62	olmesartan medoxomil-amlodipine- hydrochlorothiazide	31	ONFI SUSP (clobazam)	16
nystatin-triamcinolone OINT	62	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG	31	ONFI TABS 10 MG (clobazam)	16
OB COMPLETE ONE	95	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	31	ONFI TABS 20 MG (clobazam)	16
OB COMPLETE PETITE	95	olopatadine hcl (nasal)	97	ONUREG TABS	34
OB COMPLETE PREMIER	95	olopatadine hcl 0.1 %	102	OPSUMIT	49
OB COMPLETE/DHA	95	olopatadine hcl 0.2 %	102	OPTICHAMBER DIAMOND DEVI ..	88
OBIZUR	77	OLUX FOAM (clobetasol propionate)	66	OPTICHAMBER DIAMOND MISC ..	88
OBSTETRIX DHA MISC	95	OLUX-E (clobetasol propionate emulsion)	66	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	88
OBTREX DHA MISC 120 MG-1 MG- 3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	95	OMBRA TABLE TOP COMPRESSOR DEVI	88	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	88
OALIVA 10 MG	73	omega-3-acid ethyl esters	27	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	88
OALIVA 5 MG	73	omeprazole CPDR 20 MG, 40 MG	117	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	119
octreotide acetate SOLN	72	omeprazole magnesium CPDR ..	117	ORACEA (doxycycline (rosacea))	68
OCUFLOX (ofloxacin (ophth)) ...	100	OMNIFLEX DIAPHRAGM	83	ORACIT	75
ODEFSEY	44	ondansetron hcl SOLN OR 4 MG/5ML	25		
ODOMZO	35				
OFEV	114				
ofloxacin (ophth)	100				
ofloxacin (otic)	103				

ORAPRED ODT TBDP (prednisolone sodium phosphate)	56	OXAYDO TABS 5 MG	8	oxymorphone hcl TABS 10 MG	8
ORAVIG	93	oxazepam CAPS 10 MG, 15 MG ..	12	oxymorphone hcl TABS 5 MG	8
ORENITRAM TBCR	49	oxazepam CAPS 30 MG	12	oxymorphone hcl TB12	8
ORFADIN CAPS (nitisinone)	71	oxcarbazepine SUSP	18	OZEMPIC SOPN	23
ORFADIN SUSP	71	oxcarbazepine TABS 150 MG	18	paliperidone	42
ORIAHNN	73	oxcarbazepine TABS 300 MG	18	PALYNZIQ	72
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	114	oxcarbazepine TABS 600 MG	18	PAMELOR CAPS (nortriptyline hcl) 22	
ORKAMBI PACK 94 MG-75 MG ..	114	oxiconazole nitrate CREA	62	PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	69
ORKAMBI TABS	114	OXISTAT CREA (oxiconazole nitrate)	62	PANRETIN	62
orlistat	1	OXISTAT LOTN	62	pantoprazole sodium PACK	117
orphenadrine citrate TB12	97	OXTELLAR XR TB24 150 MG, 300 MG	18	pantoprazole sodium TBEC	118
oseltamivir phosphate CAPS	46	OXTELLAR XR TB24 600 MG	18	PAREMYD	102
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OTEZLA TBPK	5	oxycodone hcl CONC 100 MG/5ML	8	PARLODEL TABS (bromocriptine mesylate)	41
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OTREXUP SOAJ 10 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	oxycodone hcl TABS 30 MG	8	paroxetine hcl SUSP	21
OVACE PLUS WASH LIQD (sulfacetamide sodium)	63	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	8	paroxetine hcl TABS	21
OVACE WASH LIQD (sulfacetamide sodium)	63	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ..	10	paroxetine hcl TB24	21
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oxandrolone 10 MG	10	oxycodone w/ acetaminophen TABS 325 MG-5 MG	9		
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penicillamine TABS	92	phenylephrine hcl (mydriatic) SOLN 10 %	99	piroxicam CAPS 10 MG	5
penicillin v potassium SOLR	104	phenylephrine hcl (mydriatic) SOLN 2.5 %	99	piroxicam CAPS 20 MG	5
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propranolol hcl TABS	47	180 MCG/ACT	14	(cholestyramine light)	27
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salicylic acid SHAM 6 %	67	SELECT-OB+DHA MISC	96	sevelamer hcl 400 MG	75
salicylic acid SOLN 26 %	67	selegiline hcl CAPS	41	sevelamer hcl 800 MG	75
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sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML 91	SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) .13	STRIVERDI RESPIMAT 15
sodium fluoride TABS 0.5 MG 91	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT 13	STROMECTOL (ivermectin) 11
sodium fluoride TABS 1 MG 91	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT 13	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate) 10
SODIUM OXYBATE SOLN 104	SPIRO PD DEVI 89	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate) 10
sodium phenylbutyrate POWD 72	spironolactone & hydrochlorothiazide 69	SUBSYS LIQD 1200 MCG, 1600 MCG 9
sodium phenylbutyrate TABS 72	spironolactone TABS 70	sucralfate SUSP 117
sodium polystyrene sulfonate POWD 93	SPORANOX CAPS (itraconazole) .26	sucralfate TABS 117
SODIUM SULFACETAMIDE WASH LIQD 64	SPORANOX PULSEPAK CAPS (itraconazole) 26	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine) 48
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL 60	SPORANOX SOLN (itraconazole) .26	sulconazole nitrate CREA 62
sodium sulfate-potassium sulfate-	SPRAVATO 56MG DOSE 20	sulconazole nitrate SOLN 62
	SPRAVATO 84MG DOSE 20	sulfacetamide sodium (acne) 60
	SPRITAM TB3D 18	
	SPRYCEL 39	

sulfacetamide sodium (ophth) OINT 100	MG/0.5ML .....90	SYNALAR OINT (fluocinolone acetoneide) .....66
sulfacetamide sodium (ophth) SOLN 100	MG/0.5ML .....90	SYNALAR SOLN (fluocinolone acetoneide) .....66
sulfacetamide sodium LIQD 64	MG/0.5ML .....90	SYNAREL 71
sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %60	sumatriptan succinate TABS .....90	SYNJARDY TABS 22
sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %60	sunitinib malate 12.5 MG, 37.5 MG, 50 MG 39	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG .....22
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %60	sunitinib malate 25 MG 39	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG 22
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %60	SUPRAX CAPS (cefixime) .....50	SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium) 116
sulfacetamide sod-prednisolone SOLN 101	SUPRAX SUSR 100 MG/5ML (cefixime) .....50	SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium) 116
sulfadiazine TABS 114	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate) .....80	SYPRINE (trientine hcl) .....92
sulfamethoxazole-trimethoprim SUSP .....32	SUSTIVA CAPS (efavirenz) 44	TABLOID 34
sulfamethoxazole-trimethoprim TABS .....32	SUSTIVA TABS (efavirenz) 44	TABRECTA 39
SULFAMYLON CREA 64	SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate) .....39	TACLONEX OINT (calcipotriene-betamethasone dipropionate) .....66
SULFAMYLON PACK 5 % (mafenide acetate) 64	SUTENT 25 MG (sunitinib malate) 39	TACLONEX SUSP (calcipotriene-betamethasone dipropionate) .....66
sulfasalazine TABS 74	SYMBICORT (budesonide-formoterol fumarate dihydrate) .....15	tacrolimus (topical) OINT 0.03 % ..67
sulfasalazine TBEC .....74	SYMBYAX 25 MG-3 MG, 25 MG-6 MG (olanzapine-fluoxetine hcl) ...105	tacrolimus (topical) OINT 0.1 % ... 67
sulindac TABS 150 MG 5	SYMDEKO 114	tacrolimus CAPS .....93
sulindac TABS 200 MG 5	SYMFI (efavirenz-lamivudine-tenofovir disoproxil fumarate) .....44	tadalafil (pulmonary hypertension) TABS .....50
sumatriptan 20 MG/ACT .....90	SYMFI LO (efavirenz-lamivudine-tenofovir disoproxil fumarate) .....45	tadalafil 2.5 MG 49
sumatriptan 5 MG/ACT 90	SYMJEPI SOSY 0.15 MG/0.3ML .119	tadalafil 5 MG, 10 MG, 20 MG .....49
sumatriptan succinate SOAJ 4 MG/0.5ML .....90	SYMJEPI SOSY 0.3 MG/0.3ML ..119	TAFINLAR CAPS 39
sumatriptan succinate SOAJ 6 MG/0.5ML .....90	SYMTUZA .....45	tafluprost 103
sumatriptan succinate SOCT 4	SYNALAR CREA (fluocinolone acetoneide) .....66	TAGRISSO .....35

TALZENNA 0.25 MG, 1 MG	39	100/1ML/31G X 15/64"	86	TENORETIC 50 (atenolol & chlorthalidone)	31
TAMIFLU CAPS (oseltamivir phosphate)	46	TEGRETOL SUSP (carbamazepine) .	18	TENORMIN TABS (atenolol)	46
TAMIFLU SUSR (oseltamivir phosphate)	46	TEGRETOL TABS (carbamazepine) .	18	terazosin hcl 1 MG, 2 MG, 5 MG ..	29
tamoxifen citrate TABS	36	TEGRETOL-XR TB12 100 MG (carbamazepine)	18	terazosin hcl 10 MG	29
tamsulosin hcl	76	TEGRETOL-XR TB12 200 MG (carbamazepine)	18	terbinafine hcl TABS	26
TARCEVA (erlotinib hcl)	35	TEGRETOL-XR TB12 400 MG (carbamazepine)	18	terbutaline sulfate TABS	15
TARGRETIN (bexarotene (topical)) 62		TEGSEDI	114	terconazole vaginal CREA	119
TARGRETIN (bexarotene)	40	TEKTURNA (aliskiren fumarate) ..	31	terconazole vaginal SUPP	119
TASIGNA	39	TEKTURNA HCT	31	teriflunomide	106
TASMAR (tolcapone)	40	telmisartan 20 MG, 40 MG	29	TESTIM GEL TD (testosterone) ...	11
TAVALISSE 100 MG	77	telmisartan 80 MG	29	testosterone cypionate SOLN IM ..	11
TAVALISSE 150 MG	77	telmisartan-amlodipine	31	testosterone enanthate SOLN IM ..	11
TAYTULLA CAPS (norethin acet & estrad-fe)	54	telmisartan-hydrochlorothiazide ..	31	testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	11
tazarotene CREA	63	temazepam 15 MG	79	testosterone GEL TD 1 %, 50 MG/5GM	11
TAZAROTENE FOAM	60	temazepam 22.5 MG	79	testosterone GEL TD 10 MG/ACT .	11
tazarotene GEL	63	temazepam 30 MG	79	tetrabenazine	105
TAZORAC CREA (tazarotene)	63	temazepam 7.5 MG	79	tetracaine hcl (ophth)	101
TAZORAC CREA	63	TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (temozolomide) .	33	tetracycline hcl CAPS	115
TAZORAC GEL (tazarotene)	63	TEMOVATE CREA (clobetasol propionate)	66	TEXACORT SOLN 2.5 %	66
TAZVERIK	39	TEMOVATE OINT (clobetasol propionate)	66	THALITONE	70
TECFIDERA CPDR (dimethyl fumarate)	106	temozolomide CAPS	33	THALOMID	92
TECFIDERA STARTER PACK CDPK (dimethyl fumarate)	106	tenofovir disoproxil fumarate TABS	45	THEO-24 CP24	15
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	86	TENORETIC 100 (atenolol & chlorthalidone)	31	theophylline ELIX	15
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	86			theophylline SOLN	15
TECHLITE INSULIN SYRINGEU-				theophylline TB12 300 MG	15

THIOLA EC TBEC	76	TIROSINT CAPS 75 MCG	116	TOPICORT GEL (desoximetasone)	66
THIOLA TABS (tiopronin)	76	TIVICAY TABS	45	TOPICORT LIQD (desoximetasone) .	66
thioridazine hcl 10 MG, 25 MG, 100		tizanidine hcl CAPS	97	TOPICORT OINT (desoximetasone) .	66
MG	43	tizanidine hcl TABS 2 MG	97		
thioridazine hcl 50 MG	43	tizanidine hcl TABS 4 MG	97		
thiothixene	43	TOBI NEBU (tobramycin)	3	topiramate CP24 200 MG	19
THRESHOLD PEP DEVI	89	TOBI PODHALER CAPS	3	topiramate CP24 25 MG	19
THRIVITE RX TABS	96	TOBRADEX OINT	101	topiramate CP24 50 MG, 100 MG .	19
THYROID TABS 15 MG, 30 MG, 60		TOBRADEX ST SUSP	101	topiramate CPSP	19
MG, 90 MG, 120 MG	116	TOBRADEX SUSP (tobramycin-		topiramate CS24 100 MG, 150 MG,	
tiagabine hcl	19	dexamethasone)	101	200 MG	19
TIAZAC (diltiazem hcl extended		tobramycin (ophth) SOLN	100	topiramate CS24 25 MG, 50 MG ..	19
release beads)	48	tobramycin NEBU	3	topiramate TABS 100 MG	19
TIBSOVO	39	tobramycin-dexamethasone SUSP		topiramate TABS 200 MG	19
TIKOSYN (dofetilide)	13	101		topiramate TABS 25 MG	19
timolol maleate (ophth) SOLG	99	TOBREX OINT	100	topiramate TABS 50 MG	19
timolol maleate (ophth) SOLN	99	TODAY SPONGE MISC	119	TOPROL XL TB24 (metoprolol	
timolol maleate TABS 10 MG	47	tolcapone	40	succinate)	46
timolol maleate TABS 5 MG, 20 MG .		TOLSURA CAPS	26	toremifene citrate	36
47		tolterodine tartrate CP24	118	torsemide TABS 100 MG	70
TIMOPTIC OCUDOSE SOLN (timolol		tolterodine tartrate TABS	118	torsemide TABS 5 MG, 10 MG, 20	
maleate (ophth))	99	TOPAMAX SPRINKLE CPSP		MG	70
TIMOPTIC SOLN (timolol maleate		(topiramate)	18	TOUJEO MAX SOLOSTAR SOPN	
(ophth))	99	TOPAMAX TABS 100 MG		23	
TIMOPTIC-XE SOLG (timolol		(topiramate)	18	TOUJEO SOLOSTAR SOPN	23
maleate (ophth))	99	TOPAMAX TABS 200 MG		TOVIAZ (fesoterodine fumarate) 118	
tinidazole 250 MG	31	(topiramate)	19	TPOXX (TECOVIRIMAT CAP 200	
tinidazole 500 MG	31	TOPAMAX TABS 25 MG		MG)	46
tiopronin TABS	76	(topiramate)	19	TPOXX CAPS	46
tiotropium bromide monohydrate		TOPAMAX TABS 50 MG		TPOXX SOLN	46
CAPS	13	(topiramate)	18	TRACLEER TABS 125 MG	
TIROSINT CAPS 37.5 MCG, 44		TOPICORT CREA (desoximetasone)		(bosentan)	49
MCG, 62.5 MCG	116	.....	66		

TRACLEER TABS 62.5 MG (bosentan)	49	triamcinolone acetonide (topical) AERS	67	(desonide)	67
TRACLEER TBSO	49	triamcinolone acetonide (topical) LOTN	67	trientine hcl 250 MG	92
tramadol hcl CP24 100 MG, 200 MG, 300 MG	9	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	67	trientine hcl 500 MG	92
tramadol hcl TABS 100 MG	9	triamcinolone acetonide (topical) TABS 25 MG-37.5 MG	69	trifluoperazine hcl TABS	43
tramadol hcl TABS 50 MG	9	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	69	trifluridine	100
tramadol hcl TB24 100 MG	9	triamterene & hydrochlorothiazide TABS 50 MG-75 MG	69	trihexyphenidyl hcl SOLN	40
tramadol hcl TB24 200 MG	9	triamterene CAPS	70	trihexyphenidyl hcl TABS	40
tramadol hcl TB24	9	triazolam 0.125 MG	79	TRIJARDY XR	22
tramadol-acetaminophen	10	triazolam 0.25 MG	79	TRIKAFTA TBPK 100 MG-50 MG 114	
trandolapril	29	TRIBENZOR (olmesartan medoxomil-amlodipine- hydrochlorothiazide)	31	TRIKAFTA TBPK 50 MG-25 MG .	114
trandolapril-verapamil hcl	31	TRICOR TABS 145 MG (fenofibrate) .	27	TRILEPTAL SUSP (oxcarbazepine)	19
tranexamic acid TABS	79	TRICOR TABS 48 MG (fenofibrate)	27	TRILEPTAL TABS 150 MG (oxcarbazepine)	19
TRANSDERM-SCOP (scopolamine) 25		TRIDESILON CREA 0.05 %		TRILEPTAL TABS 300 MG (oxcarbazepine)	19
TRANXENE T TABS 7.5 MG (clorazepate dipotassium)	12			TRILEPTAL TABS 600 MG (oxcarbazepine)	19
tranylcypromine sulfate	20			TRILIPIX 135 MG (choline fenofibrate)	27
TRAVATAN Z SOLN (travoprost) 103				TRILIPIX 45 MG (choline fenofibrate)	28
travoprost SOLN	103			trimethobenzamide hcl CAPS	25
trazodone hcl TABS	21			trimethoprim TABS	31
TRECTOR	33			trimipramine maleate CAPS	22
TRELEGY ELLIPTA	15			TRINATAL RX 1 TABS	96
TREMFYA SOPN	63			TRINTELLIX	21
TREMFYA SOSY	63			TRISTART DHA	96
TRESIBA FLEXTOUCH SOPN	23			TRISTART ONE	96
TRESIBA SOLN	23			TRIUMEQ PD TBSO	45
tretinoin (chemotherapy)	40			TRIUMEQ TABS	45
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	61				
tretinoin GEL 0.01 %, 0.025 %	61				

TRI-VI-FLOR	94	TRUSTEX NON-LUBRICATED MISC	83	TYVASO REFILL SOLN IN	49
TRI-VI-FLORO	94	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	83	TYVASO SOLN IN	49
TRIZIVIR	45	TRUSTEX/RIA LUBRICATED MISC	83	TYVASO STARTER SOLN IN	49
TROKENDI XR CP24 200 MG (topiramate)	19	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	83	UBRELVY	89
TROKENDI XR CP24 25 MG (topiramate)	19	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	83	UCERIS (budesonide (intrarectal))	11
TROKENDI XR CP24 50 MG, 100 MG (topiramate)	19	TRUSTEX/RIA NON-LUBRICATED MISC	83	UCERIS TB24 (budesonide)	56
tropicamide SOLN	99	TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate)	45	UDENYCA SOSY	78
tropium chloride CP24	118	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)	45	ULORIC 40 MG (febuxostat)	76
tropium chloride TABS	118	TUKYSA	34	ULORIC 80 MG (febuxostat)	76
TRULICITY	23	TURALIO 200 MG	39	ULTRACET (tramadol-acetaminophen)	10
TRUSOPT (dorzolamide hcl)	103	TUSNEL C SYRP	58	ULTRAM TABS (tramadol hcl)	9
TRUSTEX COLOR CONDOMS + LUBE MISC	83	TUSNEL PEDIATRIC LIQD 50 MG/5ML-5 MG/5ML-15 MG/5ML	58	ULTRASAL-ER SOLN (salicylic acid)	67
TRUSTEX LUBRICATED EXTRALARGE MISC	83	TUSNEL TABS	58	ULTRAVATE LOTN	67
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	83	TWIRLA	55	UPTRAVI TABS 200 MCG	50
TRUSTEX LUBRICATED MISC	83	TYBLUME CHEW	54	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	50
TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	83	TYBOST	45	UPTRAVI TITRATION PACK TBPK	50
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	83	TYKERB (lapatinib ditosylate)	39	UROCIT-K 10 TBCR (potassium citrate (alkalinizer))	75
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	83	TYMLOS	70	UROCIT-K 15 TBCR (potassium citrate (alkalinizer))	75
TRUSTEX LUBRICATED/SPERMICIDE MISC	83	TYVASO DPI MAINTENANCE KIT POWD	49	UROCIT-K 5 TBCR (potassium citrate (alkalinizer))	75
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	83	TYVASO DPI TITRATION KIT POWD	49	UROXATRAL (alfuzosin hcl)	76

VAGIFEM TABS (estradiol vaginal) 119	VANDAZOLE .....119	verapamil hcl CP24 180 MG .....48
valacyclovir hcl 1 GM, 1000 MG ...46	VANOS CREA (fluocinonide) .....67	verapamil hcl CP24 360 MG .....48
valacyclovir hcl 500 MG .....46	varenicline tartrate TABS .....114	verapamil hcl TABS .....48
VALCHLOR .....62	VARUBI TBPK .....25	verapamil hcl TBCR 120 MG .....48
VALCYTE SOLR (valganciclovir hcl) . 45	VASCEPA (icosapent ethyl) .....27	verapamil hcl TBCR 180 MG, 240 MG .....48
VALCYTE TABS (valganciclovir hcl) . 45	VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide) ...31	VEREGEN .....61
valganciclovir hcl SOLR .....45	VASOTEC TABS (enalapril maleate) . 29	VERELAN CP24 120 MG, 240 MG (verapamil hcl) .....48
valganciclovir hcl TABS .....45	VCF VAGINAL CONTRACEPTIVE FILM FILM .....119	VERELAN CP24 180 MG (verapamil hcl) .....48
VALIUM TABS 10 MG (diazepam) 12	VCF VAGINAL CONTRACEPTIVEGEL GEL .....119	VERELAN CP24 360 MG (verapamil hcl) .....48
VALIUM TABS 2 MG, 5 MG (diazepam) .....12	VECAMYL .....31	VERELAN PM CP24 (verapamil hcl) . 48
valproate sodium SOLN OR 250 MG/5ML .....20	VECTICAL (calcitriol (topical)) ....63	VERSACLOZ SUSP .....42
valproic acid CAPS .....20	VELTIN (clindamycin phosphate- tretinoin) .....61	VERSAPAP DEVI .....89
valsartan TABS 160 MG .....29	VEMLIDY .....45	VERSAPAP/UNIVERSAL TUBING DEVI .....89
valsartan TABS 40 MG, 80 MG, 320 MG .....29	VENCLEXTA STARTING PACK TBPK .....34	VERZENIO .....39
valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG .....31	VENCLEXTA TABS 10 MG .....35	VESICARE TABS 10 MG (solifenacin succinate) .....118
valsartan-hydrochlorothiazide 25 MG- 160 MG .....31	VENCLEXTA TABS 100 MG .....34	VESICARE TABS 5 MG (solifenacin succinate) .....118
VALTREX 1 GM (valacyclovir hcl) .46	VENCLEXTA TABS 50 MG .....34	VFEND SUSR (voriconazole) .....26
VALTREX 500 MG (valacyclovir hcl) . 46	venlafaxine hcl CP24 150 MG .....21	VFEND TABS (voriconazole) .....26
VANACOF .....58	venlafaxine hcl CP24 37.5 MG, 75 MG .....21	VIAGRA (sildenafil citrate) .....49
VANOCOCIN CAPS 125 MG (vancomycin hcl) .....32	venlafaxine hcl TABS .....21	VIBERZI .....74
vancomycin hcl CAPS 125 MG ....32	venlafaxine hcl TB24 225 MG ....22	VIBRAMYCIN CAPS (doxycycline hyclate) .....115
vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML .32	venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG .....21	VIBRAMYCIN SUSR (doxycycline (monohydrate)) .....115
	VENTAVIS .....49	VICTOZA .....23
	verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG ...48	

vigabatrin PACK	19	VITAFOL GUMMIES	96	VRAYLAR CPPK	42
vigabatrin TABS	19	VITAFOL-NANO	96	VYNDAMAX	50
VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	100	VITAFOL-ONE CAPS	96	VYNDAQEL	50
VIIBRYD STARTER PACK KIT	21	VITAMEDMD ONE RX/QUATREFOLIC	96	VYTORIN 1.9 %-1 % (iodoquinol- hydrocortisone in aloe vehicle)	62
VIIBRYD TABS 10 MG, 40 MG (vilazodone hcl)	21	VITAPEARL	96	VYTORIN (ezetimibe-simvastatin)	27
VIIBRYD TABS 20 MG (vilazodone hcl)	21	VITATRUE	96	warfarin sodium TABS	15
vilazodone hcl TABS 10 MG, 40 MG . 21		VITRAKVI CAPS	39	WELCHOL PACK (colesevelam hcl) . 27	
vilazodone hcl TABS 20 MG	21	VITRAKVI SOLN	39	WELCHOL TABS (colesevelam hcl) . 27	
VIMPAT SOLN OR 10 MG/ML (lacosamide)	19	VIVA DHA CAPS	96	WELLBUTRIN SR TB12 (bupropion hcl)	20
VIMPAT TABS (lacosamide)	19	VIVELLE-DOT PTTW (estradiol) ..	73	WELLBUTRIN XL TB24 (bupropion hcl)	20
VINATE DHA RF	96	VIZIMPRO	35	WESCAP-C DHA	96
VINATE ONE TABS	96	VOGELXO GEL TD (testosterone) 11		WESNATE DHA CAPS	96
VIRACEPT TABS	45	VOGELXO PUMP GEL TD (testosterone)	11	WESTGEL DHA	96
VIRAMUNE XR TB24 400 MG (nevirapine)	45	VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ...	62	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	83
VIREAD POWD	45	VONVENDI	77	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	83
VIREAD TABS (tenofovir disoproxil fumarate)	45	voriconazole SUSR	26	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	83
VIREAD TABS 150 MG, 200 MG, 250 MG	45	voriconazole TABS	26	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	83
VIRT-C DHA	96	VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	89	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	83
VIRT-NATE DHA CAPS	96	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	89	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	83
VIRT-PN DHA	96	VOSEVI	45	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	83
VIRT-PN PLUS	96	VOTRIENT (pazopanib hcl)	39	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	84
VIRTUSSIN DAC SOLN	58	VOTRIENT	39		
VISTARIL CAPS (hydroxyzine pamoate)	12	VP-PNV-DHA CAPS	96		
VISTOGARD	24	VRAYLAR CAPS	42		

WILATE KIT	77	XPOVIO	36	24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT- 63000 UNIT-20000 UNIT	69
WILZIN	92	XPOVIO 80 MG TWICE WEEKLY 36			
XALATAN SOLN (latanoprost) ...	103	XTANDI CAPS	36		
XALKORI CAPS	40	XTANDI TABS	36	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide)	31
XANAX TABS (alprazolam)	12	XYNTHA	77		
XANAX XR TB24 (alprazolam)	12	XYNTHA SOLOFUSE	77	ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide) ...	31
XARELTO STARTER PACK TBPK 15		XYREM SOLN	104		
XARELTO SUSR	15	YASMIN 28 (drospirenone-ethinyl estradiol)	54	ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (lisinopril)	29
XARELTO TABS	15	YAZ (drospirenone-ethinyl estradiol) 54		ZESTRIL TABS 40 MG (lisinopril) .	29
XATMEP SOLN	34	YONSA	36	ZETIA (ezetimibe)	28
XELJANZ SOLN	3	zaleplon	79	ZIAC (bisoprolol & hydrochlorothiazide)	31
XELJANZ TABS	3	ZANAFLEX CAPS (tizanidine hcl) .	97	ZIAGEN SOLN (abacavir sulfate) .	45
XELJANZ XR TB24	3	ZANAFLEX TABS 4 MG (tizanidine hcl)	97	ZIAGEN TABS (abacavir sulfate) .	45
XELODA 150 MG (capecitabine) ..	34	ZARONTIN CAPS (ethosuximide) .	20	ZIANA (clindamycin phosphate- tretinoin)	61
XELODA 500 MG (capecitabine) ..	34	ZARONTIN SOLN (ethosuximide) .	20	zidovudine CAPS	45
XENAZINE (tetrabenazine)	105	ZARXIO	78	zidovudine SYRP	45
XENICAL (orlistat)	1	ZATEAN-PN DHA	96	zidovudine TABS	45
XERAC AC	67	ZATEAN-PN PLUS	96	ZIEXTENZO	78
XERMELO	75	ZAVESCA (miglustat)	78	zileuton TB12	13
XHANCE EXHU	98	ZEJULA CAPS	40	ZIOPTAN (tafluprost)	103
XIFAXAN 200 MG	31	ZEJULA TABS	40	ziprasidone hcl 20 MG, 40 MG	42
XIFAXAN 550 MG	32	ZELAPAR TBDP	41	ziprasidone hcl 60 MG, 80 MG	42
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	22	ZELBORAF	40	ZIRGAN GEL	100
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	22	ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)	72	ZITHROMAX PACK (azithromycin) 81	
XOPENEX (levalbuterol hcl)	15	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT,		ZITHROMAX SUSR (azithromycin) 81	
XOPENEX CONCENTRATE (levalbuterol hcl)	15				
XOSPATA	40				

ZITHROMAX TABS 250 MG (azithromycin)	81	ZOVIRAX OINT (acyclovir topical) .	64
ZITHROMAX TABS 500 MG (azithromycin)	81	ZOVIRAX SUSP (acyclovir)	46
ZITHROMAX TRI-PAK TABS (azithromycin)	81	ZYDELIG	40
ZITHROMAX Z-PAK TABS (azithromycin)	81	ZYFLO TABS	13
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (simvastatin)	28	ZYKADIA TABS	40
ZOLINZA	40	ZYLET	101
zolmitriptan SOLN	90	ZYLOPRIM 100 MG (allopurinol) ..	76
zolmitriptan TABS	90	ZYLOPRIM 300 MG (allopurinol) ..	76
zolmitriptan TBDP	90	ZYMAXID (gatifloxacin (ophth)) .	100
ZOLOFT CONC (sertraline hcl)	21	ZYPREXA TABS 15 MG, 20 MG (olanzapine)	43
ZOLOFT TABS (sertraline hcl)	21	ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine)	43
zolpidem tartrate TABS	79	ZYPREXA ZYDIS TBDP (olanzapine)	42
zolpidem tartrate TBCR	79	ZYTIGA (abiraterone acetate)	36
ZOMIG SOLN (zolmitriptan)	90	ZYVOX SUSR (linezolid)	32
ZOMIG SOLN 2.5 MG	90	ZYVOX TABS (linezolid)	32
ZOMIG TABS 2.5 MG, 5 MG (zolmitriptan)	90		
ZONEGRAN CAPS 100 MG (zonisamide)	19		
ZONEGRAN CAPS 25 MG (zonisamide)	19		
zonisamide CAPS 100 MG	19		
zonisamide CAPS 25 MG, 50 MG .	19		
ZORBTIVE SC	71		
ZORTRESS 0.25 MG, 0.5 MG, 0.75 MG (everolimus (immunosuppressant))	93		
ZOVIRAX CREA (acyclovir topical)			