

California

3 Tier with Specialty

Drug List (1020)

California Small and Large Group Members

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 All previous versions are no longer in effect.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

California Small and Large Group members

Go to

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

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

Small Group

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

Hours of Operation

8:00am – 6:00pm Monday through Friday

Large Group

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

Hours of Operation

8:00am – 6:00pm Monday through Friday

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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

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

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

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

How do I find a drug in the Drug List?

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

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

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

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

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

How are the drugs listed in the categorical list?

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

Example:

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

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

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

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

Generic Drug Example: *terbutaline sulfate tabs*

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

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

How much will I pay for my drugs?

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

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

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

Nonpreferred Generic Drugs

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

Tier Descriptions

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

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

Are there any limits on my drug coverage?

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

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

LA	Limited Access	<p>Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons:</p> <p>The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy.</p> <p>If the drug is approved, we will let you know how to get limited access drugs.</p>
PA	Prior Authorization	<p>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.</p>
PV	Preventive Drugs	<p>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.</p>
QL	Quantity Limit	<p>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.</p>
RX/OTC	Prescription & Over-the-Counter (OTC)	<p>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.</p>
SP	Specialty Drug	<p>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.</p>
ST	Step Therapy	<p>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.</p>

How often does the Drug List change?

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

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

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

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

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

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

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

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

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

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

Step Therapy Exception

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

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

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

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

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

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

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

Are all contraceptives covered?

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

What blood glucose supplies are covered?

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

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

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

Are preventive drugs covered?

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

What drugs are covered under my medical benefit?

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

Can I go to any pharmacy?

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

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

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

Can I use a mail order pharmacy?

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

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

Prescribing provider: This 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	1	
(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 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	1	QL(2 EA daily; 90 Day(s) limit)
<i>amphetamine-dextroamphetamine TABS</i>	1	
DESOXYN (<i>methamphetamine hcl</i>)	7	PA
DEXEDRINE CP24 10 MG, 15 MG (<i>dextroamphetamine sulfate</i>)	7	
<i>dextroamphetamine sulfate CP24</i>	1	
<i>dextroamphetamine sulfate SOLN</i>	1	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	
<i>lisdexamfetamine dimesylate CAPS</i>	2	QL(1 EA daily)
<i>lisdexamfetamine dimesylate CHEW</i>	2	QL(1 EA daily)
<i>methamphetamine hcl</i>	1	PA
VYVANSE CHEW	3	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
Analeptics		
<i>caffeine citrate SOLN PO</i>	1	
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (<i>phentermine hcl</i>)	4	Check plan documents for coverage; PA
<i>benzphetamine hcl 25 MG</i>	4	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		
CONTRACE	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>)	4	Check plan documents for coverage; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 EA daily)
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 EA daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 EA daily)
INTUNIV (<i>guanfacine hcl (adhd)</i>)	7	QL(1 EA daily)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (<i>atomoxetine hcl</i>)	7	QL(2 EA daily)
STRATTERA 60 MG, 80 MG, 100 MG (<i>atomoxetine hcl</i>)	7	QL(1 EA daily)
Stimulants - Misc.		

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

Drug Name	Drug Tier	Requirements/Limits
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	7	QL(1 EA daily)
<i>armodafinil</i>	1	ST; PA
<i>dexmethylphenidate hcl</i> CP24	1	QL(1 EA daily)
<i>dexmethylphenidate hcl</i> TABS	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</i> CHEW	1	
<i>methylphenidate hcl</i> CP24 60 MG	2	QL(1 EA daily; 90 EA per fill retail)
<i>methylphenidate hcl</i> CP24	1	QL(1 EA daily)
<i>methylphenidate hcl</i> CPCR	1	QL(1 EA daily)
<i>methylphenidate hcl</i> SOLN	1	
<i>methylphenidate hcl</i> TABS 5 MG, 10 MG	1	
<i>methylphenidate hcl</i> TABS 20 MG	1	QL(3 EA daily)
<i>methylphenidate hcl</i> TB24 18 MG, 27 MG, 54 MG	1	QL(1 EA daily; 90 EA per fill retail)
<i>methylphenidate hcl</i> TB24 36 MG	1	QL(2 EA daily; 180 EA per fill retail)
<i>methylphenidate hcl</i> TBCR 54 MG	1	QL(2 EA daily)
<i>methylphenidate hcl</i> TBCR 18 MG, 27 MG, 36 MG, 72 MG	1	QL(1 EA daily)
<i>methylphenidate hcl</i> TBCR 20 MG	1	QL(1 EA daily; 90 Day(s) limit)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> TBCR 10 MG	1	QL(1 EA daily; 90 EA per fill retail)
<i>methylphenidate PTCH</i>	2	QL(1 EA daily)
<i>modafinil</i>	1	QL(1 EA daily)
NUVIGIL (<i>armodafinil</i>)	7	ST; PA
PROVIGIL (<i>modafinil</i>)	7	QL(1 EA daily)
QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 EA daily); PA
QUILLICHEW ER CHER 30 MG	3	QL(2 EA daily); PA
QUILLIVANT XR SRER	3	QL(12 ML daily); PA
RELEXXII TBCR 72 MG	2	QL(1 EA daily)
RITALIN LA CP24 (<i>methylphenidate hcl</i>)	7	QL(1 EA daily)
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

ARIKAYCE	4	PA
BETHKIS NEBU (<i>tobramycin</i>)	4	PA
HUMATIN	2	
<i>neomycin sulfate</i> TABS	1	
<i>paromomycin sulfate</i>	1	
TOBI PODHALER CAPS	4	PA
TOBI NEBU (<i>tobramycin</i>)	4	PA
<i>tobramycin NEBU</i>	4	PA
<i>tobramycin NEBU</i>	4	SP; PA

ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions

Antirheumatic - Enzyme Inhibitors

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

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA	Gold Compounds		
HUMIRA (2 SYRINGE) PSKT	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA	AURANOFIN 3 MG	4	
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA	RIDAURA	4	
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA	Interleukin-1 Blockers		
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	Check plan documents for coverage; QL(2 EA per 365 day(s) retail); PA	ARCALYST	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HUMIRA-PED>=40KG CROHNS START PSKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA	Interleukin-6 Receptor Inhibitors		
HUMIRA-PED>=40KG UC STARTER AJKT	4	Check plan documents for coverage; QL(4 EA per 365 day(s) retail); SP; 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-PS/UV/ADOL HS STARTER AJKT	4	Check plan documents for coverage; QL(0.143 EA daily); 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-PSORIASIS/UEVIT STARTER AJKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
			(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
			(Indomethacin) INDOCIN SUPP	4	
			ANAPROX DS TABS (<i>naproxen sodium</i>)	7	
			ARTHROTEC TBEC (<i>diclofenac w/ misoprostol</i>)	7	
			CELEBREX 400 MG (<i>celecoxib</i>)	7	QL(2 EA daily); PA
			CELEBREX 50 MG, 100 MG, 200 MG (<i>celecoxib</i>)	7	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 EA daily)
<i>celecoxib 400 MG</i>	1	QL(2 EA daily); PA
DAYPRO TABS (<i>oxaprozin</i>)	7	
<i>diclofenac potassium TABS 50 MG</i>	1	
<i>diclofenac sodium TB24</i>	1	
<i>diclofenac sodium TBEC</i>	1	
<i>diclofenac w/ misoprostol TBEC</i>	1	
<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 TABS</i>	3	
<i>flurbiprofen TABS</i>	1	
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
<i>indomethacin CPR</i>	1	
<i>indomethacin SUPP</i>	4	
<i>indomethacin SUSP</i>	2	
<i>ketoprofen CP24</i>	2	
<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail)
LODINE TABS (<i>etodolac</i>)	7	
<i>meclofenamate sodium CAPS</i>	1	
<i>mefenamic acid CAPS</i>	2	
<i>meloxicam CAPS 10 MG</i>	3	PA
<i>meloxicam CAPS 5 MG</i>	3	ST; PA
<i>meloxicam TABS 15 MG</i>	1	QL(1 EA daily)
<i>meloxicam TABS 7.5 MG</i>	1	QL(2 EA daily)
<i>nabumetone 750 MG</i>	1	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>nabumetone 500 MG</i>	1	QL(4 EA daily)
NALFON TABS 600 MG	3	
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 150 MG</i>	1	QL(2 EA daily)
<i>sulindac TABS 200 MG</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA
OTEZLA TBPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 EA per 365 day(s) retail); SP; PA
Pyrimidine Synthesis Inhibitors		
ARAVA 20 MG (<i>leflunomide</i>)	7	QL(1 EA daily)
ARAVA 10 MG (<i>leflunomide</i>)	7	QL(2 EA daily)
<i>leflunomide 10 MG</i>	1	QL(2 EA daily)
<i>leflunomide 20 MG</i>	1	QL(1 EA daily)
Soluble Tumor Necrosis Factor Receptor Agents		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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 (BUTALBITAL-ACETAMIN-CAFF) 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 CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	
ENBREL SOSY 50 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ML daily); SP; PA	<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	
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 CAPS 50 MG-300 MG</i>	2	
			<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	
			<i>butalbital-acetaminophen TABS 50 MG-300 MG</i>	2	
			<i>butalbital-aspirin-caffeine CAPS</i>	1	
			ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	7	
			FIORICET CAPS (<i>butalbital-acetaminophen-caffeine</i>)	7	
			Salicylates		

ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions

Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	2	
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1	

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate LPOP 1600 MCG</i>	2	QL(4 EA daily); PA	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 EA daily)
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	PA	<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 EA daily)	<i>morphine sulfate SUPP</i>	2	
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	Limit 15 patches per month; QL(0.5 EA daily)	<i>morphine sulfate TABS</i>	1	
<i>hydrocodone bitartrate CP12</i>	2	PA	<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)
<i>hydrocodone bitartrate T24A</i>	2	PA	MS CONTIN TBCR (<i>morphine sulfate</i>)	7	QL(3 EA daily)
<i>hydromorphone hcl LIQD</i>	1		OXAYDO TABS 5 MG	2	
<i>hydromorphone hcl TABS</i>	1		<i>oxycodone hcl CAPS</i>	1	
<i>hydromorphone hcl TB24 32 MG</i>	2	QL(2 EA daily)	<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	2	QL(4 EA daily)	<i>oxycodone hcl SOLN</i>	1	
HYSINGLA ER T24A	3	PA	<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 EA daily)
<i>levorphanol tartrate TABS</i>	4	PA	<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	2		<i>oxymorphone hcl TABS 5 MG</i>	2	
<i>meperidine hcl TABS 50 MG</i>	1		<i>oxymorphone hcl TABS 10 MG</i>	2	QL(8 EA daily)
<i>methadone hcl CONC</i>	1		<i>oxymorphone hcl TB12</i>	2	QL(2 EA daily)
<i>methadone hcl SOLN PO</i>	1		ROXICODONE TABS 15 MG (<i>oxycodone hcl</i>)	7	
<i>methadone hcl TABS</i>	1	QL(12 EA daily)	ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	7	QL(4 EA daily)
<i>methadone hcl TBSO</i>	1		SUBSYS LIQD	4	PA
METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	7		<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)
METHADOSE CONC (<i>methadone hcl</i>)	7		<i>tramadol hcl TABS 100 MG</i>	1	
<i>morphine sulfate beads</i>	2	QL(1 EA daily)	<i>tramadol hcl TB24 300 MG</i>	2	
			<i>tramadol hcl TB24 200 MG</i>	2	QL(1 EA daily)
			<i>tramadol hcl TB24 100 MG</i>	2	QL(3 EA daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Opioid Combinations			<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)
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	3		<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 EA daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 EA daily)	<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	2	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 EA daily)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG</i>	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	1		<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	1	QL(4 EA daily)
<i>acetaminophen w/ codeine SOLN</i>	1		<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1	
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 EA daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 EA daily)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1		OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	3	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1		PERCOCET TABS 325 MG-5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(6 EA daily)
<i>butalbital-aspirin-caffeine w/cod</i>	3		PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(4 EA daily)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	7		PERCOCET TABS 325 MG-2.5 MG (<i>oxycodone w/ acetaminophen</i>)	7	
<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		PROLATE TABS	3	
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1		<i>tramadol-acetaminophen</i>	1	QL(8 EA daily)
			Opioid Partial Agonists		
			<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl dihydrate</i> FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	1	QL(3 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate</i> SUBL	1	QL(3 EA daily)
<i>buprenorphine hcl</i> SUBL 2 MG	1	QL(3 EA daily)
<i>buprenorphine hcl</i> SUBL 8 MG	1	QL(4 EA daily)
<i>buprenorphine PTWK 15 MCG/HR</i>	1	Limit 4 patches per 28 days; QL(4 EA per 28 day(s) retail)
<i>buprenorphine PTWK 20 MCG/HR</i>	1	Limit 4 patches per month; QL(4 EA per 28 day(s) retail)
<i>buprenorphine PTWK 5 MCG/HR</i>	1	QL(4 EA per 28 day(s) retail)
<i>buprenorphine PTWK</i>	1	Limited to 4 patches per month; QL(4 EA per 28 day(s) retail)
<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ML daily)
BUTRANS PTWK 7.5 MCG/HR (buprenorphine)	7	Limited to 4 patches per month; QL(4 EA per 28 day(s) retail)
<i>pentazocine w/ naloxone hcl</i>	1	
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	7	QL(3 EA daily)
SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	7	QL(2 EA daily)

ANDROGENS-ANABOLIC - Drugs to Regulate

Drug Name	Drug Tier	Requirements/Limits
Hormones		
Androgens		
(Methyltestosterone) METHITEST TABS	4	
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML per fill retail)
ANDROGEL PUMP GEL TD (testosterone)	7	Limited to 300 gms per month; QL(10 GM daily)
danazol CAPS	1	
FORTESTA GEL TD (testosterone)	7	QL(4 GM daily)
methyltestosterone CAPS	4	
TESTIM GEL TD (testosterone)	7	Limited to 300 gms per month; QL(10 GM daily); PA
testosterone cypionate SOLN IM	1	QL(10 ML per fill retail)
testosterone enanthate SOLN IM	1	
testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 1.62 %	1	Limited to 300 gms per month; QL(10 GM daily)
testosterone GEL TD 1 %	1	Limit 300gms per month; QL(10 GM daily)
testosterone GEL TD 10 MG/ACT	1	QL(4 GM daily)
testosterone GEL TD 1 %, 50 MG/5GM	1	Limited to 300 gms per month; QL(10 GM daily); PA
VOGELXO GEL TD (testosterone)	7	Limited to 300 gms per month; QL(10 GM daily); PA
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intra-rectal Steroids		

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (intrarectal)</i>	2	PA
CORTENEMA (<i>hydrocortisone (intrarectal)</i>)	7	QL(60 ML daily)
CORTIFOAM EX 10 %	2	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ML daily)
Rectal Combinations		
ANALPRAM-HC LOTN EX	3	
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		
(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		
<i>nitroglycerin (intra-anal)</i>	2	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1	QL(4 EA per fill retail)
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
<i>ivermectin</i>	1	QL(5 EA per fill retail); PA
<i>praziquantel</i>	2	
STROMEKTOL (<i>ivermectin</i>)	7	QL(5 EA per fill retail); PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		

Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine TB12 1000 MG</i>	1	
<i>ranolazine TB12 500 MG</i>	1	QL(4 EA daily)
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (<i>isosorbide dinitrate</i>)	7	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>isosorbide dinitrate TABS 40 MG</i>	2	
<i>isosorbide mononitrate TABS</i>	1	
ISOSORBIDE MONONITRATE TABS	2	
<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	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone 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		

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Drug Name	Drug Tier	Requirements/Limits
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam TABS</i>	1	
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	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 PO 5 MG/5ML</i>	1	
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 EA daily)
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 EA daily)
VALIUM TABS 10 MG (<i>diazepam</i>)	7	QL(4 EA daily)
VALIUM TABS 2 MG, 5 MG (<i>diazepam</i>)	7	
XANAX XR TB24 (<i>alprazolam</i>)	7	
XANAX TABS (<i>alprazolam</i>)	7	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		

Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate CAPS</i>	2	
NORPACE CR CP12	3	
<i>quinidine gluconate TBCR</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	2	
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 EA daily)
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 EA daily)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); SP; PA
FASENRA SOSY 10 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA
FASENRA SOSY 30 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); SP; PA

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NUCALA SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 ML daily); SP; PA	<i>tiotropium bromide monohydrate CAPS</i>	2	QL(1 EA daily)
NUCALA SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 EA daily); SP; PA	Leukotriene Modulators		
NUCALA SOSY 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 ML daily); SP; PA	<i>montelukast sodium CHEW</i>	1	QL(1 EA daily)
NUCALA SOSY 40 MG/0.4ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0144 ML daily); SP; PA	<i>montelukast sodium PACK</i>	1	QL(1 EA daily)
Anti-Inflammatory Agents			<i>montelukast sodium TABS</i>	1	QL(1 EA daily)
<i>cromolyn sodium NEBU</i>	1		SINGULAIR CHEW (<i>montelukast sodium</i>)	7	QL(1 EA daily)
Bronchodilators - Anticholinergics			SINGULAIR PACK (<i>montelukast sodium</i>)	7	QL(1 EA daily)
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 GM daily)	SINGULAIR TABS (<i>montelukast sodium</i>)	7	QL(1 EA daily)
INCRUSE ELLIPTA	2	QL(1 EA daily)	<i>zileuton TB12</i>	4	ST
<i>ipratropium bromide SOLN 0.02 %</i>	1		ZYFLO TABS	3	ST
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)	Selective Phosphodiesterase 4 (PDE4) Inhibitors		
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)	DALIRESP (<i>roflumilast</i>)	7	QL(1 EA daily)
			<i>roflumilast</i>	1	QL(1 EA daily)
			Steroid Inhalants		
			ARNUITY ELLIPTA	2	QL(1 EA daily)
			<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ML daily)
			<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ML daily)
			<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)
			<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)
			<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)
			<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)
			<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 GM daily)

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<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 GM daily)	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	7	QL(2 EA daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 EA daily)	<i>arformoterol tartrate</i>	2	QL(4 ML daily)
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 EA daily)	BREZTRI AEROSPHERE	2	QL(0.36 GM daily)
PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(4 ML daily)	<i>budesonide-formoterol fumarate dihydrate</i>	1	
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(2 ML daily)	COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 GM daily)
PULMICORT SUSP 0.25 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(8 ML daily)	<i>fluticasone furoate-vilanterol</i>	1	QL(2 EA daily)
QVAR REDHALER 80 MCG/ACT	2	QL(0.72 GM daily)	<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 EA daily)
Sympathomimetics			<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 GM daily)
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1		<i>formoterol fumarate NEBU</i>	2	QL(4 ML daily)
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)	<i>ipratropium-albuterol SOLN</i>	1	
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	7	QL(2 EA daily)	<i>levalbuterol hcl</i>	1	
<i>albuterol sulfate AERS</i>	1	QL(1.2 GM daily)	<i>levalbuterol tartrate</i>	1	QL(0.5 GM daily)
<i>albuterol sulfate AERS</i>	1	QL(0.47 GM daily)	PROAIR RESPICLIK AEPB	3	Limit 2 inhalers per month; QL(0.07 EA daily)
<i>albuterol sulfate NEBU</i>	1		SEREVENT DISKUS	2	QL(2 EA daily)
ALBUTEROL SULFATE NEBU	2		STIOLTO RESPIMAT	2	QL(0.14 GM daily)
<i>albuterol sulfate SYRP</i>	1		STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
<i>albuterol sulfate TABS</i>	1		SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	7	
			<i>terbutaline sulfate TABS</i>	1	

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
SABRIL TABS <i>(vigabatrin)</i>	4	
<i>tiagabine hcl</i>	2	
<i>vigabatrin PACK</i>	4	QL(6 EA daily)
<i>vigabatrin TABS</i>	4	
Hydantoins		
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN <i>(phenytoin sodium extended)</i>	7	
DILANTIN 30 MG	2	
DILANTIN INFATABS CHEW <i>(phenytoin)</i>	7	
DILANTIN-125 SUSP <i>(phenytoin)</i>	7	
DILANTIN SUSP <i>(phenytoin)</i>	7	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
<i>phenytoin CHEW</i>	1	
<i>phenytoin SUSP</i>	1	
Succinimides		
CELONTIN <i>(methsuximide)</i>	7	
<i>ethosuximide CAPS</i>	1	
<i>ethosuximide SOLN</i>	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	

Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE SPRINKLES CSDR <i>(divalproex sodium)</i>	7	
DEPAKOTE TBEC <i>(divalproex sodium)</i>	7	
<i>divalproex sodium CSDR</i>	1	
<i>divalproex sodium TB24</i>	1	
<i>divalproex sodium TBEC</i>	1	
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	
<i>valproic acid CAPS</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	
<i>mirtazapine TBDP</i>	1	
REMERON SOLTAB TBDP <i>(mirtazapine)</i>	7	
REMERON TABS 15 MG, 30 MG <i>(mirtazapine)</i>	7	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1	
<i>bupropion hcl TB12</i>	1	
<i>bupropion hcl TB24 450 MG</i>	2	
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 EA daily)
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	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	2	

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>saxagliptin-metformin hcl</i>	2	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
SYNJARDY TABS	2	QL(2 EA daily)
TRIJARDY XR	2	
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 EA daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)
Biguanides		
<i>metformin hcl SOLN</i>	2	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
Diabetic Other		
<i>diazoxide</i>	2	
GLUCAGON EMERGENCY	2	QL(1 EA per fill retail; 2 EA per 30 day(s) retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate 6.25 MG, 12.5 MG</i>	2	
<i>alogliptin benzoate 25 MG</i>	2	QL(1 EA daily)
JANUVIA	2	QL(1 EA daily)
<i>saxagliptin hcl</i>	1	QL(1 EA daily)
Incretin Mimetic Agents		
<i>liraglutide</i>	2	Not available through mail order; SP; PA

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Not available through Mail Order.; PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	Not available through Mail Order.; PA
OZEMPIC (2 MG/DOSE) SOPN	2	Not available through Mail Order.; PA
RYBELSUS TABS	2	Not available through mail order; PA
TRULICITY	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 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ML daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
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)
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)
INSULIN LISPRO PROT & LISPRO 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)
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	

Drug Name	Drug Tier	Requirements/Limits
<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		
<i>dapagliflozin propanediol</i>	1	QL(1 EA daily)
FARXIGA	2	QL(1 EA daily)
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
AMARYL (<i>glimepiride</i>)	7	
<i>glimepiride 1 MG, 2 MG, 4 MG</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		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI-DIARRHEAL CAPS	1	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
<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>	1	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>)	4	
JADENU SPRINKLE PACK (<i>deferasirox</i>)	4	PA
JADENU TABS (<i>deferasirox</i>)	4	PA

Antidotes and Specific Antagonists

ANDEXXA 200 MG	4	PA
VISTOGARD	4	

Opioid Antagonists

KLOXXADO LIQD	2	
<i>naloxone hcl LIQD</i>	1	QL(4 EA per 30 day(s) retail); RX/OTC
<i>naloxone hcl SOSY 2 MG/2ML</i>	1	
<i>naltrexone hcl</i>	1	
NARCAN LIQD (<i>naloxone hcl</i>)	7	QL(4 EA per 30 day(s) retail); RX/OTC

ANTIEMETICS - Drugs to Treat Nausea and

Drug Name	Drug Tier	Requirements/Limits
Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	ST; QL(2 EA per fill retail); PA
<i>granisetron hcl TABS</i>	1	Limit 2 per month; QL(2 EA daily); PA
<i>ondansetron hcl SOLN PO 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 4 MG, 8 MG</i>	1	QL(20 EA per fill retail)
SANCUSO PTCH	4	QL(1 EA per 21 day(s) retail); PA
Antiemetics - Anticholinergic		
(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW	1	RX/OTC
ANTIVERT CHEW (<i>meclizine hcl</i>)	7	RX/OTC
ANTIVERT TABS 50 MG (<i>meclizine hcl</i>)	7	
<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>meclizine hcl TABS 50 MG</i>	1	
<i>scopolamine</i>	1	
TRANSDERM-SCOP (<i>scopolamine</i>)	7	
<i>trimethobenzamide hcl CAPS</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	QL(2 EA per 28 day(s) retail)

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Drug Name	Drug Tier	Requirements/Limits
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	7	QL(4 EA daily)
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 EA daily)
<i>dronabinol CAPS 2.5 MG, 5 MG</i>	1	PA
<i>dronabinol CAPS 10 MG</i>	2	PA
MARINOL CAPS 2.5 MG, 5 MG (<i>dronabinol</i>)	7	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS 80 MG, 125 MG</i>	1	QL(1 EA per fill retail; 1 EA per 30 day(s) retail)
<i>aprepitant CAPS</i>	2	Limit 3 per month; QL(0.1 EA daily)
<i>aprepitant CAPS 40 MG</i>	1	Limit 2 per month; QL(0.07 EA daily)
<i>aprepitant MISC</i>	2	Limit 3 per month; QL(0.1 EA daily)
EMEND BIPACK CAPS 80 MG (<i>aprepitant</i>)	7	QL(1 EA per fill retail; 1 EA per 30 day(s) retail)
EMEND SUSR	3	QL(1 EA per 30 day(s) retail)
VARUBI (180 MG DOSE) TBPK	3	QL(4 EA per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON (<i>flucytosine</i>)	4	SP
<i>flucytosine</i>	4	SP
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 365 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	Not available through mail order
DIFLUCAN SUSR (<i>fluconazole</i>)	7	
DIFLUCAN TABS 100 MG, 150 MG, 200 MG (<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>	2	PA
<i>ketoconazole</i>	1	
<i>posaconazole SUSP</i>	2	
<i>posaconazole TBEC</i>	2	
SPORANOX CAPS (<i>itraconazole</i>)	7	ST; PA
VFEND TABS (<i>voriconazole</i>)	7	QL(2 EA daily)
<i>voriconazole SUSR</i>	2	
<i>voriconazole TABS</i>	1	QL(2 EA daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1	
<i>carbinoxamine maleate SUER</i>	2	
<i>carbinoxamine maleate TABS 4 MG</i>	1	
CARBINOXAMINE MALEATE TABS	3	
<i>clemastine fumarate SYRP</i>	1	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
RYVENT TABS	3	
Antihistamines - Non-Sedating		

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Drug Name	Drug Tier	Requirements/Limits
CLARINEX TABS (<i>desloratadine</i>)	3	ST; QL(1 EA daily); PA
<i>desloratadine</i> TABS	3	ST; QL(1 EA daily); PA
<i>desloratadine</i> TBDP 2.5 MG	3	ST; PA
<i>desloratadine</i> TBDP 5 MG	3	PA
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 EA daily)
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1	
<i>promethazine hcl</i> SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	1	
<i>promethazine hcl</i> SUPP 12.5 MG, 25 MG	1	
<i>promethazine hcl</i> TABS 50 MG	1	QL(3 EA daily)
<i>promethazine hcl</i> TABS 25 MG	1	QL(6 EA daily)
<i>promethazine hcl</i> TABS 12.5 MG	1	
Antihistamines - Piperidines		
<i>cyproheptadine hcl</i> SYRP	1	
<i>cyproheptadine hcl</i> TABS	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	QL(1 EA daily)
VYTORIN (<i>ezetimibe-simvastatin</i>)	7	QL(1 EA daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	2	PA
LOVAZA (<i>omega-3-acid ethyl esters</i>)	7	QL(4 EA daily)
<i>omega-3-acid ethyl esters</i>	1	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/Limits
VASCEPA (<i>icosapent ethyl</i>)	2	PA
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE PACK	1	
(Cholestyramine Light) PREVALITE POWD	1	
<i>cholestyramine light</i> PACK	1	
<i>cholestyramine light</i> POWD	1	
<i>cholestyramine</i> PACK	1	
<i>cholestyramine</i> POWD	1	
<i>colesevelam hcl</i> PACK	2	QL(1 EA daily)
<i>colesevelam hcl</i> TABS	2	QL(7 EA daily)
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	7	
COLESTID FLAVORED PACK (<i>colestipol hcl</i>)	7	
COLESTID GRAN (<i>colestipol hcl</i>)	7	
COLESTID PACK (<i>colestipol hcl</i>)	7	
COLESTID TABS (<i>colestipol hcl</i>)	7	
<i>colestipol hcl</i> GRAN	1	
<i>colestipol hcl</i> PACK	1	
<i>colestipol hcl</i> TABS	1	
QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	7	
QUESTRAN PACK (<i>cholestyramine</i>)	7	
QUESTRAN POWD (<i>cholestyramine</i>)	7	
Fibric Acid Derivatives		
<i>choline fenofibrate</i> 45 MG	1	
<i>choline fenofibrate</i> 135 MG	1	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1		<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>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 EA daily)			
<i>fenofibrate CAPS</i>	1		<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	1	QL(1 EA daily)
<i>fenofibrate TABS 48 MG</i>	1		<i>pravastatin sodium 40 MG</i>	1	QL(2 EA daily)
<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 EA daily)	<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily)
<i>fenofibrate TABS 54 MG</i>	1	QL(2 EA daily)	<i>simvastatin TABS</i>	1	QL(1 EA daily)
<i>fenofibric acid 105 MG</i>	1		ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	7	QL(1 EA daily)
FIBRICOR 105 MG (<i>fenofibric acid</i>)	7		Intestinal Cholesterol Absorption Inhibitors		
<i>gemfibrozil TABS</i>	1		<i>ezetimibe</i>	1	
LIPOFEN CAPS (<i>fenofibrate</i>)	7		ZETIA (<i>ezetimibe</i>)	7	
LOPID TABS (<i>gemfibrozil</i>)	7		Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
TRICOR TABS 145 MG (<i>fenofibrate</i>)	7	QL(1 EA daily)	JUXTAPID 10 MG, 20 MG, 30 MG	4	PA
TRICOR TABS 48 MG (<i>fenofibrate</i>)	7		JUXTAPID 5 MG	4	ST; PA
TRILIPIX 45 MG (<i>choline fenofibrate</i>)	7		Nicotinic Acid Derivatives		
TRILIPIX 135 MG (<i>choline fenofibrate</i>)	7	QL(1 EA daily)	(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
HMG CoA Reductase Inhibitors			<i>niacin (antihyperlipidemic) TABS</i>	1	
<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily)	<i>niacin (antihyperlipidemic) TBCR</i>	1	
CRESTOR TABS (<i>rosuvastatin calcium</i>)	7	QL(1 EA daily)	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
<i>fluvastatin sodium CAPS</i>	1	QL(1 EA daily)	PRALUENT SOAJ	4	PA
<i>fluvastatin sodium TB24</i>	1	QL(1 EA daily)	ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	7	QL(1 EA daily)	ACE Inhibitors		
LIPITOR TABS (<i>atorvastatin calcium</i>)	7	QL(1 EA daily)	<i>ACCUPRIL (quinapril hcl)</i>	7	
<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			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	7	QL(2 EA daily)	AVAPRO 150 MG, 300 MG (<i>irbesartan</i>)	7	
<i>benazepril hcl</i>	1		BENICAR 40 MG (<i>olmesartan medoxomil</i>)	7	QL(1 EA daily)
<i>captopril</i>	1		BENICAR 5 MG, 20 MG (<i>olmesartan medoxomil</i>)	7	
<i>enalapril maleate TABS</i>	1	QL(2 EA daily)	<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
<i>fosinopril sodium</i>	1		<i>candesartan cilexetil 32 MG</i>	1	QL(1 EA daily)
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1		COZAAR (<i>losartan potassium</i>)	7	
<i>lisinopril TABS 40 MG</i>	1	QL(2 EA daily)	DIOVAN TABS 160 MG (<i>valsartan</i>)	7	QL(2 EA daily)
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	7		DIOVAN TABS 40 MG, 80 MG, 320 MG (<i>valsartan</i>)	7	
<i>moexipril hcl</i>	1		EDARBI 80 MG	3	QL(1 EA daily)
<i>perindopril erbumine</i>	1		EDARBI 40 MG	3	
QBRELIS SOLN	3	QL(5 ML daily)	<i>irbesartan</i>	1	
<i>quinapril hcl</i>	1		<i>losartan potassium</i>	1	
<i>ramipril CAPS</i>	1	QL(2 EA daily)	MICARDIS 20 MG, 40 MG (<i>telmisartan</i>)	7	
<i>trandolapril</i>	1		MICARDIS 80 MG (<i>telmisartan</i>)	7	QL(1 EA daily)
VASOTEC TABS (<i>enalapril maleate</i>)	7	QL(2 EA daily)	<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
ZESTRIL TABS 40 MG (<i>lisinopril</i>)	7	QL(2 EA daily)	<i>olmesartan medoxomil 40 MG</i>	1	QL(1 EA daily)
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (<i>lisinopril</i>)	7		<i>telmisartan 80 MG</i>	1	QL(1 EA daily)
Agents for Pheochromocytoma			<i>telmisartan 20 MG, 40 MG</i>	1	
DEMSER (<i>metyrosine</i>)	4		<i>valsartan TABS 160 MG</i>	1	QL(2 EA daily)
DIBENZYLIN (<i>phenoxybenzamine hcl</i>)	7	Not available through mail	<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1	
<i>metyrosine</i>	4		Antiadrenergic Antihypertensives		
<i>phenoxybenzamine hcl</i>	1	Not available through mail	CARDURA (<i>doxazosin mesylate</i>)	7	
Angiotensin II Receptor Antagonists			<i>clonidine hcl TABS</i>	1	
ATACAND 4 MG, 8 MG, 16 MG (<i>candesartan cilexetil</i>)	7		<i>clonidine TB24</i>	3	
ATACAND 32 MG (<i>candesartan cilexetil</i>)	7	QL(1 EA daily)	<i>doxazosin mesylate</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>guanfacine hcl</i>	1		BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7	QL(1 EA daily)
<i>methyldopa TABS</i>	1		<i>bisoprolol & hydrochlorothiazide</i>	1	
MINIPRESS CAPS (<i>prazosin hcl</i>)	7		<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
NEXICLON XR TB24 (<i>clonidine</i>)	3		<i>captopril & hydrochlorothiazide</i>	1	
<i>prazosin hcl CAPS</i>	1		DIOVAN HCT 25 MG-160 MG (<i>valsartan-hydrochlorothiazide</i>)	7	QL(1 EA daily)
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1		DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (<i>valsartan-hydrochlorothiazide</i>)	7	
<i>terazosin hcl 10 MG</i>	1	QL(2 EA daily)	EDARBYCLOR	3	QL(1 EA daily)
Antihypertensive Combinations			<i>enalapril maleate & hydrochlorothiazide</i>	1	
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	7		EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (<i>amlodipine besylate-valsartan</i>)	7	
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1		EXFORGE 10 MG-160 MG (<i>amlodipine besylate-valsartan</i>)	7	QL(1 EA daily)
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 EA daily)	EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	7	
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1		<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 EA daily)	HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	7	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1		<i>irbesartan-hydrochlorothiazide</i>	1	
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	7		<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>atenolol & chlorthalidone</i>	1				
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	7				
<i>benazepril & hydrochlorothiazide</i>	1				
BENICAR HCT 12.5 MG-20 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7				

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<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)	TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	7	ST
<i>losartan potassium & hydrochlorothiazide</i>	1		<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	7		<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 EA daily)
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>)	7	QL(1 EA daily)	VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	7	
<i>metoprolol & hydrochlorothiazide TABS</i>	1		ZESTORETIC 25 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	QL(2 EA daily)
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	7		ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST	ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	7	
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1		Antihypertensives - Misc.		
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 EA daily)	VECAMYL	4	PA
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 EA daily)	Direct Renin Inhibitors		
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		<i>aliskiren fumarate</i>	1	
<i>telmisartan-amlodipine</i>	1		TEKTURNA (<i>aliskiren fumarate</i>)	7	
<i>telmisartan-hydrochlorothiazide</i>	1		Selective Aldosterone Receptor Antagonists (SARAs)		
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	7		<i>eplerenone</i>	1	
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	7		INSPRA (<i>eplerenone</i>)	7	
<i>trandolapril-verapamil hcl</i>	1		Vasodilators		
			<i>hydralazine hcl TABS</i>	1	
			<i>minoxidil 2.5 MG, 10 MG</i>	1	
			ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
			Anti-infective Agents - Misc.		

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IMPAVIDO	4		Lincosamides		
<i>metronidazole CAPS</i>	2		CLEOCIN (<i>clindamycin palmitate hydrochloride</i>)	7	
<i>metronidazole TABS 250 MG, 500 MG</i>	1		CLEOCIN (<i>clindamycin hcl</i>)	7	
<i>pentamidine isethionate IN</i>	2		<i>clindamycin hcl</i>	1	
<i>tinidazole</i>	1		<i>clindamycin palmitate hydrochloride</i>	1	
<i>trimethoprim TABS</i>	1		Oxazolidinones		
XIFAXAN 200 MG	3	Limit 9 per month; QL(9 EA per fill retail); PA	<i>linezolid SUSR</i>	1	QL(210 ML per 90 day(s) retail)
XIFAXAN 550 MG	3	QL(2 EA daily); PA	<i>linezolid TABS</i>	1	QL(20 EA per 90 day(s) retail)
Anti-infective Misc. - Combinations			SIVEXTRO TABS	2	QL(6 EA per 90 day(s) retail)
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1		ZYVOX SUSR (<i>linezolid</i>)	7	QL(210 ML per 90 day(s) retail)
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	7		ZYVOX TABS (<i>linezolid</i>)	7	QL(20 EA per 90 day(s) retail)
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	7		Urinary Anti-infectives		
<i>sulfamethoxazole-trimethoprim SUSP</i>	1		<i>fosfomycin tromethamine</i>	3	
<i>sulfamethoxazole-trimethoprim TABS</i>	1		MACROBID (<i>nitrofurantoin monohyd macro</i>)	7	
Antiprotozoal Agents			MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	7	
ALINIA SUSR	3		<i>methenamine hippurate</i>	2	
<i>atovaquone</i>	2		<i>methenamine mandelate</i>	1	
<i>nitazoxanide TABS</i>	2		MONUROL (<i>fosfomycin tromethamine</i>)	3	
Glycopeptides			<i>nitrofurantoin</i>	1	
VANCOGIN CAPS (<i>vancomycin hcl</i>)	7	QL(2 EA daily)	<i>nitrofurantoin macrocrystal</i>	1	
<i>vancomycin hcl CAPS</i>	1	QL(2 EA daily)	<i>nitrofurantoin monohyd macro</i>	1	
Leprostatics			ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
<i>dapsone 25 MG</i>	1		Antimalarial Combinations		
<i>dapsone 100 MG</i>	1	QL(4 EA daily)	<i>atovaquone-proguanil hcl</i>	1	

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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 day(s) retail)
<i>mefloquine hcl</i>	1	QL(6 EA per fill retail)
<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>	1	QL(2 EA daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	ST; PA
MESTINON TABS (<i>pyridostigmine bromide</i>)	7	
<i>pyridostigmine bromide SOLN PO</i>	2	PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	2	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	4	SP
<i>ethambutol hcl TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	7	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	2	
<i>rifampin CAPS</i>	1	
TRECTOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (<i>melfalan</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>melfalan</i>	1	AC
MYLERAN TABS	2	AC
<i>temozolomide CAPS</i>	2	SP; AC
Antimetabolites		
<i>capecitabine</i>	2	SP; AC
<i>mercaptopurine SUSP 2000 MG/100ML</i>	1	AC
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
ONUREG TABS	4	AC; PA
PURIXAN SUSP 2000 MG/100ML (<i>mercaptopurine</i>)	7	AC
TABLOID	2	AC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC	LENVIMA (4 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XATMEP SOLN PO	4	AC; PA		LENVIMA (8 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
Antineoplastic - Angiogenesis Inhibitors			Antineoplastic - Anti-HER2 Agents		
INLYTA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TUKYSA	4	PA; AC; AC; PA
LENVIMA (10 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	Antineoplastic - BCL-2 Inhibitors		
LENVIMA (12 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	VENCLEXTA STARTING PACK TBPK	4	PA; AC; AC; PA
LENVIMA (14 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	VENCLEXTA TABS 100 MG	4	PA; AC; QL(4 EA daily); AC; PA
LENVIMA (18 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	VENCLEXTA TABS 50 MG	4	PA; AC; AC; PA
LENVIMA (20 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	VENCLEXTA TABS 10 MG	4	PA; AC; QL(2 EA daily); AC; PA
LENVIMA (24 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	Antineoplastic - EGFR Inhibitors		
			<i>erlotinib hcl</i>	4	SP; AC; PA
			<i>gefitinib</i>	4	AC; AC
			GILOTRIF	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
			IRESSA (<i>gefitinib</i>)	4	AC; AC
			TAGRISO	4	SP; AC; PA
			TARCEVA (<i>erlotinib hcl</i>)	4	SP; AC; PA
			VIZIMPRO	4	PA; AC; AC; PA
			Antineoplastic - Hedgehog Pathway Inhibitors		
			DAURISMO	4	PA

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ERIVEDGE	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>megestrol acetate SUSP</i>	1	AC
			<i>megestrol acetate TABS</i>	1	AC
			NILANDRON (<i>nilutamide</i>)	4	SP; AC
			<i>nilutamide</i>	4	SP; AC
ODOMZO	4	AC	NUBEQA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
Antineoplastic - Hormonal and Related Agents			SOLTAMOX SOLN	5	PV; AC
(Abiraterone Acetate) ABIRTEGA 250 MG	4	SP; AC; PA	<i>tamoxifen citrate TABS</i>	5	PV; AC
<i>abiraterone acetate</i>	4	SP; AC; PA	<i>toremifene citrate</i>	2	AC
<i>anastrozole</i>	5	QL(1 EA daily); PV; AC	XTANDI CAPS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ARIMIDEX (<i>anastrozole</i>)	5	QL(1 EA daily); PV; AC			
AROMASIN (<i>exemestane</i>)	5	PV; AC	XTANDI TABS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>bicalutamide</i>	1	QL(1 EA daily); AC	YONSA	4	PA; AC; AC; PA
CASODEX (<i>bicalutamide</i>)	7	QL(1 EA daily); AC	ZYTIGA (<i>abiraterone acetate</i>)	4	SP; AC; PA
ELIGARD SC	3	PA	Antineoplastic - Immunomodulators		
EMCYT	2	AC	POMALYST	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ERLEADA 60 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	Antineoplastic - PDGFR-alpha Inhibitors		
ERLEADA 240 MG	4	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA	AYVAKIT 25 MG, 50 MG	4	QL(1 EA daily); SP; AC; PA
EULEXIN	2	AC	AYVAKIT 100 MG, 200 MG, 300 MG	4	PA; AC; QL(1 EA daily); SP; PA
<i>exemestane</i>	5	PV; AC	Antineoplastic - XPO1 Inhibitors		
FEMARA (<i>letrozole</i>)	7	AC	XPOVIO (100 MG ONCE WEEKLY) 50 MG	4	AC; PA
<i>letrozole</i>	1	AC	XPOVIO (40 MG ONCE WEEKLY) 40 MG	4	AC; PA
LUPRON DEPOT (1-MONTH) KIT IM	4	covered w-gender transformation diagnosis; PA required for other diagnosis			
LYSODREN	2	AC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XPOVIO (40 MG TWICE WEEKLY) 40 MG	4	AC; PA	ALUNBRIG TABS	4	PA; AC; AC; PA
XPOVIO (60 MG ONCE WEEKLY) 60 MG	4	AC; PA	ALUNBRIG TBPK	4	PA; AC; AC; PA
XPOVIO (60 MG TWICE WEEKLY)	4	SP; AC; PA	BALVERSA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG	4	AC; PA	BOSULIF CAPS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XPOVIO (80 MG TWICE WEEKLY)	4	SP; AC; PA	BOSULIF TABS 500 MG	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
Antineoplastic Combinations			BOSULIF TABS 100 MG, 400 MG	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
INQOVI	4	PA	BRAFTOVI 75 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
KISQALI FEMARA (200 MG DOSE)	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA	BRUKINSA	4	PA; AC; AC; PA
KISQALI FEMARA (400 MG DOSE)	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA	CABOMETYX TABS 40 MG	4	QL(2 EA daily); AC; PA
KISQALI FEMARA (600 MG DOSE)	3	PA;AC; Must use Acaria Specialty (844) 538-4661; AC; PA	CABOMETYX TABS 20 MG, 60 MG	4	QL(1 EA daily); AC; PA
LONSURF	4	SP; AC; PA	CALQUENCE	4	QL(2 EA daily); SP; AC; PA
Antineoplastic Enzyme Inhibitors			CAPRELSA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
(Everolimus) TORPENZ TABS	4	QL(1 EA daily); SP; AC; PA	COMETRIQ (100 MG DAILY DOSE) KIT	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA			
AFINITOR TABS (<i>everolimus</i>)	4	QL(1 EA daily); SP; AC; PA			
ALECENSA	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA			

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COMETRIQ (140 MG DAILY DOSE) KIT	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	IMBRUVICA CAPS 70 MG	4	QL(1 EA daily); SP; AC; PA
COMETRIQ (60 MG DAILY DOSE) KIT	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	IMBRUVICA CAPS 140 MG	4	QL(3 EA daily); SP; AC; PA
COPIKTRA	4	PA; AC; AC; PA	IMBRUVICA SUSP	4	QL(8 ML daily); SP; AC; PA
COTELLIC	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC; PA	IMBRUVICA TABS	4	QL(1 EA daily); SP; AC; PA
<i>dasatinib</i>	4	SP; AC; PA	INREBIC	4	PA; AC; AC; PA
<i>everolimus TABS</i>	4	QL(1 EA daily); SP; AC; PA	JAKAFI	4	PA; AC; QL(2 EA daily); AC; PA
<i>everolimus TBSO</i>	4	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA	KISQALI (200 MG DOSE)	3	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
IBRANCE CAPS	3	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	KISQALI (400 MG DOSE)	3	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
IBRANCE TABS	3	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	KISQALI (600 MG DOSE)	3	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
ICLUSIG	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	KOSELUGO	4	PA; AC; PA
IDHIFA	4	PA; AC; AC; PA	<i>lapatinib ditosylate</i>	4	SP; AC; PA
<i>imatinib mesylate TABS 400 MG</i>	2	QL(2 EA daily); AC; PA	LORBRENA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>imatinib mesylate TABS 100 MG</i>	2	QL(3 EA daily); AC; PA	LUMAKRAS 320 MG	4	QL(3 EA daily); PA
			LUMAKRAS 120 MG, 240 MG	4	QL(2 EA daily); PA
			LYNPARZA TABS	4	QL(4 EA daily); SP; AC; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEKINIST SOLR	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	QINLOCK	3	PA; AC; AC; PA
MEKINIST TABS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	RETEVMO CAPS	4	AC; PA
MEKTOVI	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ROZLYTREK CAPS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
NERLYNX	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA	ROZLYTREK PACK	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
NEXAVAR (<i>sorafenib tosylate</i>)	4	SP; AC; PA	RUBRACA	4	PA; AC; AC; PA
NINLARO	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(0.1 EA daily); SP; AC; PA	RYDAPT	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>pazopanib hcl</i>	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>sorafenib tosylate</i>	4	SP; AC; PA
PIQRAY (200 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	SPRYCEL (<i>dasatinib</i>)	4	SP; AC; PA
PIQRAY (250 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	STIVARGA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
PIQRAY (300 MG DAILY DOSE)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	2	QL(1 EA daily); SP; AC; PA
			<i>sunitinib malate 25 MG</i>	2	SP; AC; PA
			TABRECTA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
			TAFINLAR CAPS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
			TAFINLAR TBSO	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA

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Drug Name	Drug Tier	Requirements/Limits
TALZENNA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TASIGNA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TAZVERIK	4	SP; AC; PA
TIBSOVO	4	SP; AC; PA
TURALIO 125 MG	4	SP; AC; PA
TYKERB (<i>lapatinib ditosylate</i>)	4	SP; AC; PA
VERZENIO	4	QL(2 EA daily); AC; PA
VITRAKVI CAPS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
VITRAKVI SOLN	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
VOTRIENT (<i>pazopanib hcl</i>)	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XALKORI CAPS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XALKORI CPSP	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XOSPATA	4	PA; AC; AC; PA
ZEJULA TABS	4	SP; AC; PA

Drug Name	Drug Tier	Requirements/Limits
ZELBORAF	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ZOLINZA	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ZYDELIG	3	PA; AC; AC; PA
ZYKADIA TABS	4	Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	4	PA
ALFERON N	4	PA
<i>bexarotene</i>	4	SP; AC; PA
HYDREA (<i>hydroxyurea</i>)	7	AC
<i>hydroxyurea</i>	1	AC
MATULANE	4	AC
TARGRETIN (<i>bexarotene</i>)	4	SP; AC; PA
<i>tretinoin (chemotherapy)</i>	2	AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium TABS</i>	1	AC
<i>mesna TABS</i>	3	AC
MESNEX TABS	3	AC
Mitotic Inhibitors		
<i>etoposide CAPS</i>	2	SP; AC; PA
Topoisomerase I Inhibitors		
HYCANTIN CAPS	4	AC; Must use AcariaHlth SP pharmacy 1-844-538-4664; AC

ANTIPARKINSON AND RELATED THERAPY

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Drug Name	Drug Tier	Requirements/Limits
AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	2	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	2	
TASMAR (<i>tolcapone</i>)	4	
<i>tolcapone</i>	4	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>amantadine hcl TABS</i>	1	
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>carbidopa-levodopa TABS</i>	1	
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 EA daily)
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
<i>carbidopa-levodopa TBDP</i>	2	
DHIVY TABS	2	
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
NEUPRO	3	
PARLODEL CAPS (<i>bromocriptine mesylate</i>)	7	
PARLODEL TABS (<i>bromocriptine mesylate</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 EA daily)
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 EA daily)
<i>pramipexole dihydrochloride TB24 3 MG</i>	2	QL(1 EA daily)
<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</i>	2	
<i>ropinirole hydrochloride TABS</i>	1	
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	
<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 EA daily)
RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	3	QL(10 EA daily); PA
RYTARY CPCR 95 MG-23.75 MG	3	ST; QL(10 EA daily); PA
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	7	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (<i>rasagiline mesylate</i>)	7	
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl CAPS</i>	1	QL(2 EA daily)
<i>selegiline hcl TABS</i>	1	QL(2 EA daily)
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antimanic Agents			risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG		
<i>lithium</i>	1		risperidone TABS 3 MG	1	QL(2 EA daily)
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1		<i>risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 EA daily)	<i>risperidone TBDP 0.25 MG</i>	3	
<i>lithium carbonate TABS</i>	1		Butyrophenones		
<i>lithium carbonate TBCR</i>	1		<i>haloperidol lactate CONC</i>	1	
LITHOBID TBCR (<i>lithium carbonate</i>)	7		<i>haloperidol TABS</i>	1	
Antipsychotics - Misc.			Dibenzapines		
EQUETRO	3		<i>asenapine maleate</i>	2	
GEODON 60 MG, 80 MG (<i>ziprasidone hcl</i>)	7	QL(2 EA daily)	<i>clozapine TABS</i>	1	
GEODON 20 MG, 40 MG (<i>ziprasidone hcl</i>)	7		<i>clozapine TBDP</i>	2	
<i>lurasidone hcl</i>	2		CLOZARIL TABS (<i>clozapine</i>)	7	
NUPLAZID CAPS	4	QL(1 EA daily); PA	<i>loxapine succinate</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	3		<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
VRAYLAR CPPK	3		<i>olanzapine TBDP</i>	1	
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 EA daily)	<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1	
<i>ziprasidone hcl 20 MG, 40 MG</i>	1		<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 EA daily)
Benzisoxazoles			<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 EA daily)
INVEGA (<i>paliperidone</i>)	3		<i>quetiapine fumarate TB24</i>	1	
<i>paliperidone</i>	3		SEROQUEL XR TB24 (<i>quetiapine fumarate</i>)	7	
RISPERDAL SOLN (<i>risperidone</i>)	7		SEROQUEL TABS 25 MG, 50 MG, 100 MG (<i>quetiapine fumarate</i>)	7	
RISPERDAL TABS 3 MG (<i>risperidone</i>)	7	QL(2 EA daily)	SEROQUEL TABS 200 MG (<i>quetiapine fumarate</i>)	7	QL(4 EA daily)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (<i>risperidone</i>)	7				
<i>risperidone SOLN</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	7	QL(2 EA daily)
VERSACLOZ SUSP	4	QL(18 ML daily)
ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	7	
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (<i>olanzapine</i>)	7	
ZYPREXA TABS 15 MG, 20 MG (<i>olanzapine</i>)	7	QL(1 EA daily)
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>	2	
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	QL(2 EA daily)
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl 50 MG</i>	1	QL(4 EA daily)
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>trifluoperazine hcl TABS</i>	1	
Quinolone Derivatives		
ABILIFY TABS 20 MG (<i>aripiprazole</i>)	7	QL(1 EA daily)
ABILIFY TABS 15 MG (<i>aripiprazole</i>)	7	QL(2 EA daily)
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (<i>aripiprazole</i>)	7	
<i>aripiprazole SOLN PO</i>	1	
<i>aripiprazole TABS 20 MG</i>	1	QL(1 EA daily)
<i>aripiprazole TABS 15 MG</i>	1	QL(2 EA daily)
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
REXULTI	3	
Thioxanthenes		
<i>thiothixene</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate SOLN</i>	1	
<i>abacavir sulfate TABS</i>	1	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
APTIVUS CAPS	2	
<i>atazanavir sulfate CAPS</i>	1	
BIKTARVY	2	
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit
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)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate TABS</i>	1	
TIVICAY TABS 50 MG	2	
TRIUMEQ PD TBSO	2	
TRIUMEQ TABS	2	
TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	5	QL(1 EA daily); PV
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	7	QL(1 EA daily)
TYBOST	2	
VIRACEPT TABS	2	
VIREAD POWD	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	7	
ZIAGEN SOLN (<i>abacavir sulfate</i>)	7	
ZIAGEN TABS (<i>abacavir sulfate</i>)	7	
<i>zidovudine CAPS</i>	1	
<i>zidovudine SYRP</i>	1	
<i>zidovudine TABS</i>	1	
Antiviral Combinations		
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
PAXLOVID (150/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID (300/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
CMV Agents		
VALCYTE SOLR (<i>valganciclovir hcl</i>)	7	QL(21 ML daily)
VALCYTE TABS (<i>valganciclovir hcl</i>)	7	
<i>valganciclovir hcl SOLR</i>	1	QL(21 ML daily)
<i>valganciclovir hcl TABS</i>	1	
Hepatitis Agents		
<i>adefovir dipivoxil</i>	1	
BARACLUDE TABS (<i>entecavir</i>)	7	
<i>entecavir TABS</i>	1	
EPCLUSA PACK	2	SP; PA
EPCLUSA TABS 50 MG-200 MG	2	SP; PA
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Eplusa; SP; PA
<i>lamivudine (hbv) TABS</i>	2	
MAVYRET TABS	4	PA: Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
PEGASYS SOLN	4	PA
VEMLIDY	4	SP; ST
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Herpes Agents		
<i>acyclovir CAPS</i>	1	
<i>acyclovir SUSP</i>	1	
<i>acyclovir TABS PO 800 MG</i>	1	QL(5 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir TABS PO 400 MG</i>	1	
<i>famciclovir</i>	1	
SITAVIG TABS BU	3	PA
<i>valacyclovir hcl 1 GM</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)
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1	QL(10 EA per fill retail)
<i>oseltamivir phosphate SUSR</i>	1	QL(75 ML daily; 5 Day(s) limit)
RELENZA DISKHALER	3	QL(20 EA per fill retail)
<i>rimantadine hydrochloride TABS</i>	1	
TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	7	QL(10 EA per fill retail)
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	7	QL(75 ML daily; 5 Day(s) limit)
Misc. Antivirals		
LAGEVRIO	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
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	

Drug Name	Drug Tier	Requirements/Limits
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 100 MG, 200 MG, 300 MG</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	
CORGARD TABS 20 MG, 40 MG (<i>nadolol</i>)	7	
HEMANGEOL SOLN PO	3	PA
INDERAL LA CP24 (<i>propranolol hcl</i>)	7	
INDERAL XL	3	
INNOPRAN XL	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	
<i>pindolol TABS</i>	1	
<i>propranolol hcl CP24</i>	1	
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	
<i>propranolol hcl TABS</i>	1	
<i>sotalol hcl (afib/af)</i>	1	
<i>sotalol hcl TABS</i>	1	
<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 EA daily)
<i>timolol maleate TABS 10 MG</i>	1	QL(6 EA daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
(Diltiazem Hcl) DILT-XR CP24	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 EA daily)
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
CALAN SR TBCR 120 MG (<i>verapamil hcl</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
CALAN SR TBCR 180 MG, 240 MG (<i>verapamil hcl</i>)	7	QL(2 EA daily)
CARDIZEM CD CP24 (<i>diltiazem hcl coated beads</i>)	7	QL(1 EA daily)
CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	7	
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	7	
<i>diltiazem hcl coated beads CP24</i>	1	QL(1 EA daily)
<i>diltiazem hcl extended release beads</i>	1	
<i>diltiazem hcl CP12</i>	1	
<i>diltiazem hcl CP24</i>	1	
<i>diltiazem hcl TABS</i>	1	
<i>diltiazem hcl TB24</i>	1	
<i>felodipine 10 MG</i>	1	QL(1 EA daily)
<i>felodipine 2.5 MG, 5 MG</i>	1	
<i>isradipine CAPS</i>	1	
<i>nicardipine hcl CAPS</i>	1	
<i>nifedipine CAPS</i>	1	
<i>nifedipine TB24 30 MG, 60 MG</i>	1	
<i>nifedipine TB24</i>	1	QL(1 EA daily)
<i>nimodipine CAPS</i>	2	
<i>nimodipine SOLN</i>	3	
<i>nisoldipine</i>	2	
NORVASC TABS 2.5 MG (<i>amlodipine besylate</i>)	7	QL(2 EA daily)
NORVASC TABS 5 MG, 10 MG (<i>amlodipine besylate</i>)	7	QL(1 EA daily)
PROCARDIA XL TB24 (<i>nifedipine</i>)	7	QL(1 EA daily)
TIAZAC (<i>diltiazem hcl extended release beads</i>)	7	
<i>verapamil hcl CP24 120 MG, 240 MG</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	2	
<i>verapamil hcl CP24 180 MG</i>	1	QL(2 EA daily)
<i>verapamil hcl CP24 360 MG</i>	2	QL(1 EA daily)
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 EA daily)
<i>verapamil hcl TBCR 120 MG</i>	1	
VERELAN CP24 120 MG, 240 MG (<i>verapamil hcl</i>)	7	
VERELAN CP24 180 MG (<i>verapamil hcl</i>)	7	QL(2 EA daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1	
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	7	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	2	PA
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	7	
ENTRESTO CPSP	3	QL(2 EA daily); PA
ENTRESTO TABS	3	QL(2 EA daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
Impotence Agents		

Drug Name	Drug Tier	Requirements/Limits
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 day(s) retail); AL(At least 21 yrs old); PA
<i>sildenafil citrate</i>	1	Check Plan Documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	Check Plan Documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
<i>tadalafil 2.5 MG</i>	1	QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA
VIAGRA (<i>sildenafil citrate</i>)	7	Check Plan Documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 TEPK	4	SP; PA
ORENITRAM MONTH 2 TEPK	4	SP; PA
ORENITRAM MONTH 3 TEPK	4	SP; PA
ORENITRAM TBCR	4	PA
TYVASO DPI INSTITUTIONAL KIT POWD	4	QL(4 EA daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI MAINTENANCE KIT POWD	4	QL(8 EA daily); PA	TRACLEER TBSO	4	ST; PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 EA daily); PA	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
TYVASO DPI TITRATION KIT POWD	4	QL(9 EA daily); PA	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	3	QL(2 EA daily); PA
TYVASO DPI TITRATION KIT POWD	4	QL(7 EA daily); PA	ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	3	QL(2 EA daily); PA
TYVASO REFILL KIT SOLN IN	4	PA	<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	2	PA
TYVASO STARTER KIT SOLN IN	4	PA	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	2	QL(3 EA daily); PA
TYVASO SOLN IN	4	PA	<i>tadalafil (pulmonary hypertension) TABS</i>	3	QL(2 EA daily); PA
VENTAVIS IN	4	PA	Pulmonary Hypertension - Prostacyclin Receptor Agonist		
Pulmonary Hypertension - Endothelin Receptor Antagonists			UPTRAVI TITRATION TBPK	4	ST; PA
<i>ambrisentan</i>	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA	UPTRAVI TABS 200 MCG	4	ST; PA
<i>bosentan TABS 62.5 MG</i>	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 EA daily); PA
<i>bosentan TABS 125 MG</i>	4	ST; PA	Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
LETAIRIS (<i>ambrisentan</i>)	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA	ADEMPAS	4	PA
OPSUMIT	4	ST; PA	Sinus Node Inhibitors		
TRACLEER TABS 62.5 MG (<i>bosentan</i>)	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	CORLANOR SOLN	3	QL(15 ML daily); ST
TRACLEER TABS 125 MG (<i>bosentan</i>)	4	ST; PA	<i>ivabradine hcl TABS</i>	2	QL(2 EA daily); ST
			Transthyretin Stabilizers		
			VYNDAMAX	4	QL(1 EA daily); PA
			VYNDAQEL	4	QL(4 EA daily); PA
			CEPHALOSPORINS - Drugs to Treat Bacterial		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Infections					
Cephalosporins - 1st Generation					
<i>cefadroxil CAPS</i>	1		(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV
<i>cefadroxil SUSR</i>	1				
<i>cefadroxil TABS</i>	1				
<i>cephalexin CAPS</i>	1				
<i>cephalexin SUSR</i>	1				
Cephalosporins - 2nd Generation					
CEFACTOR ER TB12	3		(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV
<i>cefaclor CAPS</i>	1				
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1				
<i>cefprozil SUSR</i>	1				
<i>cefprozil TABS</i>	1				
<i>cefuroxime axetil TABS</i>	1				
Cephalosporins - 3rd Generation					
<i>cefdinir CAPS</i>	1		(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	5	PV
<i>cefdinir SUSR</i>	1				
<i>cefixime CAPS</i>	1				
<i>cefixime SUSR</i>	1				
<i>cefpodoxime proxetil SUSR</i>	1				
<i>cefpodoxime proxetil TABS</i>	1				
SUPRAX CAPS (<i>cefixime</i>)	7		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV
SUPRAX CHEW	3				
SUPRAX SUSR 200 MG/5ML (<i>cefixime</i>)	7				
SUPRAX SUSR 500 MG/5ML	3				
CONTRACEPTIVES - Drugs to Prevent Pregnancy					
Combination Contraceptives - Oral					
			(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV
			(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG	5	PV

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(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOZIA 1/35 (28)	5	PV	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOZIA 1/35 (28) 50 MCG-1 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS 0.03 MG-0.15 MG	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	5	PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	5	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS	5	PV	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	PV
			(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	PV
			(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG	5	PV

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

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(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	PV	MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	5	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV	MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	5	PV
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	5	PV	NATAZIA	5	PV
BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	PV	NEXTSTELLIS	5	PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	PV	<i>norethin acet & estrad-fe CAPS</i>	5	PV
<i>drospirenone-ethinyl estradiol</i>	5	PV	<i>norethin acet & estrad-fe CHEW</i>	5	PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	PV	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	PV
<i>ethynodiol diacet & eth estrad</i>	5	PV	<i>norethindrone & ethinyl estradiol-fe</i>	5	PV
GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	5	PV	<i>norethindrone acet & eth estra TABS</i>	5	PV
<i>levonorgestrel & eth estradiol TABS</i>	5	PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	PV
<i>levonorgestrel-eth estradiol (triphasic)</i>	5	PV	<i>norgestimate-ethinyl estradiol</i>	5	PV
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	PV	<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	PV	QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV
<i>levonorgestrel-ethinyl estradiol-iron</i>	5	PV	SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	PV
LO LOESTRIN FE TABS	5	PV	SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV	TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	5	PV
			TYBLUME CHEW	5	PV
			YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	5	PV
			YAZ (<i>drospirenone-ethinyl estradiol</i>)	5	PV
Combination Contraceptives - Transdermal					

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Drug Name	Drug Tier	Requirements/Limits
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV
<i>norelgestromin-ethinyl estradiol</i>	5	PV
TWIRLA	5	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV
ANNOVERA	5	PV
<i>etonogestrel-ethinyl estradiol</i>	5	PV
NUVARING <i>(etonogestrel-ethinyl estradiol)</i>	5	PV
Emergency Contraceptives		
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA 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>	5	PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		

Drug Name	Drug Tier	Requirements/Limits
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL	5	PV
<i>norethindrone (contraceptive)</i>	5	PV
OPILL	5	PV
SLYND	5	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	4	SP; PA
<i>budesonide TB24</i>	2	PA
CORTEF TABS <i>(hydrocortisone)</i>	7	
<i>deflazacort SUSP</i>	4	PA
<i>deflazacort TABS</i>	4	PA
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
EMFLAZA SUSP <i>(deflazacort)</i>	4	PA
EMFLAZA TABS <i>(deflazacort)</i>	4	PA
<i>hydrocortisone TABS</i>	1	
MEDROL TABS 4 MG, 8 MG, 16 MG <i>(methylprednisolone)</i>	7	
MEDROL TABS	2	
MEDROL TBPK <i>(methylprednisolone)</i>	7	
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBPK</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>)	7		(Guaifenesin-Codeine) GUAIFENESIN AC SYRP	1	
<i>prednisolone sodium phosphate SOLN 25 MG/5ML</i>	2		(Phenylephrine-Chlorphen-DM) ED-A-HIST DM, NOHIST-DM LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	1	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML</i>	1		(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
<i>prednisolone sodium phosphate TBDP</i>	2		(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAX ST ER, EQ MUCUS RELIEF D, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, FT MUCUS RELIEF-D, FT MUCUS RELIEF-D MAX STRENGTH, MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX STRENGTH, SM GUAIFENESIN/PSEUDOPHEDRINE TB12 600 MG-60 MG	1	
PREDNISON INTENSOL CONC	2				
<i>prednisone SOLN</i>	1				
<i>prednisone TABS</i>	1				
<i>prednisone TABS</i>	1				
<i>prednisone TBP</i>	1				
Mineralocorticoids					
<i>fludrocortisone acetate TABS</i>	1				
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms					
Antitussives					
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1				
<i>benzonatate</i>	1				
HYCODAN SOLN (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	7				
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1				
Cough/Cold/Allergy Combinations					
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1				

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(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAX STER, EQ MUCUS RELIEF D, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, FT MUCUS RELIEF-D, FT MUCUS RELIEF-D MAX STRENGTH, MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX STRENGTH, SM GUAIFENESIN/PSEUDOEPHEDRINE TB12	1		MAXI-TUSS PE MAX LIQD	2	
			M-END PE LIQD	3	
			MUCINEX D TB12 (<i>pseudoephedrine-guaifenesin</i>)	7	
			NEOTUSS PLUS LIQD	3	
			NINJACOF-XG LIQD	2	
			<i>promethazine w/codeine SOLN</i>	1	QL(30 ML daily)
			<i>promethazine w/codeine SYRP</i>	1	QL(30 ML daily)
			<i>promethazine-dm SYRP</i>	1	QL(30 ML daily)
			PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
(Pseudoephedrine-Guaifenesin) MUCUS RELIEF D, QC MUCUS RELIEF SINUS D TABS 400 MG-40 MG	1		PSE-DEXCHLORPHEN-CHLOPHEDIANOL	2	
ACTINEL PEDIATRIC LIQD	3		<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1	
CODITUSSIN AC LIQD	2		<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	1	
ED BRON GP LIQD	2		RYDEX	2	
GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC	TUSNEL C SYRP	3	
GILTUSS COUGH & COLD TABS	3		TUSNEL PEDIATRIC LIQD 50 MG/5ML-5 MG/5ML-15 MG/5ML	3	
GILTUSS SINUS & CONGESTION TABS	3	RX/OTC	TUSNEL TABS	3	
GLENMAX PEB LIQD	3		VANACOF	2	
<i>guaifenesin-codeine SOLN</i>	1		Expectorants		
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1				
LOHIST-DM SYRP	2				
MAR-COF BP	3				
MAR-COF CG EXPECTORANT LIQD	3				

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Drug Name	Drug Tier	Requirements/ Limits
(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	1	
guaifenesin TABS 400 MG	1	
potassium iodide (expectorant) SOLN	1	
SSKI SOLN (potassium iodide (expectorant))	7	
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1	
HYPERSAL NEBU (sodium chloride (inhalant))	7	
HYPERSAL NEBU	2	
NEBUSAL NEBU	3	
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %	1	
Mucolytics		
acetylcysteine SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	QL(45 GM per fill retail); RX/OTC
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	1	
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
(Erythromycin (Acne Aid)) ERY PADS	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 40 MG	1	QL(2 EA daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 20 MG	1	QL(5 EA daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 30 MG	1	QL(3 EA daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG	1	QL(4 EA daily; 150 Day(s) limit)
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	1	
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	

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(Tretinoin) AVITA CREA 0.025 %	1		CLINDAGEL GEL (clindamycin phosphate (topical))	7	
(Tretinoin) AVITA GEL 0.025 %	1		clindamycin phosphate (topical) FOAM	1	
ABSORICA 20 MG (isotretinoin)	7	QL(5 EA daily; 150 Day(s) limit)	clindamycin phosphate (topical) GEL	1	
ABSORICA 35 MG, 40 MG (isotretinoin)	7	QL(2 EA daily; 150 Day(s) limit)	clindamycin phosphate (topical) LOTN	1	
ABSORICA 30 MG (isotretinoin)	7	QL(3 EA daily; 150 Day(s) limit)	clindamycin phosphate (topical) SOLN	1	
ABSORICA 10 MG, 25 MG (isotretinoin)	7	QL(4 EA daily; 150 Day(s) limit)	clindamycin phosphate (topical) SWAB	1	
ACZONE 7.5 % (dapsona (topical))	7	QL(2 GM daily); PA	clindamycin phosphate-benzoyl peroxide (refrigerate)	1	
ACZONE 5 % (dapsona (topical))	7	PA	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	1	
adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	1	Limit 45gms per month; QL(1.5 GM daily)	clindamycin phosphate-tretinoin	2	QL(1 GM daily)
adapalene-benzoyl peroxide GEL 2.5 %-0.3 %	1	QL(1.5 GM daily); PA	dapsona (topical) 5 %	1	PA
adapalene CREA	1	QL(45 GM per fill retail)	dapsona (topical) 7.5 %	1	QL(2 GM daily); PA
adapalene GEL 0.3 %	1	QL(45 GM per fill retail; 135 per fill mail)	DIFFERIN CREA (adapalene)	7	QL(45 GM per fill retail)
adapalene GEL 0.1 %	1	QL(45 GM per fill retail); RX/OTC	DIFFERIN GEL 0.3 % (adapalene)	7	QL(45 GM per fill retail; 135 per fill mail)
ATRALIN GEL (tretinoin)	7	Limit 45gms per month; QL(1.5 GM daily)	DIFFERIN GEL 0.1 % (adapalene)	7	QL(45 GM per fill retail); RX/OTC
BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	7	QL(2 GM daily)	DIFFERIN LOTN	1	QL(1.97 ML daily)
benzoyl peroxide-erythromycin GEL	1	QL(2 GM daily)	EPIDUO FORTE GEL (adapalene-benzoyl peroxide)	7	QL(1.5 GM daily); PA
CLEOCIN-T LOTN (clindamycin phosphate (topical))	7		EPIDUO GEL (adapalene-benzoyl peroxide)	7	Limit 45gms per month; QL(1.5 GM daily)
			ERYGEL GEL (erythromycin (acne aid))	7	
			erythromycin (acne aid) GEL	1	

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<i>erythromycin (acne aid) SOLN</i>	1		<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 GM daily)	<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(30 GM per fill retail)
<i>isotretinoin 35 MG, 40 MG</i>	1	QL(2 EA daily; 150 Day(s) limit)	SULFACETAMIDE-SULFUR IN UREA EMUL	2	
<i>isotretinoin 10 MG, 25 MG</i>	1	QL(4 EA daily; 150 Day(s) limit)	TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
<i>isotretinoin 20 MG</i>	1	QL(5 EA daily; 150 Day(s) limit)	<i>tretinoin microsphere 0.08 %</i>	2	PA
<i>isotretinoin 30 MG</i>	1	QL(3 EA daily; 150 Day(s) limit)	<i>tretinoin microsphere 0.04 %, 0.1 %</i>	1	Limit 20gms per month; QL(0.67 GM daily)
KLARON (<i>sulfacetamide sodium (acne)</i>)	7		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
PLEXION CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	7		<i>tretinoin GEL 0.05 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)
PLEXION CREA (<i>sulfacetamide sodium w/ sulfur</i>)	7		<i>tretinoin GEL 0.01 %, 0.025 %</i>	1	
PLEXION LOTN (<i>sulfacetamide sodium w/ sulfur</i>)	7		Agents for External Genital and Perianal Warts		
RETIN-A MICRO (<i>tretinoin microsphere</i>)	7	Limit 20gms per month; QL(0.67 GM daily)	VEREGEN	3	QL(30 GM per fill retail)
RETIN-A MICRO PUMP 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	7	Limit 20gms per month; QL(0.67 GM daily)	Antibiotics - Topical		
RETIN-A CREA (<i>tretinoin</i>)	7		<i>gentamicin sulfate (topical) CREA</i>	1	
RETIN-A GEL (<i>tretinoin</i>)	7		<i>gentamicin sulfate (topical) OINT</i>	1	
<i>sulfacetamide sodium (acne)</i>	1		<i>mupirocin OINT</i>	1	
<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1		Antifungals - Topical		
<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	1		(Ciclopirox) CICLODAN SOLN	1	
			(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1	
			(Ketoconazole (Topical)) KETODAN FOAM	2	

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(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1		<i>nystatin (topical) POWD EX</i>	1	
<i>ciclopirox olamine CREA</i>	1		<i>nystatin-triamcinolone CREA</i>	1	
<i>ciclopirox olamine SUSP</i>	1		<i>nystatin-triamcinolone OINT</i>	1	
<i>ciclopirox GEL</i>	1		<i>oxiconazole nitrate CREA</i>	2	
<i>ciclopirox SHAM</i>	1		OXISTAT LOTN	3	
<i>ciclopirox SOLN</i>	1		<i>sulconazole nitrate CREA</i>	2	
<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 45gms per month; QL(1.5 GM daily)	<i>sulconazole nitrate SOLN</i>	1	
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ML daily)	VYTONE 1.9 %-1 % <i>(iodoquinol- hydrocortisone in aloe vehicle)</i>	7	
<i>econazole nitrate CREA</i>	1		Anti-inflammatory Agents - Topical		
ECOZA FOAM	3	Limit 70gms per month; QL(2.34 GM daily)	(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC
ERTACZO	4	PA	<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
EXELDERM CREA <i>(sulconazole nitrate)</i>	2		<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ML daily)
EXELDERM SOLN	2				
EXODERM	2				
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	1				
<i>ketoconazole (topical) CREA</i>	1	QL(2 GM daily)			
<i>ketoconazole (topical) FOAM</i>	2				
<i>ketoconazole (topical) SHAM 2 %</i>	1				
LOPROX SHAM <i>(ciclopirox)</i>	7				
LOPROX SUSP <i>(ciclopirox olamine)</i>	7				
<i>naftifine hcl CREA 2 %</i>	1				
<i>naftifine hcl CREA 1 %</i>	2				
<i>naftifine hcl GEL 2 %</i>	2				
<i>nystatin (topical) CREA</i>	1				
<i>nystatin (topical) OINT</i>	1				

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VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	7	RX/OTC	COSENTYX (300 MG DOSE) SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); SP; PA
Antineoplastic or Premalignant Lesion Agents - Topical			COSENTYX SENSOREADY (300 MG) SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); SP; PA
<i>bexarotene (topical)</i>	2		COSENTYX SENSOREADY PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); SP; PA
CARAC CREA	4	QL(1 GM daily)	COSENTYX UNOREADY SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); SP; PA
<i>diclofenac sodium (actinic keratoses) EX</i>	2	PA	COSENTYX SOSY 75 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.18 ML daily); SP; PA
<i>fluorouracil (topical) CREA 0.5 %</i>	4	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); SP; PA
<i>fluorouracil (topical) CREA 5 %</i>	2		DOVONEX CREA (<i>calcipotriene</i>)	7	QL(5 GM daily)
<i>fluorouracil (topical) SOLN</i>	1		<i>methoxsalen rapid</i>	2	
PANRETIN	3	PA			
VALCHLOR	4	ST; PA			
Antipruritics - Topical					
<i>doxepin hcl (antipruritic)</i>	2	QL(3 GM daily)			
Antipsoriatics					
(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)			
<i>acitretin 10 MG</i>	1	QL(1 EA daily)			
<i>acitretin 17.5 MG</i>	1				
<i>acitretin 25 MG</i>	1	QL(2 EA daily)			
<i>calcipotriene CREA</i>	1	QL(5 GM daily)			
<i>calcipotriene FOAM</i>	4	QL(4 GM daily)			
CALCIPOTRIENE FOAM	4	QL(4 GM daily)			
<i>calcipotriene OINT</i>	1	QL(5 GM daily)			
<i>calcipotriene SOLN</i>	1				
<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.34 GM daily)			

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SKYRIZI PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ML per 84 day(s) retail); SP; PA	TREMFYA PEN SOAJ 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA
SKYRIZI SOSY	4	Check Plan Documents for coverage; QL(1 ML per 84 day(s) retail); PA	TREMFYA SOSY 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA
SORILUX FOAM	4	QL(4 GM daily)	USTEKINUMAB SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
STELARA SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA	USTEKINUMAB SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA
STELARA SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ML daily); SP; PA	USTEKINUMAB SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ML daily); SP; PA
STELARA SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA	VECTICAL (<i>calcitriol (topical)</i>)	2	Limit 100gms per month; QL(3.34 GM daily)
<i>tazarotene CREA</i>	1	QL(1 GM daily)	Antiseborrheic Products		
<i>tazarotene GEL</i>	1	QL(1 GM daily)	OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	7	
TAZORAC CREA (<i>tazarotene</i>)	7	QL(1 GM daily)	OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	7	
TAZORAC GEL (<i>tazarotene</i>)	7	QL(1 GM daily)	<i>selenium sulfide LOTN 2.5 %</i>	1	
TREMFYA ONE-PRESS SOAJ 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA	SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	3	

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<i>sulfacetamide sodium LIQD</i>	1		<i>amcinonide OINT</i>	3	
Antivirals - Topical			APEXICON E CREA	2	
<i>acyclovir topical CREA</i>	1	QL(0.17 GM daily); PA	<i>betamethasone dipropionate (topical) CREA</i>	1	
<i>acyclovir topical OINT</i>	1	QL(1 GM daily)	<i>betamethasone dipropionate (topical) LOTN</i>	1	
ZOVIRAX CREA (<i>acyclovir topical</i>)	7	QL(0.17 GM daily); PA	<i>betamethasone dipropionate (topical) OINT</i>	1	
ZOVIRAX OINT (<i>acyclovir topical</i>)	7	QL(1 GM daily)	Burn Products		
(Silver Sulfadiazine) SSD			<i>betamethasone dipropionate augmented CREA</i>	1	
<i>mafenide acetate PACK</i>	2		<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	
SILVADENE (<i>silver sulfadiazine</i>)	7		<i>betamethasone dipropionate augmented LOTN</i>	1	
<i>silver sulfadiazine</i>	1		<i>betamethasone dipropionate augmented OINT</i>	1	
SULFAMYLLON CREA	3		<i>betamethasone valerate CREA</i>	1	
Corticosteroids - Topical			<i>betamethasone valerate FOAM</i>	2	
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1		<i>betamethasone valerate LOTN</i>	1	
(Clobetasol Propionate Emulsion) TOVET	2		<i>betamethasone valerate OINT</i>	1	
(Clobetasol Propionate) CLODAN SHAM	1		<i>calcipotriene-betamethasone dipropionate OINT</i>	2	QL(2 GM daily); ST
(Desonide) DESRX GEL	2		<i>calcipotriene-betamethasone dipropionate SUSP</i>	2	QL(2 GM daily); ST
(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %	2		<i>clobetasol propionate emollient base 0.05 %</i>	1	
(Hydrocortisone (Topical)) ALA-CORT CREA 2.5 %	1		<i>clobetasol propionate emulsion</i>	2	
(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	2		<i>clobetasol propionate CREA 0.05 %</i>	1	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.1 %, 0.5 %	1				
<i>alclometasone dipropionate CREA</i>	1				
<i>alclometasone dipropionate OINT</i>	1				

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<i>clobetasol propionate</i> FOAM	2		<i>diflorasone diacetate</i> CREA	2	
<i>clobetasol propionate</i> GEL 0.05 %	1		<i>diflorasone diacetate</i> OINT	2	
<i>clobetasol propionate</i> LIQD	2		DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	7	
<i>clobetasol propionate</i> LOTN	1		EPIFOAM FOAM	3	
<i>clobetasol propionate</i> OINT 0.05 %	1		<i>fluocinolone acetonide</i> CREA	1	
<i>clobetasol propionate</i> SHAM	1		<i>fluocinolone acetonide</i> OIL	1	
<i>clobetasol propionate</i> SOLN 0.05 %	1		<i>fluocinolone acetonide</i> OINT	1	
CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	7		<i>fluocinolone acetonide</i> SOLN	1	
CLOBEX SHAM (<i>clobetasol propionate</i>)	7		<i>fluocinonide emulsified base</i>	1	
<i>clocortolone pivalate</i>	1		<i>fluocinonide CREA</i>	1	
CLODERM (<i>clocortolone pivalate</i>)	7		<i>fluocinonide GEL</i>	1	
CORDRAN TAPE	3		<i>fluocinonide OINT</i>	1	
DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	7		<i>fluocinonide SOLN</i>	1	
DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	7		<i>fluticasone propionate CREA 0.05 %</i>	1	
<i>desonide CREA</i>	1		<i>fluticasone propionate LOTN</i>	1	
<i>desonide GEL</i>	2		<i>fluticasone propionate OINT</i>	1	
<i>desonide LOTN</i>	1		<i>halobetasol propionate CREA</i>	1	
<i>desonide OINT</i>	1		<i>halobetasol propionate OINT</i>	1	
DESOWEN CREA (<i>desonide</i>)	7		<i>hydrocortisone (topical) CREA 2.5 %</i>	1	
<i>desoximetasone CREA</i>	1		<i>hydrocortisone (topical) LOTN 2.5 %</i>	1	
<i>desoximetasone GEL</i>	1		<i>hydrocortisone (topical) LOTN 2 %</i>	2	
<i>desoximetasone LIQD</i>	2	ST	<i>hydrocortisone (topical) OINT 2.5 %</i>	1	
<i>desoximetasone OINT 0.25 %</i>	1		<i>hydrocortisone (topical) SOLN 2.5 %</i>	2	
<i>desoximetasone OINT 0.05 %</i>	2				

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<i>hydrocortisone butyrate hydrophilic lipo base</i>	1		<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>hydrocortisone butyrate CREA</i>	1		<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>hydrocortisone butyrate LOTN</i>	2	PA	<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>hydrocortisone butyrate OINT</i>	1		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>hydrocortisone butyrate SOLN</i>	1		TRIDESILON CREA 0.05 % (<i>desonide</i>)	7	
<i>hydrocortisone valerate CREA</i>	1		ULTRAVATE LOTN	3	ST; PA
<i>hydrocortisone valerate OINT</i>	1		VANOS CREA (<i>fluocinonide</i>)	7	
KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	7		Eczema Agents		
LOCOID LIPOCREAM	2		DUPIXENT SOAJ 200 MG/1.14ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); SP; PA
<i>mometasone furoate CREA</i>	1		DUPIXENT SOAJ 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); SP; PA
<i>mometasone furoate OINT</i>	1		DUPIXENT SOSY 200 MG/1.14ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); SP; PA
<i>mometasone furoate SOLN</i>	1		DUPIXENT SOSY 100 MG/0.67ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.048 ML daily); SP; PA
PRAMOSONE LOTN	3				
PRAMOSONE OINT 2.5 %-1 %	2				
PRAMOSONE OINT 1 %-1 %	3				
SYNALAR CREA (<i>fluocinolone acetonide</i>)	7				
SYNALAR OINT (<i>fluocinolone acetonide</i>)	7				
SYNALAR SOLN (<i>fluocinolone acetonide</i>)	7				
TOPICORT CREA (<i>desoximetasone</i>)	7				
TOPICORT GEL (<i>desoximetasone</i>)	7				
TOPICORT OINT 0.25 % (<i>desoximetasone</i>)	7				

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DUPIXENT SOSY 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); SP; PA	SALIMEZ CREA	3	
			SALYCIM CREA	3	
Enzymes - Topical			Local Anesthetics - Topical		
SANTYL OINT	3		(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	QL(3 EA daily)
Immunomodulating Agents - Topical			<i>lidocaine-prilocaine CREA</i>	1	
<i>imiquimod 5 %</i>	1		<i>lidocaine PTCH 5 %</i>	1	QL(3 EA daily)
Immunosuppressive Agents - Topical			LIDODERM PTCH (<i>lidocaine</i>)	7	QL(3 EA daily)
ELIDEL (<i>pimecrolimus</i>)	7	QL(60 GM per fill retail)	Misc. Topical		
<i>pimecrolimus</i>	1	QL(60 GM per fill retail)	DRYSOL SOLN	2	
PROTOPIC OINT 0.1 % (<i>tacrolimus (topical)</i>)	7	QL(2 GM daily); AL(At least 15 yrs old)	XERAC AC	3	
PROTOPIC OINT 0.03 % (<i>tacrolimus (topical)</i>)	7	QL(2 GM daily); AL(At least 2 yrs old)	Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 GM daily); AL(At least 2 yrs old)	EUCRISA	3	ST; Limited to 60 gm per month; QL(2 GM daily); PA
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 GM daily); AL(At least 15 yrs old)	Rosacea Agents		
Keratolytic/Antimitotic/Vesicant Agents			<i>azelaic acid GEL</i>	1	
(Salicylic Acid) KERALYT SHAM 6 %	1		<i>brimonidine tartrate (topical)</i>	2	PA
BENSAL HP OINT	3	RX/OTC	<i>doxycycline (rosacea)</i>	2	QL(1 EA daily); PA
MG217 PSORIASIS MULTI-SYMPATOM OINT	3	RX/OTC	FINACEA FOAM	3	
PODOCON-25 SOLN	3		FINACEA GEL (<i>azelaic acid</i>)	7	
<i>podofilox GEL</i>	2		<i>ivermectin (rosacea)</i>	1	QL(1.5 GM daily); PA
<i>podofilox SOLN</i>	1		METROCREAM CREA (<i>metronidazole (topical)</i>)	7	
SALICYLIC ACID OINT	3	RX/OTC	METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	7	
<i>salicylic acid SHAM 6 %</i>	1		METROLOTION LOTN (<i>metronidazole (topical)</i>)	7	QL(60 ML per fill retail)
<i>salicylic acid SOLN 26 %</i>	2		<i>metronidazole (topical) CREA</i>	1	
			<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 GM per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole (topical) GEL 1 %</i>	1	
<i>metronidazole (topical) LOTN</i>	1	QL(60 ML per fill retail)
RHOFADE	3	ST; PA
SOOLANTRA (<i>ivermectin (rosacea)</i>)	7	QL(1.5 GM daily); PA
Scabicides & Pediculicides		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN	1	
ELIMITE CREA (<i>permethrin</i>)	7	QL(60 GM per fill retail)
<i>ivermectin (pediculicide)</i>	1	
<i>malathion</i>	2	
<i>permethrin CREA</i>	1	QL(60 GM per fill retail)
SKLICE (<i>ivermectin (pediculicide)</i>)	7	
<i>spinosad</i>	2	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
COVID-19 FLU A&B 3-IN-1 TEST	5	PV
FLOWFLEX PLUS COVID-19/FLU A/B	5	PV
FREESTYLE INSULINX TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LITE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
KETONE TEST STRP	2	QL(50 EA per fill retail)
KETOSTIX STRP	2	QL(50 EA per fill retail)
ONETOUCH ULTRA BLUE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUCH ULTRA TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUCH VERIO STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
PRECISION XTRA KETONE	2	QL(0.36 EA daily)
SPEEDY SWAB COVID-19/FLU HOME	5	PV

DIGESTIVE AIDS - Drugs to Treat Low Digestive

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Enzymes			Enzymes		
Digestive Enzymes			Digestive Enzymes		
CREON CPEP	2		MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(2 EA daily)
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		MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(1 EA daily)
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2		<i>spironolactone & hydrochlorothiazide</i>	1	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
Carbonic Anhydrase Inhibitors			<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 EA daily)
<i>acetazolamide CP12</i>	1	QL(2 EA daily)	<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 EA daily)
<i>acetazolamide TABS 250 MG</i>	1	QL(4 EA daily)	Loop Diuretics		
<i>acetazolamide TABS 125 MG</i>	1		<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
<i>methazolamide TABS</i>	1		<i>bumetanide TABS 2 MG</i>	1	QL(5 EA daily)
Diuretic Combinations			BUMEX TABS 0.5 MG (<i>bumetanide</i>)	7	
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	7		<i>ethacrynic acid</i>	2	ST
<i>amiloride & hydrochlorothiazide</i>	1		<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	
			<i>furosemide TABS</i>	1	
			LASIX TABS (<i>furosemide</i>)	7	
			<i>torseamide TABS 100 MG</i>	1	QL(2 EA daily)
			<i>torseamide TABS 5 MG, 10 MG, 20 MG</i>	1	
			Potassium Sparing Diuretics		
			ALDACTONE TABS (<i>spironolactone</i>)	7	
			<i>amiloride hcl TABS</i>	1	
			<i>spironolactone TABS</i>	1	
			<i>triamterene CAPS</i>	2	
			Thiazides and Thiazide-Like Diuretics		
			<i>chlorthalidone 25 MG, 50 MG</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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		
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>	2	
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	Limit 4 per 28 days; QL(0.15 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>)	4	PA
PROLIA SOSY	4	PA
<i>risedronate sodium TABS 35 MG</i>	1	Limit 4 for 28 days; QL(0.15 EA daily)
<i>risedronate sodium TABS 150 MG</i>	1	Limit 1 per month; QL(0.04 EA daily)
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>teriparatide SOPN</i>	4	SP; PA
TYMLOS	4	PA
Fertility Regulators		
(Clomiphene Citrate) CLOMID TABS	1	QL(15 EA per 30 day(s) retail)
<i>clomiphene citrate TABS</i>	1	QL(15 EA per 30 day(s) retail)
Growth Hormone Receptor Antagonists		
SOMAVERT	4	PA
Growth Hormone Releasing Hormones (GHRH)		
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>)	5	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 (6 MONTH) SC	3	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis	MYALEPT	4	PA
			<i>nitisinone CAPS</i>	4	PA
			ORFADIN CAPS (<i>nitisinone</i>)	4	PA
SYNAREL	2		ORFADIN SUSP	4	PA
Metabolic Modifiers			PALYNZIQ	4	PA
(Sapropterin Dihydrochloride) JAVYGTOR PACK	4	Specialty Drug refer to Caremark SP RX	<i>paricalcitol CAPS 1 MCG, 2 MCG</i>	1	
(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	Specialty Drug refer to Caremark SP RX	<i>paricalcitol CAPS 4 MCG</i>	2	
<i>betaine</i>	4	PA	ROCALTROL CAPS 0.5 MCG (<i>calcitriol</i>)	7	QL(4 EA daily)
<i>calcitriol CAPS 0.25 MCG</i>	1		ROCALTROL CAPS 0.25 MCG (<i>calcitriol</i>)	7	
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 EA daily)	ROCALTROL SOLN PO (<i>calcitriol</i>)	7	
<i>calcitriol SOLN PO</i>	1		<i>sapropterin dihydrochloride PACK</i>	4	Specialty Drug refer to Caremark SP RX
CARNITOR SF SOLN PO (<i>levocarnitine (metabolic modifiers)</i>)	7		<i>sapropterin dihydrochloride TABS</i>	4	Specialty Drug refer to Caremark SP RX
CARNITOR SOLN PO 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	7		<i>sodium phenylbutyrate POWD</i>	2	PA
<i>cinacalcet hcl</i>	2	PA	<i>sodium phenylbutyrate TABS</i>	2	PA
CYSTADANE (<i>betaine</i>)	4	PA	STRENSIQ	4	PA
<i>doxercalciferol CAPS</i>	2		ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	7	
GALAFOLD	4	QL(0.5 EA daily); PA	Posterior Pituitary Hormones		
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	4	Specialty Drug refer to Caremark SP RX	DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)	7	QL(6 EA daily)
KUVAN TABS (<i>sapropterin dihydrochloride</i>)	4	Specialty Drug refer to Caremark SP RX	DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)	7	
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1		<i>desmopressin acetate spray</i>	1	
<i>levocarnitine (metabolic modifiers) TABS</i>	2		<i>desmopressin acetate spray refrigerated 0.01 %</i>	1	
			DESMOPRESSIN ACETATE SOLN NA	3	

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<i>desmopressin acetate</i> TABS 0.1 MG	1	
<i>desmopressin acetate</i> TABS 0.2 MG	1	QL(6 EA daily)
Progesterone Receptor Antagonists		
MIFEPREX <i>(mifepristone)</i>	5	PV
<i>mifepristone</i>	5	PV
Prolactin Inhibitors		
<i>cabergoline</i>	1	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	4	PA
<i>octreotide acetate SOSY</i>	4	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	4	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	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	

Drug Name	Drug Tier	Requirements/Limits
ACTIVEVELLA 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	
DUAVEE	3	
<i>estradiol & norethindrone acetate TABS</i>	1	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
ORIAHNN	4	PA
PREMPHASE	2	QL(1 EA daily)
PREMPRO	2	QL(1 EA daily)
Estrogens		
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	7	Limit 4 per 28 days; QL(0.15 EA daily)
DELESTROGEN (<i>estradiol valerate</i>)	7	QL(5 ML per fill retail)
DIVIGEL GEL (<i>estradiol</i>)	7	
ELESTRIN GEL	3	QL(1.74 GM daily)
ESTRACE TABS (<i>estradiol</i>)	7	
<i>estradiol valerate</i>	1	QL(5 ML per fill retail)
<i>estradiol GEL</i>	1	
<i>estradiol GEL</i>	1	Limit 50gms per month; QL(1.67 GM daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>estradiol PTTW</i>	1	QL(0.29 EA daily)	OCALIVA 5 MG	4	ST; QL(1 EA daily); PA
<i>estradiol PTWK</i>	1	Limit 4 per 28 days; QL(0.15 EA daily)	Gallstone Solubilizing Agents		
<i>estradiol TABS</i>	1		(Chenodiol) CHENODAL	4	PA
ESTROGEL GEL (<i>estradiol</i>)	7	Limit 50gms per month; QL(1.67 GM daily)	CTEXLI 250 MG	4	PA
EVAMIST SOLN	3	QL(0.27 ML daily)	URSO 250 TABS (<i>ursodiol</i>)	7	
MENEST 2.5 MG	2	QL(3 EA daily)	URSO FORTE TABS (<i>ursodiol</i>)	7	
MENEST 0.3 MG, 0.625 MG, 1.25 MG	2	QL(1 EA daily)	<i>ursodiol CAPS</i>	1	
MENOSTAR PTWK	3	Limit 4 per 28 days; QL(0.15 EA daily)	<i>ursodiol TABS</i>	1	
MINIVELLE PTTW (<i>estradiol</i>)	7	QL(0.29 EA daily)	Gastrointestinal Chloride Channel Activators		
PREMARIN TABS	2	QL(1 EA daily)	AMITIZA (<i>lubiprostone</i>)	7	
VIVELLE-DOT PTTW (<i>estradiol</i>)	7	QL(0.29 EA daily)	<i>lubiprostone</i>	1	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections			Gastrointestinal Stimulants		
Fluoroquinolones			<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	2	
<i>ciprofloxacin hcl TABS</i>	1		<i>metoclopramide hcl TABS</i>	1	
CIPRO SUSR	2		<i>metoclopramide hcl TBDP</i>	2	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	7		REGLAN TABS (<i>metoclopramide hcl</i>)	7	
<i>levofloxacin SOLN PO</i>	1		Inflammatory Bowel Agents		
<i>levofloxacin TABS</i>	1	QL(14 EA per fill retail)	APRISO CP24 (<i>mesalamine</i>)	7	QL(4 EA daily)
<i>moxifloxacin hcl TABS</i>	1		ASACOL HD TBEC (<i>mesalamine</i>)	7	
<i>ofloxacin 400 MG</i>	2	QL(28 EA per 90 day(s) retail)	AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	7	QL(8 EA daily)
<i>ofloxacin 300 MG</i>	1		AZULFIDINE TABS (<i>sulfasalazine</i>)	7	QL(8 EA daily)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			<i>balsalazide disodium CAPS</i>	1	QL(9 EA daily; 280 EA per fill retail)
Farnesoid X Receptor (FXR) Agonists			COLAZAL CAPS (<i>balsalazide disodium</i>)	7	QL(9 EA daily; 280 EA per fill retail)
OCALIVA 10 MG	4	QL(1 EA daily); PA	DELZICOL CPDR (<i>mesalamine</i>)	7	QL(6 EA daily)
			DIPENTUM	3	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine CP24</i>	1	QL(4 EA daily)	Intestinal Acidifiers		
<i>mesalamine CPCR</i>	2	QL(8 EA daily); PA	(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
<i>mesalamine CPDR</i>	1	QL(6 EA daily)	<i>lactulose (encephalopathy)</i>	1	
<i>mesalamine ENEM</i>	1	QL(60 ML daily)	Irritable Bowel Syndrome (IBS) Agents		
<i>mesalamine SUPP</i>	2	QL(1 EA daily)	<i>alose tron hcl</i>	2	
<i>mesalamine TBEC 1.2 GM</i>	2	QL(4 EA daily)	LINZESS	2	QL(1 EA daily)
<i>mesalamine TBEC 800 MG</i>	1		VIBERZI	3	PA
PENTASA CPCR 250 MG	3	PA	Peripheral Opioid Receptor Antagonists		
PENTASA CPCR 500 MG	3	QL(8 EA daily); PA	<i>alvimopan</i>	4	
SFROWASA ENEM	2		ENTEREG (<i>alvimopan</i>)	4	
SKYRIZI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 1 package(s) per fill retail; SP; PA	MOVANTIK	3	QL(1 EA daily)
<i>sulfasalazine TABS</i>	1	QL(8 EA daily)	Phosphate Binder Agents		
<i>sulfasalazine TBEC</i>	1	QL(8 EA daily)	(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0715 ML daily); SP; PA	AURYXIA 210 MG (<i>ferric citrate</i>)	3	ST; PA
TREMFYA PEN SOAJ SC 200 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0715 ML daily); SP; PA	<i>calcium acetate (phosphate binder) CAPS</i>	1	
TREMFYA SOSY SC 200 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0715 ML daily); SP; PA	<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
			<i>ferric citrate</i>	3	ST; PA
			FOSRENOL PACK	3	
			<i>lanthanum carbonate CHEW 1000 MG</i>	2	QL(3 EA daily)
			<i>lanthanum carbonate CHEW 750 MG</i>	2	QL(4 EA daily)
			<i>lanthanum carbonate CHEW 500 MG</i>	2	
			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	

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<i>sevelamer carbonate</i> PACK 2.4 GM	1	QL(5 EA daily)
<i>sevelamer carbonate</i> PACK 0.8 GM	1	
<i>sevelamer carbonate</i> TABS	1	
<i>sevelamer hcl</i> 800 MG	2	QL(16 EA daily); PA
<i>sevelamer hcl</i> 400 MG	1	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		
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
CYTRA-3 SYRP	3	
ORACIT	3	
ORAL CITRATE	3	
<i>pot & sod citrates w/citric ac</i> SOLN	1	
<i>potassium citrate (alkalinizer)</i> TBCR	1	
<i>potassium citrate-citric acid</i> SOLN	1	RX/OTC
UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
Cystinosis Agents		
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)
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)
RAPAFLO 4 MG (<i>silodosin</i>)	7	
<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		
(Tiopronin) VENXXIVA TBEC	2	

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Drug Name	Drug Tier	Requirements/Limits
LITHOSTAT	3	
<i>tiopronin TABS</i>	2	
<i>tiopronin TBEC</i>	2	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 100 MG</i>	1	QL(3 EA daily)
<i>allopurinol 300 MG</i>	1	QL(2 EA daily)
<i>colchicine CAPS</i>	1	
<i>colchicine TABS</i>	1	
COLCRYS TABS (<i>colchicine</i>)	7	
<i>febuxostat 80 MG</i>	1	QL(1 EA daily)
<i>febuxostat 40 MG</i>	1	QL(2 EA daily)
ULORIC 80 MG (<i>febuxostat</i>)	7	QL(1 EA daily)
ULORIC 40 MG (<i>febuxostat</i>)	7	QL(2 EA daily)
ZYLOPRIM 100 MG (<i>allopurinol</i>)	7	QL(3 EA daily)
ZYLOPRIM 300 MG (<i>allopurinol</i>)	7	QL(2 EA daily)
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ADYNOVATE 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

Drug Name	Drug Tier	Requirements/Limits
ADYNOVATE 750 UNIT, 1500 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPROLIX 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPROLIX 4000 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
BALFAXAR	4	SP; PA
BENEFIX KIT 250 UNIT, 2000 UNIT, 3000 UNIT	4	SP; PA
BENEFIX KIT 500 UNIT, 1000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
CORIFACT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELOCTATE 250 UNIT, 500 UNIT, 750 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	JIVI 4000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
ELOCTATE 4000 UNIT, 5000 UNIT, 6000 UNIT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ESPEROCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA	KCENTRA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
FEIBA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
FIBRYGA	4	PA	KOATE SOLR	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HEMLIBRA	4	SP; PA	KOGENATE FS KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KOVALTRY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HEMOFIL M SOLR 1700 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NOVOEIGHT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HUMATE-P SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NOVOSEVEN RT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
IDELVION	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT	4	SP; PA
IXINITY SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA			

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NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	WILATE KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT	4	SP; PA	XYNTHA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUWIQ SOLR 2500 UNIT, 3000 UNIT, 4000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	XYNTHA SOLOFUSE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
OBIZUR	4	PA	Bradykinin B2 Receptor Antagonists		
PROFILNINE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	(Icatibant Acetate) SAJAZIR SOSY	4	PA
REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	FIRAZYR SOSY (<i>icatibant acetate</i>)	4	PA
REBINYN 3000 UNIT	4	SP; PA	<i>icatibant acetate</i> SOSY	4	PA
RECOMBINATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Complement Inhibitors		
RIASTAP	4	PA	FABHALTA	4	PA
RIXUBIS SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	HAEGARDA SOLR SC	4	SP; PA
TRETTEN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Hemataologic - Tyrosine Kinase Inhibitors		
VONVENDI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	TAVALISSE 150 MG	4	PA
			TAVALISSE 100 MG	4	ST; PA
			Hematorheologic Agents		
			<i>pentoxifylline</i>	1	QL(3 EA daily)
			Human Protein C		
			CEPROTIN	4	PA
			Platelet Aggregation Inhibitors		
			AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	7	
			<i>anagrelide hcl</i>	1	
			<i>aspirin-dipyridamole</i>	2	
			BRILINTA	3	QL(2 EA daily)
			<i>cilostazol</i>	1	QL(2 EA daily)
			<i>clopidogrel bisulfate</i>	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>ticagrelor 90 MG</i>	2	QL(2 EA daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
(Miglustat) YARGESA	4	ST; PA
CERDELGA	4	PA
<i>miglustat</i>	4	ST; PA
ZAVESCA (<i>miglustat</i>)	4	ST; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
<i>glutamine (sickle cell)</i>	2	SP; PA
SIKLOS TABS 1000 MG	4	AC; PA
SIKLOS TABS 100 MG	4	ST; AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV

Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV
<i>folic acid TABS 1 MG</i>	1	RX/OTC
Hematopoietic Growth Factors		
MULPLETA	4	PA
NYVEPRIA	4	SP; PA
PROMACTA PACK 25 MG	4	QL(1 EA daily); PA
PROMACTA PACK 12.5 MG	4	QL(1 EA daily); PA
PROMACTA TABS	4	QL(1 EA daily); PA
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	4	PA
RETACRIT 20000 UNIT/ML	4	PA
UDENYCA ONBODY SOSY	4	SP; PA
UDENYCA SOAJ	4	SP; PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 EA daily); ST
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	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 SCORBAT	5	PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	5	QL(4000 ML per fill retail); PV
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	5	PV
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	5	QL(4000 ML per fill retail); PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	5	QL(4000 ML per fill retail); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	PV
PEG-PREP	5	QL(1 EA per fill retail); PV
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV
SUPREP BOWEL PREP KIT (<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
Laxatives - Miscellaneous			(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FEENAMINT, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1				
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	1	Limited to 510 Gm per month; QL(17.6 GM daily)			
<i>lactulose SOLN</i>	1				
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			(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
OSMOPREP	5	PV			
Stimulant Laxatives					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bisacodyl SUPP</i>	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>azithromycin SUSR</i>	1	
			<i>azithromycin TABS 500 MG</i>	1	QL(3 EA daily)
			<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>bisacodyl TBEC</i>	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	7	QL(3 EA daily)
			ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	7	QL(6 EA per fill retail)
			ZITHROMAX PACK	2	
			ZITHROMAX SUSR (<i>azithromycin</i>)	7	
			ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	7	QL(6 EA per fill retail)
			ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	7	QL(3 EA daily)
DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	Clarithromycin		
			<i>clarithromycin SUSR</i>	2	
			<i>clarithromycin TABS</i>	1	
			<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)
DULCOLAX SUPP (<i>bisacodyl</i>)	5	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	Erythromycins		
			(Erythromycin Base) ERY-TAB TBEC	1	
			(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	2	
			(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	
MACROLIDES - Drugs to Treat Bacterial Infections					
Azithromycin					
<i>azithromycin PACK</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base CPEP</i>	2	
<i>erythromycin base TABS</i>	1	
<i>erythromycin base TBEC</i>	1	
<i>erythromycin ethylsuccinate SUSR</i>	1	
<i>erythromycin ethylsuccinate TABS</i>	2	
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 day(s) retail); PV
CONDOMS	5	PV
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
DUREX TROPICAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
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

Drug Name	Drug Tier	Requirements/Limits
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 MAXX-LARGE FLARE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MICRO THIN PLUS 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 MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO PS PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO PS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO SENSATION PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO SENSATION 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)
KIMONO MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)

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

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

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

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GLOBAL EASY GLIDE INSULIN SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE DEVI	2	RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE MISC	2	RX/OTC
POLY HUB NEEDLE	2	RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	2	RX/OTC
RELION INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	2	RX/OTC
RELION INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL DEVI	2	RX/OTC
TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL MISC	2	RX/OTC
TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU W/MASK MISC	2	RX/OTC
TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MISC	2	RX/OTC
TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	2	RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER W/FLOWSIGNAL MISC	2	RX/OTC
ADULT MASK DEVI	2	RX/OTC	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	RX/OTC
AEROBIKA DEVI	2	RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	2	RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	2	RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	RX/OTC
AEROCHAMBER MV MISC	2	RX/OTC	AEROCHAMBER Z-STAT PLUS MISC	2	RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	RX/OTC	AEROVENT PLUS DEVI	2	RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	RX/OTC	ALL FLOW 1000 PFT FILTER DEVI	2	RX/OTC
			ALL FLOW 2000 PFT FILTER DEVI	2	RX/OTC
			ALL FLOW 3000 PFT FILTER DEVI	2	RX/OTC
			ALL FLOW 4000 PFT FILTER DEVI	2	RX/OTC
			ALL FLOW 5000 PFT FILTER DEVI	2	RX/OTC

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

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NEBULIZER CUP/TUBING DEVI	2	RX/OTC	PURE COMFORT SPACER CHAMBER DEVI	2	RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	2	RX/OTC	QUAKE DEVI	2	RX/OTC
ONE FLOW SPIROMETER DEVI	2	RX/OTC	RITEFLO DEVI	2	RX/OTC
OPTICHAMBER DIAMOND DEVI	2	RX/OTC	SPIRO PD DEVI	2	RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	2	RX/OTC	THRESHOLD PEP DEVI	2	RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	2	RX/OTC	VERSAPAP W/UNIVERSAL TUBING DEVI	2	RX/OTC
OPTICHAMBER DIAMOND MISC	2	RX/OTC	VERSAPAP DEVI	2	RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	2	RX/OTC	VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	RX/OTC
PARI MANUAL INTERRUPTER DEVI	2	RX/OTC	VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	RX/OTC
PARI TREK S COMBO PACK DEVI	2	RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	RX/OTC
POCKET CHAMBER DEVI	2	RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	2	RX/OTC
POCKET SPACER DEVI	2	RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
PRO COMFORT SPACER ADULT MISC	2	RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
PRO COMFORT SPACER CHILD MISC	2	RX/OTC	AJOVY SOAJ	2	PA
PRO COMFORT SPACER INFANT DEVI	2	RX/OTC	AJOVY SOSY	2	PA
PROCARE SPACER/ADULT MASK DEVI	2	RX/OTC	EMGALITY SOAJ	2	PA
PROCARE SPACER/CHILD MASK DEVI	2	RX/OTC	EMGALITY SOSY	2	PA
PROCHAMBER VHC DEVI	2	RX/OTC	UBRELVY	3	QL(10 EA per 30 day(s) retail); ST
PURE COMFORT 3-BALL BREATHE EX DEVI	2	RX/OTC	Migraine Combinations		
			(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
			CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	7	

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Drug Name	Drug Tier	Requirements/Limits
<i>ergotamine w/ caffeine TABS</i>	1	
Migraine Products		
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	4	PA
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	2	QL(0.27 ML daily)
ERGOMAR SUBL	4	
Serotonin Agonists		
(Zolmitriptan) ZOMIG TABS	1	Limit 6 per month; QL(0.2 EA daily)
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>eletriptan hydrobromide</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>frovatriptan succinate</i>	2	Limit 9 per month; QL(0.3 EA daily)
IMITREX 5 MG/ACT (<i>sumatriptan</i>)	7	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)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>sumatriptan succinate</i>)	4	PA
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>sumatriptan succinate</i>)	4	ST; PA
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>sumatriptan succinate</i>)	4	PA

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

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<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 EA daily)	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
<i>zolmitriptan SOLN</i>	1	Limit 6 per month; QL(0.2 EA daily)	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 EA daily)	K-PHOS-NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	7	
<i>zolmitriptan TBDP</i>	1	Limit 6 per month; QL(0.2 EA daily)	K-PHOS TABS (<i>potassium phosphate monobasic</i>)	7	
ZOMIG SOLN (<i>zolmitriptan</i>)	7	Limit 6 per month; QL(0.2 EA daily)	<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
MINERALS & ELECTROLYTES			Potassium		
Calcium			(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	
CALCIFOL	3		(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
Fluoride			(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	5	AL(Up to 6 yrs old); PV	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ	1	
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)			
FLORIVA	3				
<i>sodium fluoride CHEW 1 MG, 2.2 MG</i>	1	AL(Up to 6 yrs old)			
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	5	AL(Up to 6 yrs old); PV			
<i>sodium fluoride SOLN</i>	5	AL(Up to 6 yrs old); PV; RX/OTC			
<i>sodium fluoride TABS 0.5 MG</i>	5	AL(Up to 6 yrs old); PV			
<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old); PV			
SOLUVITA SOLN	5	AL(Up to 6 yrs old); PV; RX/OTC			
Iodine Products					
<i>iodine strong (lugol's)</i>	3				
Phosphate					

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(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ	1	
(Potassium Chloride) KLOR-CON PACK PO 20 MEQ	1	
EFFER-K	3	
K-TAB TBCR 10 MEQ <i>(potassium chloride)</i>	7	
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium chloride CPCR</i>	1	
<i>potassium chloride PACK PO 20 MEQ</i>	1	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1	
<i>potassium chloride TBCR 20 MEQ</i>	2	
Zinc		
GALZIN	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS <i>(penicillamine)</i>	4	PA
DEPEN TITRATABS TABS <i>(penicillamine)</i>	4	
<i>penicillamine CAPS</i>	4	PA
<i>penicillamine TABS</i>	4	
SYPRINE <i>(trientine hcl)</i>	4	PA
<i>trientine hcl 500 MG</i>	4	PA
<i>trientine hcl 250 MG</i>	4	PA
Immunomodulators		
<i>lenalidomide</i>	4	QL(1 EA daily); SP; AC; PA

Drug Name	Drug Tier	Requirements/Limits
THALOMID	3	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; SP; AC
Immunosuppressive Agents		
(Azathioprine) AZASAN TABS 75 MG, 100 MG	2	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24	3	PA
<i>azathioprine TABS 75 MG, 100 MG</i>	2	
<i>azathioprine TABS 50 MG</i>	1	
CELLCEPT CAPS <i>(mycophenolate mofetil)</i>	7	
CELLCEPT TABS <i>(mycophenolate mofetil)</i>	7	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
<i>cyclosporine CAPS</i>	1	
<i>everolimus (immunosuppressant)</i>	4	
IMURAN TABS <i>(azathioprine)</i>	7	
<i>mycophenolate mofetil CAPS</i>	1	
<i>mycophenolate mofetil SUSR</i>	2	
<i>mycophenolate mofetil TABS</i>	1	
<i>mycophenolate sodium</i>	2	
NEORAL CAPS <i>(cyclosporine modified (for microemulsion))</i>	7	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	7		NYSTATIN (<i>nystatin (mouth-throat)</i>)	7	
PROGRAF PACK	4	PA	<i>nystatin (mouth-throat)</i>	1	
SANDIMMUNE CAPS (<i>cyclosporine</i>)	7		ORAVIG	3	
SANDIMMUNE SOLN PO 100 MG/ML	2		Dental Products		
<i>sirolimus SOLN</i>	2		PREVIDENT SOLN (<i>sodium fluoride (dental)</i>)	3	
<i>sirolimus TABS</i>	2		<i>sodium fluoride (dental) SOLN 0.2 %</i>	3	
<i>tacrolimus CAPS</i>	2		Steroids - Mouth/Throat/Dental		
ZORTRESS (<i>everolimus (immunosuppressant)</i>)	4		(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1	
Potassium Removing Agents			<i>triamcinolone acetonide (mouth)</i>	1	
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1		Throat Products - Misc.		
LOKELMA	3	QL(1 EA daily); PA	<i>cevimeline hcl</i>	1	QL(3 EA daily)
<i>sodium polystyrene sulfonate POWD</i>	1		EVOXAC (<i>cevimeline hcl</i>)	7	QL(3 EA daily)
Systemic Lupus Erythematosus Agents			MUCOTROL WAFR	3	
BENLYSTA SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)
BENLYSTA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 EA daily)
MOUTH/THROAT/DENTAL AGENTS			SALAGEN 7.5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(4 EA daily)
Anesthetics Topical Oral			SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(6 EA daily)
<i>lidocaine hcl (mouth-throat) 2 %</i>	1		MULTIVITAMINS		
Anti-infectives - Throat			Ped Multi Vitamins w/FI & FE		
<i>clotrimazole</i>	1		(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	RX/OTC

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

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(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1		NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC	NESTABS	3	
ATABEX EC TBEC	2		NESTABS DHA	2	
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2		NESTABS ONE	3	
CITRANATAL ASSURE	2		OB COMPLETE ONE	3	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3		OB COMPLETE PETITE	3	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3		OB COMPLETE PREMIER	3	
CITRANATAL MEDLEY	3		OB COMPLETE/DHA	3	
C-NATE DHA CAPS	3		OBSTETRIX DHA MISC	2	
COMPLETENATE CHEW	2		OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	2	
CONCEPT DHA	2		PNV-DHA+DOCUSATE	3	
CONCEPT OB	2		PNV-OMEGA	3	
CVS WOMENS PRENATAL+DHA MISC	3		PREMESISRX	3	
DUET DHA 400 MISC	3		PRENA 1 TRUE	2	
ENBRACE HR	3		PRENA1 PEARL	3	
FOLIVANE-OB	2		PRENAISSANCE	3	
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3		PRENAISSANCE PLUS CAPS	3	
			PRENATAL 19 CHEW	2	
			PRENATAL 19 TABS	2	RX/OTC
			PRENATAL+DHA MISC	3	
			PRENATAL-U CAPS	2	
			PRENATE	3	
			PRENATE AM	3	
			PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3	
			PRENATE ENHANCE	3	

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

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.07 ML 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 AERO (<i>triamcinolone acetonide (nasal)</i>)	7	Limit 1 sprayer per month; QL(1.2 ML daily)
NASONEX 24HR SUSP (<i>mometasone furoate (nasal)</i>)	7	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)
XHANCE EXHU	3	QL(1.07 ML daily); ST
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>	1	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	4	PA
NUTRIENTS		
Lipids		
DOJOLVI	4	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>betaxolol hcl (ophth) SOLN</i>	1	
BETIMOL 0.25 %	2	
BETIMOL (<i>timolol</i>)	7	
BETOPTIC-S SUSP	2	
<i>brimonidine tartrate-timolol maleate</i>	1	
<i>carteolol hcl (ophth)</i>	1	
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 MAL	2	
<i>dorzolamide hcl-timolol maleate</i>	1	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	7	
<i>levobunolol hcl 0.5 % timolol</i>	1	
<i>timolol maleate (ophth) SOLG</i>	1	
<i>timolol maleate (ophth) SOLN</i>	2	
<i>timolol maleate (ophth) SOLN</i>	1	
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	

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

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

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

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LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.084 ML daily)
<i>tafluprost</i>	1	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		
<i>ciprofloxacin hcl (otic)</i>	2	
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
(Pramoxine-HC-Chloroxylonol) CORTIC-ND	1	
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)
<i>ciprofloxacin-fluocinolone acetonide</i>	2	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
Otic Steroids		

Drug Name	Drug Tier	Requirements/Limits
(Fluocinolone Acetonide (Otic)) FLAC	1	
DERMOTIC (<i>fluocinolone acetonide (otic)</i>)	7	
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	1	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	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
AMOXICILLIN SUSR (<i>amoxicillin</i>)	7	
<i>amoxicillin TABS</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	

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<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS</i>	1	
<i>amoxicillin & pot clavulanate TB12</i>	1	
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	7	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	7	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
BASE GELATIN GUMMY TROCHE	3	RX/OTC
GUM BASE (GELATIN)	3	RX/OTC
KLEAR GUMMY BASE	3	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
AYGESTIN TABS (<i>norethindrone acetate</i>)	7	
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 EA daily)
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>megestrol acetate (appetite)</i>	2	AC
<i>norethindrone acetate TABS</i>	1	
<i>progesterone CAPS</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
PROMETRIUM CAPS (<i>progesterone</i>)	7	QL(1 EA daily)
PROVERA 5 MG (<i>medroxyprogesterone acetate</i>)	7	
PROVERA 10 MG (<i>medroxyprogesterone acetate</i>)	7	QL(1 EA daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
<i>lofexidine hcl</i>	2	QL(224 EA per 14 day(s) retail); PA
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	4	ST; PA
XYREM SOLN	4	ST; PA
Antidementia Agents		
ARICEPT TABS (<i>donepezil hydrochloride</i>)	7	QL(1 EA daily)
<i>donepezil hydrochloride TABS</i>	1	QL(1 EA daily)
<i>donepezil hydrochloride TBDP</i>	1	QL(1 EA daily)
EXELON (<i>rivastigmine</i>)	7	
<i>galantamine hydrobromide CP24</i>	1	QL(1 EA daily)
<i>galantamine hydrobromide SOLN</i>	2	
<i>galantamine hydrobromide TABS</i>	1	
<i>memantine hcl CP24</i>	1	PA
<i>memantine hcl-donepezil hcl CP24</i>	3	PA
<i>memantine hcl SOLN</i>	1	

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<i>memantine hcl TABS 10 MG</i>	1	QL(2 EA daily)
<i>memantine hcl TABS</i>	1	
<i>memantine hcl TABS 5 MG</i>	1	QL(4 EA daily)
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	7	
NAMENDA XR CP24 (<i>memantine hcl</i>)	7	PA
NAMENDA TABS 5 MG (<i>memantine hcl</i>)	7	QL(4 EA daily)
NAMENDA TABS 10 MG (<i>memantine hcl</i>)	7	QL(2 EA daily)
NAMZARIC C4PK	3	PA
NAMZARIC CP24 7 MG-10 MG	3	ST; PA
NAMZARIC CP24 (<i>memantine hcl-donepezil hcl</i>)	3	PA
RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>)	7	QL(1 EA daily)
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate CAPS</i>	1	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	3	
<i>olanzapine-fluoxetine hcl</i>	2	
<i>perphenazine-amitriptyline</i>	3	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	4	QL(2 EA daily); PA
SAVELLA TABS	4	QL(2 EA daily); PA
Movement Disorder Drug Therapy		

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR PATIENT TITRATION TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
AUSTEDO XR TB24	4	QL(1 EA daily); SP; PA
AUSTEDO TABS 12 MG	4	QL(4 EA daily); PA
AUSTEDO TABS 9 MG	4	QL(2 EA daily); PA
AUSTEDO TABS 6 MG	4	ST; QL(2 EA daily); PA
INGREZZA CAPS 60 MG	4	QL(1 EA daily); PA
INGREZZA CAPS 80 MG	4	QL(1 EA daily); PA
INGREZZA CAPS 40 MG	4	Specialty drug-Health Net will refer to SP Pharmacy; QL(1 EA daily); PA
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
INGREZZA CPSP	4	QL(1 EA daily); SP; PA
<i>tetrabenazine</i>	2	
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	2	QL(1 ML daily)
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	2	QL(12 ML per 28 day(s) retail)
AVONEX PEN AJKT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; SP; PA
AVONEX PREFILLED PSKT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; SP; PA

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl CAPS</i>	1		CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 EA daily)
<i>minocycline hcl TABS 50 MG, 100 MG</i>	1	PA	<i>levothyroxine sodium CAPS 125 MCG</i>	2	QL(1 EA daily)
<i>minocycline hcl TABS 75 MG</i>	1	PA	<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG</i>	2	
<i>tetracycline hcl CAPS</i>	1		<i>levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>	1	QL(1 EA daily)
VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	7		<i>levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG</i>	1	
VIBRAMYCIN SUSR (<i>doxycycline monohydrate</i>)	7		<i>liothyronine sodium TABS 25 MCG, 50 MCG</i>	1	QL(2 EA daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			<i>liothyronine sodium TABS 5 MCG</i>	1	
Antithyroid Agents			NIVA THYROID TABS	2	
<i>methimazole TABS</i>	1		NP THYROID TABS	2	
<i>propylthiouracil</i>	1	QL(3 EA daily)	SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 EA daily)
Thyroid Hormones			SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	2	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	2	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
ADTHYZA TABS	2				
ARMOUR THYROID TABS	2				
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2				

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Drug Name	Drug Tier	Requirements/Limits
Antispasmodics		
(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG	1	
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
ANASPAZ TBDP (<i>hyoscyamine sulfate</i>)	7	
BELLADONNA ALKALOIDS-OPIUM	3	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1	PA
CUVPOSA SOLN PO (<i>glycopyrrolate</i>)	7	
<i>dicyclomine hcl CAPS</i>	1	
<i>dicyclomine hcl SOLN PO</i>	1	
<i>dicyclomine hcl TABS</i>	1	
GLYCATE TABS	3	
<i>glycopyrrolate SOLN PO 1 MG/5ML</i>	1	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	
GLYCOPYRROLATE TABS	3	
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1	
LEVBID TB12 (<i>hyoscyamine sulfate</i>)	7	
LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	7	
LEVSIN TABS (<i>hyoscyamine sulfate</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
LIBRAX (<i>chlordiazepoxide hcl-clidinium bromide</i>)	7	PA
<i>methscopolamine bromide</i>	1	
ROBINUL-FORTE TABS (<i>glycopyrrolate</i>)	7	
ROBINUL TABS (<i>glycopyrrolate</i>)	7	
H-2 Antagonists		
<i>cimetidine hcl PO 300 MG/5ML</i>	1	
<i>cimetidine TABS 300 MG, 800 MG</i>	1	
<i>cimetidine TABS 400 MG</i>	1	QL(4 EA daily)
<i>famotidine SUSR</i>	1	
<i>famotidine TABS 40 MG</i>	1	QL(2 EA daily)
<i>nizatidine CAPS</i>	1	
PEPCID TABS 40 MG (<i>famotidine</i>)	7	QL(2 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, GOODSENSE LANSOPRAZOLE TBDD 15 MG	2	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 EA daily); RX/OTC	<i>lansoprazole TBDD 15 MG</i>	2	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
			<i>lansoprazole TBDD 30 MG</i>	2	QL(1 EA daily); AL(Up to 12 yrs old)
			<i>omeprazole magnesium CPDR</i>	1	QL(1 EA daily)
			<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 EA daily)
			<i>pantoprazole sodium PACK</i>	2	QL(1 EA daily)
			<i>pantoprazole sodium TBEC</i>	1	QL(1 EA daily)
			PREVACID 24HR CPDR (<i>lansoprazole</i>)	7	QL(1 EA daily); RX/OTC
			PREVACID CPDR 30 MG (<i>lansoprazole</i>)	7	QL(1 EA daily)
			PRIOLOSEC PACK	3	PA
			PROTONIX TBEC (<i>pantoprazole sodium</i>)	7	QL(1 EA daily)
			RABEPRAZOLE SODIUM 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 day(s) max supply per 365 day(s) retail
			HELIDAC THERAPY	3	
			URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
			Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
			<i>darifenacin hydrobromide</i>	2	
			DETROL LA CP24 (<i>tolterodine tartrate</i>)	7	QL(1 EA daily)
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)			
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 EA daily)			
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)			
ACIPHEX TBEC (<i>rabeprazole sodium</i>)	3	ST; QL(1 EA daily); PA			
<i>lansoprazole CPDR</i>	1	QL(1 EA daily)			

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Drug Name	Drug Tier	Requirements/Limits
DETROL TABS (<i>tolterodine tartrate</i>)	7	QL(2 EA daily)
DITROPAN XL TB24 5 MG (<i>oxybutynin chloride</i>)	7	
<i>fesoterodine fumarate</i>	1	QL(1 EA daily)
<i>oxybutynin chloride</i> TABS 5 MG	1	QL(4 EA daily)
<i>oxybutynin chloride</i> TB24	1	
<i>solifenacin succinate</i> TABS 10 MG	1	QL(1 EA daily)
<i>solifenacin succinate</i> TABS 5 MG	1	
<i>tolterodine tartrate</i> CP24	1	QL(1 EA daily)
<i>tolterodine tartrate</i> TABS	1	QL(2 EA daily)
TOVIAZ (<i>fesoterodine fumarate</i>)	7	QL(1 EA daily)
<i>tropium chloride</i> CP24	1	
<i>tropium chloride</i> TABS	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		
ABRYSVO	5	PV
AREXVY	5	AL(At least 50 yrs old); PV
COVID VACCINES	5	
FLUBLOK SOSY	5	PV
FLUCELVAX SUSP	5	PV
FLUMIST	5	PV
FLUMIST QUADRIVALENT	5	PV
FLUZONE HIGH-DOSE SUSY	5	PV

Drug Name	Drug Tier	Requirements/Limits
MODERNA COVID-19 VAC 6M-11Y SUSY	5	PV
MRESVIA	5	AL(At least 60 yrs old); PV
NOVAVAX COVID-19 VACCINE SUSY	5	PV
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA	3	QL(1 EA daily)
Spermicides		
ENCARE SUPP 100 MG	5	PV
OPTIONS GYNOL II CONTRACEPTIVE GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM	5	PV
VCF VAGINAL CONTRACEPTIVE FOAM	5	PV
VCF VAGINAL CONTRACEPTIVE GEL	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	2	
CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	7	
CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal</i> CREA	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1	
NUVESSA	3	PA
<i>terconazole vaginal</i> CREA	1	
<i>terconazole vaginal</i> SUPP	1	
VANAZOLE	2	
Vaginal Contraceptive - pH Modulators		

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

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(Clobetasol Propionate Emulsion) TOVET62		(Drospirenone-Ethinyl Estradiol- Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG 48
(Clobetasol Propionate) CLODAN SHAM 62		(Ergotamine W/ Caffeine) MIGERGOT SUPP87
(Clomiphene Citrate) CLOMID TABS 68		(Erythromycin (Acne Aid)) ERY PADS56
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG90		(Erythromycin Base) ERY-TAB TBEC80
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN 90		(Erythromycin Ethylsuccinate) E.E.S. 400 TABS 80
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG ... 48	(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG45	(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG80
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA,	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER .45	(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5

MG 70	MCG/ACT 14	REFENESEN 400, SB MUCUS RELIEF, SM CHEST CONGESTION RELIEF, XPECT TABS 400 MG ... 56
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 70	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG 77	(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML 54
(Estradiol Vaginal) YUVAFEM TABS . 111		(Guaifenesin-Codeine) GUAIFENESIN AC SYRP 54
(Estradiol) DOTTI, LYLLANA PTTW . 70	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG 77	(Homatropine Hbr) HOMATROPAIRE 96
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) ... 49	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG 77	(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN . 54
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG 48	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG 77	(Hydrocortisone (Rectal)) PROCTO- MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 % 11
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG 49	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG 77	(Hydrocortisone (Topical)) ALA SCALP LOTN 2 % 62
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE 53	(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG 77	(Hydrocortisone (Topical)) ALA- CORT CREA 2.5 % 62
(Everolimus) TORPENZ TABS 35	(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML 102	(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 % 62
(Fluocinolone Acetonide (Otic)) FLAC 100	(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML 102	(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG 108
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP 95	(Glipizide) GLIPIZIDE XL TB24 23	(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG 108
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50	(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,	(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG 108

ZENATANE 10 MG 56	(Levetiracetam) ROWEEPRA TABS 500 MG .....16	SIMPESSE 49
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 20 MG 56	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG .....49	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG 49
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 30 MG 56	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG 49	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 49
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 40 MG 56	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG 49	(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEAUX, MINZOYA 49
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN 66	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG 49	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG .....107
(Ketoconazole (Topical)) KETODAN FOAM 58	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG 49	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG .....107
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC 72	(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE- STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG 53	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG 107
(Lactulose) CONSTULOSE SOLN 10 GM/15ML .....79	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28) 49	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG 107
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG 16	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN,	(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %65
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT .....16	(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI- DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI- DIARRHEAL CAPS .....23	(Lorazepam) LORAZEPAM INTENSOL CONC 12
(Lamotrigine) SUBVENITE TABS . 16	(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG .108	(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, MOTION SICKNESS RELIEF,
(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG .109		

MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW .....24	POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE	POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE
(Methadone Hcl) METHADONE HCL INTENSOL CONC .....7	POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE	POLACRILEX, THRIVE GUM 4 MG 104
(Methadone Hcl) METHADOSE TBSO .....7	POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE	
(Methylergonovine Maleate) METHERGINE TABS .....100	POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 4 MG .....103	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 104
(Methyltestosterone) METHITEST TABS .....10	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR .....105
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG .110	POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR 105
(Miglustat) YARGESA .....77	POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE	
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP .95	POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG .104	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN .....97	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 104	
(Niacin (Antihyperlipidemic)) NIACOR TABS .....27	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE	
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 2 MG .....104		
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 104	

STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 21 MG/24HR 105	JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG 50	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS 50
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....105	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 50	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG 50
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR 105	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 50	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG 51
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR 105	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS ... 50	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG .51
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY .....53	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 50	(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 51
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20,		(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG- 0.8 MG-75 MG 51
		(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG- 0.4 MG 51
		(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH,

ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA- BE, NORLYROC, SHAROBEL ....53	TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO .51	QC OMEPRAZOLE MAGNESIUM CPDR 109
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG .....51	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA 52	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG 9
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG- 30 MCG .....51	(Norgestrel & Ethinyl Estradiol) CRYSSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG 52	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG .9
(Norethindrone Acetate) GALLIFREY TABS .....101	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 59	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ....9
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 70	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %99	(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 92
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG .....70	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 % . 99	(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 92
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE .....51	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG 109	(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG .....92
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 .....51	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG 109	(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE SOLN 92
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI- LINYAH, TRI-LO-ESTARYLLA, TRI- LO-MARZIA, TRI-LO-MILI, TRI-LO- SPRINTEC, TRI-MILI, TRI-NYMYO,	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM,	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 0.25 MG/ML 92
		(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN .....92

(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBAT	78	K-PRIME, KLOR-CON/EF TBEF ..	89	(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	93
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	78	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	89	(Prochlorperazine) COMPRO	41
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	78	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	89	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	26
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %	97	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	89	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	26
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	96	(Potassium Chloride) KLOR-CON PACK PO 20 MEQ	90	(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	54
(Phenylephrine-Chlorphen-DM) ED-A-HIST DM, NOHIST-DM LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML ..	54	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ	90	(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAX ST ER, EQ MUCUS RELIEF D, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, FT MUCUS RELIEF-D, FT MUCUS RELIEF-D MAX STRENGTH, MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX STRENGTH, SM	
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	19	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ	89	GUAIFENESIN/PSEUDOEPHEDRIN E TB12 600 MG-60 MG	54
(Phenytoin) PHENYTOIN INFATABS CHEW	19	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	73	(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAX ST ER, EQ MUCUS RELIEF D, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, FT MUCUS RELIEF-D, FT MUCUS RELIEF-D MAX STRENGTH, MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX STRENGTH, SM	
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	79	(Potassium Citrate-Citric Acid) CYTRA-K SOLN	73		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	89	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	89		
(Potassium Bicarbonate) EFFER-K,		(Pramoxine-HC-Chloroxylenol) CORTIC-ND	100		
		(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS	92		
		(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	92		
		(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW ..	92		
		(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	93		

E TB12	55	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	47	abacavir sulfate-lamivudine	41
(Pseudoephedrine-Guaifenesin) MUCUS RELIEF D, QC MUCUS RELIEF SINUS D TABS 400 MG-40 MG	55	(Testosterone Cypionate) DEPO- TESTOSTERONE SOLN IM	10	ABILIFY TABS 15 MG (aripiprazole) . 41	
(Salicylic Acid) KERALYT SHAM 6 %	65	(Tetracaine Hcl (Ophth)) ALTACAINE	98	ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole)	41
(Sapropterin Dihydrochloride) JAVYGTOR PACK	69	(Theophylline) ELIXOPHYLLIN ELIX . 15		ABILIFY TABS 20 MG (aripiprazole) . 41	
(Sapropterin Dihydrochloride) JAVYGTOR TABS	69	(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 % 96		abiraterone acetate	34
(Silver Sulfadiazine) SSD	62	(Tiopronin) VENXXIVA TBEC	73	ABRYSVO	110
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 56		(Tretinoin) AVITA CREA 0.025 % . 57		ABSORICA 10 MG, 25 MG (isotretinoin)	57
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 56		(Tretinoin) AVITA GEL 0.025 % ... 57		ABSORICA 20 MG (isotretinoin) ... 57	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 56		(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	91	ABSORICA 30 MG (isotretinoin) ... 57	
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	89	(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, FT 24 HOUR		ABSORICA 35 MG, 40 MG (isotretinoin)	57
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	89	(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	95	acamprosate calcium	101
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	91	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.1 %, 0.5 %	62	acarbose	21
(Sotalol Hcl) SORINE TABS	44	(Vigabatrin) VIGADRONE TABS ..	18	ACCUPRIL (quinapril hcl)	27
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	56	(Vigabatrin) VIGADRONE, VIGPODER PACK	18	ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril- hydrochlorothiazide)	29
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	56	(Warfarin Sodium) JANTOVEN TABS	15	acebutolol hcl CAPS	44
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	56	(Zolmitriptan) ZOMIG TABS	88	acetaminophen w/ codeine SOLN ..	9
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ..	31	abacavir sulfate SOLN	41	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG	9
		abacavir sulfate TABS	41	acetaminophen w/ codeine TABS 60 MG-300 MG	9
				acetazolamide CP12	67
				acetazolamide TABS 125 MG	67
				acetazolamide TABS 250 MG	67
				acetic acid (otic)	100
				acetylcysteine SOLN	56
				ACIPHEX TBEC (rabeprazole	

sodium) 109	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML 3	AEROBIKA DEVI 85
acitretin 10 MG 60	ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML 3	AEROCHAMBER HOLDING CHAMBER DEVI 85
acitretin 17.5 MG 60	ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML 3	AEROCHAMBER MINI CHAMBER DEVI 85
acitretin 25 MG 60	ADALIMUMAB-ADAZ SOSY 3	AEROCHAMBER MV MISC 85
ACTIMMUNE 100 MCG/0.5ML 38	adalapene CREA 57	AEROCHAMBER PLS FLOVU MTHPIECE DEVI 85
ACTINEL PEDIATRIC LIQD 55	adalapene GEL 0.1 % 57	AEROCHAMBER PLUS FLO-VU INTERM DEVI 85
ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 70	adalapene GEL 0.3 % 57	AEROCHAMBER PLUS FLO-VU LARGE DEVI 85
ACTONEL TABS 150 MG (risedronate sodium) 68	adalapene-benzoyl peroxide GEL 2.5 %-0.1 % 57	AEROCHAMBER PLUS FLO-VU LARGE MISC 85
ACTONEL TABS 35 MG (risedronate sodium) 68	adalapene-benzoyl peroxide GEL 2.5 %-0.3 % 57	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI 85
ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 21	ADCIRCA TABS (tadalafil (pulmonary hypertension)) 47	AEROCHAMBER PLUS FLO-VU MEDIUM MISC 85
ACTOS 15 MG (pioglitazone hcl) .. 23	ADDERALL TABS (amphetamine- dextroamphetamine) 1	AEROCHAMBER PLUS FLO-VU MISC 85
ACTOS 30 MG, 45 MG (pioglitazone hcl) 23	ADDERALL XR CP24 (amphetamine-dextroamphetamine) . 1	AEROCHAMBER PLUS FLO-VU SMALL DEVI 85
ACULAR (ketorolac tromethamine (ophth)) 99	adefovir dipivoxil 43	AEROCHAMBER PLUS FLO-VU SMALL MISC 85
ACULAR LS (ketorolac tromethamine (ophth)) 99	ADEMPAS 47	AEROCHAMBER PLUS FLOW VU MISC 85
ACUVAIL 99	ADIPEX-P CAPS (phentermine hcl) 1	AEROCHAMBER PLUS FLOW VU MISC 85
acyclovir CAPS 43	ADTHYZA TABS 107	AEROCHAMBER Z-STAT PLUS CHAMBR MISC 85
acyclovir SUSP 43	ADULT MASK DEVI 85	AEROCHAMBER Z-STAT PLUS MISC 85
acyclovir TABS PO 400 MG 44	ADVAIR DISKUS AEPB (fluticasone- salmeterol) 14	AEROCHAMBER Z-STAT PLUS PLUS/LARGE MISC 85
acyclovir TABS PO 800 MG 43	ADVATE 74	AEROCHAMBER Z-STAT PLUS PLUS/LARGE MISC 85
acyclovir topical CREA 62	ADYNOVATE 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT 74	AEROCHAMBER Z-STAT PLUS PLUS/LARGE MISC 85
acyclovir topical OINT 62	ADYNOVATE 750 UNIT, 1500 UNIT . 74	AEROCHAMBER Z-STAT PLUS/LARGE MISC 85
ACZONE 5 % (dapsone (topical)) . 57		
ACZONE 7.5 % (dapsone (topical)) 57		

AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	85	alendronate sodium SOLN	68	alosetron hcl	72
AEROCHAMBER Z-STAT PLUS/SMALL MISC	85	alendronate sodium TABS 35 MG, 70 MG	68	ALPHAGAN P (brimonidine tartrate)	97
AEROVENT PLUS DEVI	85	alendronate sodium TABS 5 MG, 10 MG	68	ALPHANATE SOLR	74
AFINITOR DISPERZ TBSO (everolimus)	35	ALFERON N	38	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	74
AFINITOR TABS (everolimus)	35	alfuzosin hcl	73	ALPRAZOLAM INTENSOL CONC 12	
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	74	ALINIA SUSR	31	alprazolam TABS	12
AGAMREE	53	aliskiren fumarate	30	alprazolam TB24	12
AGRYLIN 0.5 MG (anagrelide hcl)	76	ALKERAN (melphalan)	32	alprazolam TBDP	12
AIMSCO LUBRICATED MISC	81	ALL FLOW 1000 PFT FILTER DEVI .	85	ALPROLIX 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	74
AJOVY SOAJ	87	ALL FLOW 2000 PFT FILTER DEVI .	85	ALPROLIX 4000 UNIT	74
AJOVY SOSY	87	ALL FLOW 3000 PFT FILTER DEVI .	85	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril)	28
AKTEN	98	ALL FLOW 4000 PFT FILTER DEVI .	85	ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	74
AKYNZEO	24	ALL FLOW 5000 PFT FILTER DEVI .	85	ALUNBRIG TABS	35
albendazole	11	ALL FLOW 6000 PFT FILTER DEVI .	86	ALUNBRIG TBPK	35
albuterol sulfate AERS	14	ALL FLOW 7000 PFT FILTER DEVI .	86	alvimopan	72
albuterol sulfate NEBU	14	allopurinol 100 MG	74	amantadine hcl CAPS	39
ALBUTEROL SULFATE NEBU	14	allopurinol 300 MG	74	amantadine hcl TABS	39
albuterol sulfate SYRP	14	almotriptan malate	88	AMARYL (glimepiride)	23
albuterol sulfate TABS	14	ALOCRIIL	99	AMBIEN CR TBCR (zolpidem tartrate)	78
ALCAINE (proparacaine hcl)	98	alogliptin benzoate 25 MG	22	AMBIEN TABS (zolpidem tartrate)	78
alclometasone dipropionate CREA	62	alogliptin benzoate 6.25 MG, 12.5 MG	22	ambrisentan	47
alclometasone dipropionate OINT	62	ALOMIDE	99	amcinonide OINT	62
ALDACTAZIDE (spironolactone & hydrochlorothiazide)	67	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	70	amiloride & hydrochlorothiazide ..	67
ALDACTONE TABS (spironolactone)	67			amiloride hcl TABS	67
ALECENSA	35			aminocaproic acid SOLN PO 0.25	

GM/ML	77	AMOXICILLIN SUSR (amoxicillin) 100	ANZEMET TABS 50 MG	24
aminocaproic acid TABS	78	amoxicillin SUSR	APEXICON E CREA	62
amiodarone hcl TABS	12	amoxicillin TABS	APO-VARENICLINE TABS	105
AMITIZA (lubiprostone)	71	amoxicillin-clarithromycin w/ lansoprazole THPK	apraclonidine hcl	97
amitriptyline hcl TABS	21	amphetamaine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	aprepitant CAPS 40 MG	25
amlodipine besylate TABS 2.5 MG 45		amphetamaine-dextroamphetamine TABS	aprepitant CAPS 80 MG, 125 MG .	25
amlodipine besylate TABS 5 MG, 10 MG	45	ampicillin CAPS 500 MG	aprepitant CAPS	25
amlodipine besylate-atorvastatin calcium	46	ANAFRANIL (clomipramine hcl) ..	aprepitant MISC	25
amlodipine besylate-benazepril hcl 10 MG-2.5 MG	29	ANALPRAM-HC LOTN EX	APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	41
amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG- 5 MG, 40 MG-10 MG, 40 MG-5 MG 29		ANAPROX DS TABS (naproxen sodium)	APRISO CP24 (mesalamine)	71
amlodipine besylate-valsartan 10 MG-160 MG	29	ANASPAZ TBDP (hyoscyamine sulfate)	APTENSIO XR CP24 (methylphenidate hcl)	2
amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG- 320 MG	29	anastrozole	APTIOM	16
amlodipine-valsartan- hydrochlorothiazide	29	ANCOBON (flucytosine)	APTIVUS CAPS	41
amoxapine	21	ANDEXXA 200 MG	ARAVA 10 MG (leflunomide)	5
amoxicillin & pot clavulanate CHEW . 100		ANDROGEL PUMP GEL TD (testosterone)	ARAVA 20 MG (leflunomide)	5
amoxicillin & pot clavulanate SUSR 101		ANGELIQ	ARCALYST	4
amoxicillin & pot clavulanate TABS 101		ANNOVERA	AREXVY	110
amoxicillin & pot clavulanate TB12 101		ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (umeclidinium-vilanterol) 14	arformoterol tartrate	14
amoxicillin CAPS	100	ANTIVERT CHEW (meclizine hcl) .	ARICEPT TABS (donepezil hydrochloride)	101
amoxicillin CHEW 125 MG, 250 MG . 100		ANTIVERT TABS 50 MG (meclizine hcl)	ARIKAYCE	2
		ANUSOL-HC EX (hydrocortisone (rectal))	ARIMIDEX (anastrozole)	34
			aripiprazole SOLN PO	41
			aripiprazole TABS 15 MG	41
			aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	41
			aripiprazole TABS 20 MG	41
			ARIXTRA 10 MG/0.8ML (fondaparinux sodium)	15
			ARIXTRA 2.5 MG/0.5ML, 7.5	

MG/0.6ML (fondaparinux sodium) .15	atovaquone .....31	AYVAKIT 100 MG, 200 MG, 300 MG 34
ARIXTRA 5 MG/0.4ML (fondaparinux sodium) .....15	atovaquone-proguanil hcl 31	AYVAKIT 25 MG, 50 MG 34
armodafinil .....2	ATRALIN GEL (tretinoin) .....57	AZASITE 97
ARMOUR THYROID TABS 107	atropine sulfate (ophthalmic) OINT 97	azathioprine TABS 50 MG .....90
ARNUITY ELLIPTA .....13	atropine sulfate (ophthalmic) SOLN 97	azathioprine TABS 75 MG, 100 MG 90
AROMASIN (exemestane) .....34	ATROPINE SULFATE SOLN 1 % (atropine sulfate (ophthalmic)) .....97	azelaic acid GEL .....65
ARTHROTEC TBEC (diclofenac w/ misoprostol) 4	ATROPINE SULFATE SOLN 1 % .97	azelastine hcl (ophth) 99
ASACOL HD TBEC (mesalamine) .71	ATROVENT HFA .....13	azelastine hcl 0.1 %, 137 MCG/SPRAY .....95
asenapine maleate .....40	AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate) ....101	azelastine hcl 0.15 %, 205.5 MCG/SPRAY .....95
aspirin CHEW 7	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML .....101	azelastine hcl-fluticasone propionate SUSP .....95
aspirin TBEC 81 MG 7	AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate) ....101	AZILECT (rasagiline mesylate) ... 39
aspirin-dipyridamole .....76	AURANOFIN 3 MG 4	azithromycin PACK 80
ASSURE ID INSULIN SAFETY SYR 83	AURXIA 210 MG (ferric citrate) .. 72	azithromycin SUSR 80
ASTAGRAF XL CP24 .....90	AUSTEDO TABS 12 MG 102	azithromycin TABS 250 MG 80
ATABEX EC TBEC 93	AUSTEDO TABS 6 MG .....102	azithromycin TABS 500 MG 80
ATACAND 32 MG (candesartan cilexetil) .....28	AUSTEDO TABS 9 MG .....102	azithromycin TABS 600 MG 80
ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil) .....28	AUSTEDO XR PATIENT TITRATION TEPK .....102	AZOPT (brinzolamide) 99
ATACAND HCT (candesartan cilexetil-hydrochlorothiazide) 29	AUSTEDO XR TB24 .....102	AZULFIDINE EN-TABS TBEC (sulfasalazine) .....71
atazanavir sulfate CAPS .....41	AVALIDE (irbesartan- hydrochlorothiazide) 29	AZULFIDINE TABS (sulfasalazine) 71
atenolol & chlorthalidone .....29	AVAPRO 150 MG, 300 MG (irbesartan) .....28	bacitracin (ophthalmic) .....97
atenolol TABS .....44	AVODART (dutasteride) .....73	bacitracin-polymyxin b (ophth) ....97
ATIVAN TABS (lorazepam) .....12	AVONEX PEN AJKT .....102	bacitracin-poly-neomycin-hc 98
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG 1	AVONEX PREFILLED PSKT .....102	baclofen TABS 10 MG .....94
atomoxetine hcl 60 MG, 80 MG, 100 MG .....1	AYGESTIN TABS (norethindrone acetate) 101	baclofen TABS 15 MG .....94
atorvastatin calcium TABS .....27		baclofen TABS 20 MG .....94

baclofen TABS 5 MG	94	benazepril & hydrochlorothiazide ..	29	betamethasone dipropionate (topical) LOTN	62
BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	31	benazepril hcl	28	betamethasone dipropionate (topical) OINT	62
BACTRIM TABS (sulfamethoxazole- trimethoprim)	31	BENEFIX KIT 250 UNIT, 2000 UNIT, 3000 UNIT	74	betamethasone dipropionate augmented CREA	62
BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	52	BENEFIX KIT 500 UNIT, 1000 UNIT .	74	betamethasone dipropionate augmented GEL 0.05 %	62
BALFAXAR	74	BENICAR 40 MG (olmesartan medoxomil)	28	betamethasone dipropionate augmented LOTN	62
balsalazide disodium CAPS	71	BENICAR 5 MG, 20 MG (olmesartan medoxomil)	28	betamethasone dipropionate augmented OINT	62
BALVERSA	35	BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil- hydrochlorothiazide)	29	betamethasone valerate CREA	62
BARACLUDE TABS (entecavir) ...	43	BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil- hydrochlorothiazide)	29	betamethasone valerate FOAM ...	62
BASE GELATIN GUMMY TROCHE . 101		BENLYSTA SOAJ	91	betamethasone valerate LOTN	62
BD AUTOSHIELD	83	BENLYSTA SOSY	91	betamethasone valerate OINT	62
BD AUTOSHIELD DUO	83	BENSAL HP OINT	65	BETAPACE AF (sotalol hcl (afib/afll))	44
BD DISP NEEDLES	83	BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	57	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	44
BD ECLIPSE LUER-LOK NEEDLE 83		BENZNIDAZOLE	11	BETASERON KIT	103
BD PEN NEEDLE MICRO U/F ...	83	benzonatate	54	betaxolol hcl (ophth) SOLN	96
BD PEN NEEDLE MINI U/F	83	benzoyl peroxide-erythromycin GEL . 57		betaxolol hcl	44
BD PEN NEEDLE NANO 2ND GEN . 84		benzphetamine hcl 25 MG	1	bethanechol chloride	110
BD PEN NEEDLE NANO U/F	84	benztropine mesylate TABS	39	BETHKIS NEBU (tobramycin)	2
BD PEN NEEDLE ORIGINAL U/F	84	bepotastine besilate	99	BETIMOL (timolol)	96
BD PEN NEEDLE SHORT U/F ...	84	BEPREVE (bepotastine besilate) .	99	BETIMOL 0.25 %	96
BD SAFETYGLIDE INSULIN SYRINGE	84	BESIVANCE	97	BETOPTIC-S SUSP	96
BD VEO INSULIN SYR U/F 1/2UNIT	84	BETADINE OPHTHALMIC PREP	97	bexarotene (topical)	60
BD VEO INSULIN SYRINGE U/F	84	betaine	69	bexarotene	38
BELLADONNA ALKALOIDS-OPIUM	108	betamethasone dipropionate (topical) CREA	62	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium)	52
BELSOMRA	78			bicalutamide	34

BIDIL (isosorbide dinitrate-hydralazine hcl)	46	BRIVIACT TABS 100 MG	16	10
BIKTARVY	41	BRIVIACT TABS 25 MG, 50 MG, 75 MG	16	10
bimatoprost SOLN	99	bromfenac sodium (ophth) 0.07 %, 0.075 %	99	buprenorphine PTWK 20 MCG/HR
bisacodyl SUPP	80	bromfenac sodium (ophth) 0.09 %	99	buprenorphine PTWK 5 MCG/HR .
bisacodyl TBEC	80	bromocriptine mesylate CAPS	39	buprenorphine PTWK
bisoprolol & hydrochlorothiazide ..	29	bromocriptine mesylate TABS 2.5 MG	39	bupropion hcl (smoking deterrent)
bisoprolol fumarate	44	BRUKINSA	35	105
bosentan TABS 125 MG	47	budesonide (inhalation) SUSP 0.25 MG/2ML	13	bupropion hcl TABS
bosentan TABS 62.5 MG	47	budesonide (inhalation) SUSP 0.5 MG/2ML	13	bupropion hcl TB12
BOSULIF CAPS	35	budesonide (inhalation) SUSP 1 MG/2ML	13	bupropion hcl TB24 150 MG, 300 MG
BOSULIF TABS 100 MG, 400 MG	35	budesonide (intrarectal)	11	19
BOSULIF TABS 500 MG	35	budesonide TB24	53	bupropion hcl TB24 450 MG
BRAFTOVI 75 MG	35	budesonide-formoterol fumarate dihydrate	14	bupirone hcl
BREATHE COMFORT CHAMBER/ADULT DEVI	86	bumetanide TABS 0.5 MG, 1 MG	67	11
BREATHE COMFORT CHAMBER/CHILD DEVI	86	bumetanide TABS 2 MG	67	butalbital-acetaminophen CAPS 50 MG-300 MG
BREATHE EASE LARGE DEVI ...	86	BUMEX TABS 0.5 MG (bumetanide) .	67	6
BREATHE EASE MEDIUM DEVI ..	86	buprenorphine hcl SUBL 2 MG	10	butalbital-acetaminophen TABS 50 MG-300 MG
BREATHE EASE SMALL DEVI ...	86	buprenorphine hcl SUBL 8 MG	10	6
BREATHERITE VALVED MDI CHAMBER DEVI	86	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	10	6
BREZTRI AEROSPHERE	14	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	9	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG
BRILINTA	76	buprenorphine hcl-naloxone hcl dihydrate SUBL	10	6
brimonidine tartrate (topical)	65	buprenorphine PTWK 15 MCG/HR		butalbital-acetaminophen-caffeine w/ codeine
brimonidine tartrate	97			9
brimonidine tartrate-timolol maleate .	96			butalbital-aspirin-caffeine CAPS
brinzolamide	99			6
BRIVIACT SOLN PO 10 MG/ML ...	16			butalbital-aspirin-caffeine w/cod
BRIVIACT TABS 10 MG	16			9
				butorphanol tartrate NA 10 MG/ML
				10
				BUTRANS PTWK 7.5 MCG/HR (buprenorphine)
				10
				BYSTOLIC (nebivolol hcl)
				44
				CABENUVA (CABOTEGRAVIR 400

MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER) .....41	CAPS .....72	carbidopa-levodopa-entacapone .39
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER) .....41	calcium acetate (phosphate binder) TABS .....72	carbinoxamine maleate SOLN ....25
cabergoline .....70	CALQUENCE .....35	carbinoxamine maleate SUER ....25
CABOMETYX TABS 20 MG, 60 MG . 35	candesartan cilexetil 32 MG .....28	carbinoxamine maleate TABS 4 MG . 25
CABOMETYX TABS 40 MG .....35	candesartan cilexetil 4 MG, 8 MG, 16 MG .....28	CARBINOXAMINE MALEATE TABS . 25
CAFERGOT TABS (ergotamine w/ caffeine) .....87	candesartan cilexetil- hydrochlorothiazide .....29	CARDIZEM CD CP24 (diltiazem hcl coated beads) .....45
caffeine citrate SOLN PO .....1	capecitabine .....32	CARDIZEM LA TB24 (diltiazem hcl) 45
CALAN SR TBCR 120 MG (verapamil hcl) .....45	CAPRELSA .....35	CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl) .....45
CALAN SR TBCR 180 MG, 240 MG (verapamil hcl) .....45	captopril & hydrochlorothiazide ...29	CARDURA (doxazosin mesylate) .28
CALCIFOL .....89	captopril .....28	CARDURA XL .....73
calcipotriene CREA .....60	CARAC CREA .....60	CAREPOINT POLY HUB NEEDLE 84
calcipotriene FOAM .....60	CARAFATE SUSP (sucralfate) ...108	carisoprodol TABS .....94
CALCIPOTRIENE FOAM .....60	CARAFATE TABS (sucralfate) ...108	CARNITOR SF SOLN PO (levocarnitine (metabolic modifiers)) 69
calcipotriene OINT .....60	carbamazepine CHEW 100 MG ...16	CARNITOR SOLN PO 1 GM/10ML (levocarnitine (metabolic modifiers)) 69
calcipotriene SOLN .....60	carbamazepine CP12 .....16	carteolol hcl (ophth) .....96
calcipotriene-betamethasone dipropionate OINT .....62	carbamazepine SUSP .....16	carvedilol 3.125 MG .....44
calcipotriene-betamethasone dipropionate SUSP .....62	carbamazepine TABS .....16	carvedilol 6.25 MG, 12.5 MG, 25 MG 44
calcitonin (salmon) IJ .....68	carbamazepine TB12 100 MG ....16	carvedilol phosphate .....44
calcitonin (salmon) NA .....68	carbamazepine TB12 200 MG ....16	CASODEX (bicalutamide) .....34
calcitriol (topical) .....60	carbamazepine TB12 400 MG ....16	CAYA DPRH .....81
calcitriol CAPS 0.25 MCG .....69	CARBATROL CP12 (carbamazepine) .....16	cefaclor CAPS .....48
calcitriol CAPS 0.5 MCG .....69	carbidopa .....39	CEFACLOR ER TB12 .....48
calcitriol SOLN PO .....69	carbidopa-levodopa TABS .....39	cefaclor SUSR 125 MG/5ML, 375
calcium acetate (phosphate binder)	carbidopa-levodopa TBCR 100 MG- 25 MG .....39	
	carbidopa-levodopa TBCR 200 MG- 50 MG .....39	
	carbidopa-levodopa TBDP .....39	

MG/5ML	48	CHEMET	24	cimetidine TABS 300 MG, 800 MG 108	
cefadroxil CAPS	48	chlordiazepoxide hcl CAPS	12	cimetidine TABS 400 MG	108
cefadroxil SUSR	48	chlordiazepoxide hcl-clidinium bromide	108	cinacalcet hcl	69
cefadroxil TABS	48	chlordiazepoxide-amitriptyline ...	102	CIPRO HC	100
cefdinir CAPS	48	chloroquine phosphate TABS	32	CIPRO SUSR	71
cefdinir SUSR	48	chlorpromazine hcl TABS	41	CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	71
cefixime CAPS	48	chlorthalidone 25 MG, 50 MG	67	CIPRODEX (ciprofloxacin- dexamethasone)	100
cefixime SUSR	48	chlorzoxazone TABS 250 MG	94	ciprofloxacin hcl (ophth) SOLN	97
cefpodoxime proxetil SUSR	48	chlorzoxazone TABS 375 MG, 500 MG, 750 MG	94	ciprofloxacin hcl (otic)	100
cefpodoxime proxetil TABS	48	cholestyramine light PACK	26	ciprofloxacin hcl TABS	71
cefprozil SUSR	48	cholestyramine light POWD	26	ciprofloxacin-dexamethasone	100
cefprozil TABS	48	cholestyramine PACK	26	ciprofloxacin-fluocinolone acetonide .	100
cefuroxime axetil TABS	48	cholestyramine POWD	26	citalopram hydrobromide SOLN ...	20
CELEBREX 400 MG (celecoxib)	4	choline fenofibrate 135 MG	26	citalopram hydrobromide TABS ...	20
CELEBREX 50 MG, 100 MG, 200 MG (celecoxib)	4	choline fenofibrate 45 MG	26	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	93
celecoxib 400 MG	5	CIALIS 2.5 MG (tadalafil)	46	CITRANATAL ASSURE	93
celecoxib 50 MG, 100 MG, 200 MG	5	CIALIS 5 MG, 10 MG, 20 MG (tadalafil)	46	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 93	
CELEXA TABS (citalopram hydrobromide)	20	ciclopirox GEL	59	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	93
CELLCEPT CAPS (mycophenolate mofetil)	90	ciclopirox olamine CREA	59	CITRANATAL MEDLEY	93
CELLCEPT TABS (mycophenolate mofetil)	90	ciclopirox olamine SUSP	59	CLARINEX TABS (desloratadine) .	26
CELONTIN (methsuximide)	19	ciclopirox SHAM	59	clarithromycin SUSR	80
cephalexin CAPS	48	ciclopirox SOLN	59	clarithromycin TABS	80
cephalexin SUSR	48	cilostazol	76		
CEPROTIN	76	CILOXAN OINT	97		
CERDELGA	77	CILOXAN SOLN (ciprofloxacin hcl (ophth))	97		
CERVIDIL INST	100	CIMDUO	41		
cevimeline hcl	91	cimetidine hcl PO 300 MG/5ML ..	108		

clarithromycin TB24	80	clonazepam TABS	16
climastine fumarate SYRP	25	clonazepam TBDP	16
climastine fumarate TABS 2.68 MG . 25		clonidine hcl TABS	28
CLEOCIN (clindamycin hcl)	31	clonidine TB24	28
CLEOCIN (clindamycin palmitate hydrochloride)	31	clopidogrel bisulfate	76
CLEOCIN CREA (clindamycin phosphate vaginal)	110	clorazepate dipotassium TABS	12
CLEOCIN SUPP	110	clotrimazole	91
CLEOCIN-T LOTN (clindamycin phosphate (topical))	57	clotrimazole w/ betamethasone CREA	59
CLEVER CHOICE HOLDING CHAMBER DEVI	86	clotrimazole w/ betamethasone LOTN	59
CLIMARA PRO	70	clozapine TABS	40
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	70	clozapine TBDP	40
CLINDAGEL GEL (clindamycin phosphate (topical))	57	CLOZARIL TABS (clozapine)	40
clindamycin hcl	31	C-NATE DHA CAPS	93
clindamycin palmitate hydrochloride . 31		CO MONITOR DEVI	86
clindamycin phosphate (topical) FOAM	57	COARTEM	32
clindamycin phosphate (topical) GEL 57		codeine sulfate TABS	7
clindamycin phosphate (topical) LOTN	57	CODITUSSIN AC LIQD	55
clindamycin phosphate (topical) SOLN	57	COLAZAL CAPS (balsalazide disodium)	71
clindamycin phosphate (topical) SWAB	57	colchicine CAPS	74
clindamycin phosphate vaginal CREA		colchicine TABS	74
clindamycin phosphate-benzoyl peroxide (refrigerate)	57	colchicine w/ probenecid	74
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	57	COLCRYS TABS (colchicine)	74
clindamycin phosphate-tretinoin ..	57	colesevelam hcl PACK	26
CLINDESSE	110	colesevelam hcl TABS	26
clobazam SUSP	16	COLESTID FLAVORED GRAN (colestipol hcl)	26
clobazam TABS 10 MG	16	COLESTID FLAVORED PACK (colestipol hcl)	26
clobazam TABS 20 MG	16	COLESTID GRAN (colestipol hcl) .	26
clobetasol propionate CREA 0.05 % . 62			
clobetasol propionate emollient base 0.05 %	62		
clobetasol propionate emulsion ..	62		
clobetasol propionate FOAM	63		
clobetasol propionate GEL 0.05 %	63		
clobetasol propionate LIQD	63		
clobetasol propionate LOTN	63		
clobetasol propionate OINT 0.05 % 63			
clobetasol propionate SHAM	63		
clobetasol propionate SOLN 0.05 % . 63			
CLOBEX LOTN 0.05 % (clobetasol propionate)	63		
CLOBEX SHAM (clobetasol propionate)	63		
clocortolone pivalate	63		
CLODERM (clocortolone pivalate) 63			
clomiphene citrate TABS	68		
clomipramine hcl	21		

COLESTID PACK (colestipol hcl) .26	COPIKTRA .....36	COZAAR (losartan potassium) ....28
COLESTID TABS (colestipol hcl) .26	CORDRAN TAPE .....63	CREON CPEP .....67
colestipol hcl GRAN .....26	COREG 3.125 MG (carvedilol) ....44	CRESEMBA CAPS 186 MG .....25
colestipol hcl PACK .....26	COREG 6.25 MG, 12.5 MG, 25 MG (carvedilol) .....44	CRESTOR TABS (rosuvastatin calcium) .....27
colestipol hcl TABS .....26	COREG CR (carvedilol phosphate) 44	CRINONE GEL 8 %111
COMBIGAN (brimonidine tartrate- timolol maleate) .....96	CORGARD TABS 20 MG, 40 MG (nadolol) .....44	cromolyn sodium (ophth) .....99
COMBIPATCH PTTW .....70	CORIFACT .....74	cromolyn sodium NEBU .....13
COMBIVENT RESPIMAT AERS ..14	CORLANOR SOLN .....47	CTEXLI 250 MG .....71
COMBIVIR (lamivudine-zidovudine) . 41	CORTEF TABS (hydrocortisone) ..53	CUPRIMINE CAPS (penicillamine) 90
COMETRIQ (100 MG DAILY DOSE) KIT .....35	CORTENEMA (hydrocortisone (intrarectal)) .....11	CUVPOSA SOLN PO (glycopyrrolate) .....108
COMETRIQ (140 MG DAILY DOSE) KIT .....36	CORTIFOAM EX 10 %11	CVS WOMENS PRENATAL+DHA MISC .....93
COMETRIQ (60 MG DAILY DOSE) KIT .....36	CORTISPORIN-TC .....100	cyclobenzaprine hcl TABS 5 MG, 10 MG .....94
COMFORT EZ INSULIN SYRINGE . 84	COSENTYX (300 MG DOSE) SOSY . 60	CYCLOGYL (cyclopentolate hcl) .97
COMPACT SPACE CHAMBER DEVI.....86	COSENTYX SENSOREADY (300 MG) SOAJ .....60	CYCLOGYL .....97
COMPACT SPACE CHAMBER/LG MASK DEVI .....86	COSENTYX SENSOREADY PEN SOAJ .....60	CYCLOMYDRIL .....97
COMPACT SPACE CHAMBER/MED MASK DEVI .....86	COSENTYX SOSY 150 MG/ML ..60	cyclopentolate hcl 1 %97
COMPACT SPACE CHAMBER/SM MASK DEVI .....86	COSENTYX SOSY 75 MG/0.5ML .60	cyclophosphamide CAPS .....32
COMPLERA .....41	COSENTYX UNOREADY SOAJ ..60	CYCLOPHOSPHAMIDE TABS ....32
COMPLETENATE CHEW .....93	COSOPT (dorzolamide hcl-timolol maleate) .....96	cycloserine .....32
CONCEPT DHA .....93	COSOPT PF (dorzolamide hcl- timolol maleate) .....96	cyclosporine (ophth) EMUL .....98
CONCEPT OB .....93	COTELLIC .....36	cyclosporine CAPS .....90
CONDOMS .....81	COVID VACCINES .....110	cyclosporine modified (for microemulsion) CAPS .....90
CONTRACE .....1	COVID-19 AT HOME TEST KITS .66	cyclosporine modified (for microemulsion) SOLN .....90
	COVID-19 FLU A&B 3-IN-1 TEST 66	CYMBALTA CPEP (duloxetine hcl) 21
		cyproheptadine hcl SYRP .....26

cyproheptadine hcl TABS	26	DAURISMO	33	(otic)	100
CYSTADANE (betaine)	69	DAYPRO TABS (oxaprozin)	5	DESCOVY 200 MG-25 MG	41
CYSTAGON CAPS	73	DDAVP TABS 0.1 MG		desipramine hcl TABS	21
CYSTARAN	99	(desmopressin acetate)	69	desloratadine TABS	26
CYTOMEL TABS 25 MCG, 50 MCG		DDAVP TABS 0.2 MG		desloratadine TBDP 2.5 MG	26
(liothyronine sodium)	107	(desmopressin acetate)	69	desloratadine TBDP 5 MG	26
CYTOMEL TABS 5 MCG		deferasirox PACK	24	DESMOPRESSIN ACETATE SOLN	
(liothyronine sodium)	107	deferasirox TABS	24	NA	69
CYTOTEC (misoprostol)	109	deferiprone TABS 500 MG	24	desmopressin acetate spray	69
CYTRA-3 SYRP	73	deflazacort SUSP	53	desmopressin acetate spray	
dabigatran etexilate mesylate CAPS		deflazacort TABS	53	refrigerated 0.01 %	69
110 MG	16	DELESTROGEN (estradiol valerate)		desmopressin acetate TABS 0.1 MG	
dabigatran etexilate mesylate CAPS		70		70	
75 MG, 150 MG	16	DELSTRIGO	41	desmopressin acetate TABS 0.2 MG	
dalfampridine	103	DELZICOL CPDR (mesalamine) ..	71	70	
DALIRESP (roflumilast)	13	demeclocycline hcl TABS	106	desogestrel-ethinyl estradiol	
danazol CAPS	10	DEMSEER (metyrosine)	28	(biphasic)	52
DANTRIUM CAPS 25 MG		DEPAKOTE ER TB24 (divalproex		desonide CREA	63
(dantrolene sodium)	94	sodium)	19	desonide GEL	63
dantrolene sodium CAPS	94	DEPAKOTE SPRINKLES CSDR		desonide LOTN	63
dapagliflozin propanediol	23	(divalproex sodium)	19	desonide OINT	63
dapagliflozin propanediol-metformin		DEPAKOTE TBEC (divalproex		DESOWEN CREA (desonide)	63
hcl 1000 MG-10 MG	21	sodium)	19	desoximetasone CREA	63
dapagliflozin propanediol-metformin		DEPEN TITRATABS TABS		desoximetasone GEL	63
hcl 1000 MG-5 MG	21	(penicillamine)	90	desoximetasone LIQD	63
dapsone (topical) 5 %	57	DEPO-SUBQ PROVERA 104		desoximetasone OINT 0.05 %	63
dapsone (topical) 7.5 %	57	(MEDROXYPROGESTERONE		desoximetasone OINT 0.25 %	63
dapsone 100 MG	31	ACETATE 104MG/0.65ML SUSP		DESOXYN (methamphetamine hcl) .	
dapsone 25 MG	31	PREF SYR)	53	1	
darifenacin hydrobromide	109	DERMA-SMOOTH/FS BODY OIL		desvenlafaxine succinate	21
darunavir TABS	41	(fluocinolone acetonide)	63	DETROL LA CP24 (tolterodine	
dasatinib	36	DERMA-SMOOTH/FS SCALP OIL		tartrate)	109
		(fluocinolone acetonide)	63		
		DERMOTIC (fluocinolone acetonide			

DETROL TABS (tolterodine tartrate) . 110	diclofenac potassium TABS 50 MG .5 EX .....60	dihydroergotamine mesylate SOLN IJ 1 MG/ML 88
dexamethasone ELIX .....53	diclofenac sodium (actinic keratoses) EX .....60	dihydroergotamine mesylate SOLN NA 4 MG/ML 88
DEXAMETHASONE INTENSOL CONC .....53	diclofenac sodium (ophth) .....99	DILANTIN (phenytoin sodium extended) 19
dexamethasone sodium phosphate (ophth) .....98	diclofenac sodium (topical) GEL EX 59	DILANTIN 30 MG 19
dexamethasone SOLN 53	diclofenac sodium (topical) SOLN EX 1.5 % 59	DILANTIN INFATABS CHEW (phenytoin) 19
dexamethasone TABS .....53	diclofenac sodium TB24 .....5	DILANTIN SUSP (phenytoin) 19
DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate) .....1	diclofenac sodium TBEC .....5	DILANTIN-125 SUSP (phenytoin) . 19
dexmethylphenidate hcl CP24 .....2	diclofenac w/ misoprostol TBEC ....5	DILAUDID LIQD (hydromorphone hcl) .....7
dexmethylphenidate hcl TABS .....2	dicloxacillin sodium 101	DILAUDID TABS (hydromorphone hcl) .....7
dextroamphetamine sulfate CP24 ...1	dicyclomine hcl CAPS 108	diltiazem hcl coated beads CP24 ..45
dextroamphetamine sulfate SOLN ..1	dicyclomine hcl SOLN PO .....108	diltiazem hcl CP12 .....45
dextroamphetamine sulfate TABS 5 MG, 10 MG 1	dicyclomine hcl TABS 108	diltiazem hcl CP24 .....45
DHIVY TABS .....39	DIFFERIN CREA (adapalene) .....57	diltiazem hcl extended release beads.....45
DIACOMIT CAPS 250 MG .....17	DIFFERIN GEL 0.1 % (adapalene) 57	diltiazem hcl TABS .....45
DIACOMIT CAPS 500 MG .....17	DIFFERIN GEL 0.3 % (adapalene) 57	diltiazem hcl TB24 45
DIACOMIT PACK 250 MG .....17	DIFFERIN LOTN .....57	dimethyl fumarate CDPK 103
DIACOMIT PACK 500 MG .....17	DIFICID TABS 81	dimethyl fumarate CPDR .....103
diazepam (anticonvulsant) GEL ... 16	diflorasone diacetate CREA 63	DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (valsartan- hydrochlorothiazide) 29
diazepam CONC .....12	diflorasone diacetate OINT 63	DIOVAN HCT 25 MG-160 MG (valsartan-hydrochlorothiazide) ....29
diazepam SOLN PO 5 MG/5ML ... 12	DIFLUCAN SUSR (fluconazole) ...25	DIOVAN TABS 160 MG (valsartan) 28
diazepam TABS 10 MG .....12	DIFLUCAN TABS 100 MG, 150 MG, 200 MG (fluconazole) .....25	DIOVAN TABS 40 MG, 80 MG, 320 MG (valsartan) .....28
diazepam TABS 2 MG, 5 MG .....12	diflunisal TABS .....7	
diazoxide 22	difluprednate .....98	
DIBENZYLINE (phenoxybenzamine hcl) 28	digoxin SOLN PO 0.05 MG/ML ....46	
DICLEGIS TBEC (doxylamine- pyridoxine) 25	digoxin TABS 62.5 MCG, 125 MCG, 250 MCG .....46	

DIPENTUM	71	doxercalciferol CAPS	69	DULCOLAX TBEC (bisacodyl)	80
diphenoxylate w/ atropine LIQD ...	24	doxycycline (monohydrate) CAPS	106	duloxetine hcl CPEP 20 MG, 30 MG,	60 MG
diphenoxylate w/ atropine TABS ...	24	doxycycline (monohydrate) SUSR	106	DUOPA SUSP	39
DIPROLENE OINT (betamethasone		doxycycline (monohydrate) TABS	106	DUPIXENT SOAJ 200 MG/1.14ML	64
dipropionate augmented)	63	doxycycline (monohydrate) TABS	150 MG	106	DUPIXENT SOAJ 300 MG/2ML ...
dipyridamole	77	doxycycline (monohydrate) TABS 50		DUPIXENT SOSY 100 MG/0.67ML	64
disopyramide phosphate CAPS ...	12	MG, 75 MG, 100 MG	106	DUPIXENT SOSY 200 MG/1.14ML	64
disulfiram	101	doxycycline (rosacea)	65	DUPIXENT SOSY 300 MG/2ML ...	65
DITROPAN XL TB24 5 MG		doxycycline hyclate CAPS	106	DUREX EXTRA SENSITIVE THIN	DEVI
(oxybutynin chloride)	110	doxycycline hyclate TABS 20 MG,		100 MG	106
DIURIL SUSP	68	doxylamine-pyridoxine TBEC	25	DUREX EXTRA SENSITIVE THIN	MISC
divalproex sodium CSDR	19	DRISDOL CAPS (ergocalciferol) .	111	81	
divalproex sodium TB24	19	dronabinol CAPS 10 MG	25	DUREX TROPICAL MISC	81
divalproex sodium TBEC	19	dronabinol CAPS 2.5 MG, 5 MG ...	25	dutasteride	73
DIVIGEL GEL (estradiol)	70	DROPLET INSULIN SYRINGE ...	84	dutasteride-tamsulosin hcl	73
dofetilide	12	DROPSAFE SAFETY		DYMISTA SUSP (azelastine hcl-	fluticasone propionate)
DOJOLVI	96	SYRINGE/NEEDLE	84	.95	
donepezil hydrochloride TABS ...	101	drospirenone-ethinyl estradiol ...	52	E.E.S. GRANULES SUSR	(erythromycin ethylsuccinate)
donepezil hydrochloride TBDP ...	101	drospirenone-ethinyl estradiol-		80	
DORAL (quazepam)	78	levomefolate calcium	52	EASIVENT MASK LARGE MISC ..	86
dorzolamide hcl	99	DROXIA CAPS	77	86	
DORZOLAMIDE HCL	99	droxidopa	111	EASIVENT MASK MEDIUM MISC	86
DORZOLAMIDE HCL-TIMOLOL MAL		DRYSOL SOLN	65	86	
.....	96	DUAVEE	70	EASIVENT MISC	86
dorzolamide hcl-timolol maleate ..	96	DUET DHA 400 MISC	93	EASY FLOW BLACK/BLUE DEVI ..	86
DOVATO	41	DUETACT (pioglitazone hcl-		86	
DOVONEX CREA (calcipotriene) ..	60	glimepiride)	21	EASY FLOW BLACK/ORANGE DEVI	.....
doxazosin mesylate	28	DULCOLAX PINK LAXATIVE TBEC		86	
doxepin hcl (antipruritic)	60	(bisacodyl)	80	EASY FLOW BLACK/RED DEVI ..	86
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EASY FLOW WHITE/YELLOW DEVI 86	ELIMITE CREA (permethrin) 66	ENBRACE HR93
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EDARBI 40 MG28	ELOCTATE 4000 UNIT, 5000 UNIT, 6000 UNIT75	ENCARE SUPP 100 MG 110
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efavirenz TABS42	EMEND SUSR25	enoxaparin sodium SOSY 40 MG/0.4ML15
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EPIDIOLEX	17	ERYPED 200 SUSR (erythromycin ethylsuccinate)	80	estradiol vaginal TABS	111
EPIDUO FORTE GEL (adapalene-benzoyl peroxide)	57	ERYPED 400 SUSR (erythromycin ethylsuccinate)	80	estradiol valerate	70
EPIDUO GEL (adapalene-benzoyl peroxide)	57	erythromycin (acne aid) GEL	57	ESTRING RING	111
EPIFOAM FOAM	63	erythromycin (acne aid) SOLN	58	ESTROGEL GEL (estradiol)	71
epinastine hcl (ophth)	99	erythromycin (ophth)	97	eszopiclone	78
epinephrine (anaphylaxis) SOAJ	111	ERYTHROMYCIN	97	ethacrynic acid	67
EPIVIR SOLN (lamivudine)	42	erythromycin base CPEP	81	ethambutol hcl TABS	32
EPIVIR TABS (lamivudine)	42	erythromycin base TABS	81	ethosuximide CAPS	19
eplerenone	30	erythromycin base TBEC	81	ethosuximide SOLN	19
EPZICOM (abacavir sulfate-lamivudine)	42	erythromycin ethylsuccinate SUSR	81	ethynodiol diacet & eth estrad	52
EQ SPACE CHAMBER ANTI-STATIC DEVI	86	erythromycin ethylsuccinate TABS	81	etodolac CAPS	5
EQ SPACE CHAMBER ANTI-STATIC L DEVI	86	escitalopram oxalate SOLN	20	etodolac TABS	5
EQ SPACE CHAMBER ANTI-STATIC M DEVI	86	escitalopram oxalate TABS 10 MG, 20 MG	20	etodolac TB24	5
EQ SPACE CHAMBER ANTI-STATIC S DEVI	86	escitalopram oxalate TABS 5 MG	20	etonogestrel-ethinyl estradiol	53
EQUETRO	40	ESGIC TABS (butalbital-acetaminophen-caffeine)	6	etoposide CAPS	38
ergocalciferol CAPS	111	ESPEROCT	75	etravirine	42
ergoloid mesylates TABS	103	estazolam	78	EUCRISA	65
ERGOMAR SUBL	88	ESTRACE CREA (estradiol vaginal)	111	EULEXIN	34
ergotamine w/ caffeine TABS	88	ESTRACE TABS (estradiol)	70	EVAMIST SOLN	71
ERIVEDGE	34	estradiol & norethindrone acetate TABS	70	everolimus (immunosuppressant)	90
ERLEADA 240 MG	34	estradiol GEL	70	everolimus TABS	36
ERLEADA 60 MG	34	estradiol PTTW	71	everolimus TBSO	36
erlotinib hcl	33	estradiol PTWK	71	EVISTA (raloxifene hcl)	68
				EVOTAZ	42
				EVOXAC (cevimeline hcl)	91
				EVRYSDI	96
				EXELDERM CREA (sulconazole nitrate)	59

EXELDERM SOLN	59	FELBATOL SUSP (felbamate)	18	FERRIPROX SOLN	24
EXELON (rivastigmine)	101	FELBATOL TABS (felbamate)	18	FERRIPROX TABS 500 MG (deferiprone)	24
exemestane	34	FELDENE CAPS 10 MG (piroxicam) ..	5	fesoterodine fumarate	110
EXFORGE 10 MG-160 MG (amlodipine besylate-valsartan) ...	29	FELDENE CAPS 20 MG (piroxicam) ..	5	FETZIMA CP24 20 MG	21
EXFORGE 10 MG-320 MG, 5 MG- 160 MG, 5 MG-320 MG (amlodipine besylate-valsartan)	29	felodipine 10 MG	45	FETZIMA CP24 40 MG, 80 MG, 120 MG	21
EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide)	29	felodipine 2.5 MG, 5 MG	45	FETZIMA TITRATION C4PK	21
EXODERM	59	FEMARA (letrozole)	34	FIBRICOR 105 MG (fenofibric acid) 27	
ezetimibe	27	FEMCAP DEVI	81	FIBRYGA	75
ezetimibe-simvastatin	26	FEMRING	111	FINACEA FOAM	65
FABHALTA	76	fenofibrate CAPS	27	FINACEA GEL (azelaic acid)	65
FABIOR FOAM	58	fenofibrate micronized 130 MG, 200 MG	27	finasteride	73
famciclovir	44	fenofibrate micronized 43 MG, 67 MG, 134 MG	27	fingolimod hcl	103
famotidine SUSR	108	fenofibrate TABS 145 MG, 160 MG 27		FIORICET CAPS (butalbital- acetaminophen-caffeine)	6
famotidine TABS 40 MG	108	fenofibrate TABS 48 MG	27	FIORICET/CODEINE 30 MG-40 MG- 50 MG-300 MG (butalbital- acetaminophen-caffeine w/ codeine) .	9
FANTASY LUBRICATED MISC ...	81	fenofibrate TABS 54 MG	27	FIRAZYR SOSY (icatibant acetate) 76	
FANTASY LUBRICATED/SPERMICIDE MISC 81		fenofibric acid 105 MG	27	FIRDAPSE	32
FARXIGA	23	fenoprofen calcium TABS	5	FLAREX	98
FASENRA PEN SOAJ	12	FENSOLVI (6 MONTH) SC	68	flavoxate hcl	110
FASENRA SOSY 10 MG/0.5ML ...	12	fentanyl citrate LPOP 1600 MCG ...	8	flecainide acetate	12
FASENRA SOSY 30 MG/ML	12	fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	8	FLEXICHAMBER DEVI	86
FC2 FEMALE CONDOM	81	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	8	FLONASE ALLERGY REL CHILDRENS SUSP (fluticasone propionate (nasal))	95
febuxostat 40 MG	74	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	8	FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal)) ...	95
febuxostat 80 MG	74	ferric citrate	72	FLORAFOL PEDIATRIC CHEW ...	92
FEIBA	75				
felbamate SUSP	18				
felbamate TABS	18				

FLORAFOL PEDIATRIC SOLN ...	92	fluoxetine hcl CAPS 10 MG, 20 MG 20	fluticasone propionate OINT	63
FLORIVA	89	fluoxetine hcl CAPS 40 MG	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	14
FLORIVA	92	fluoxetine hcl CPDR	20	fluticasone-salmeterol AERO
FLORIVA PLUS SOLN	92	fluoxetine hcl SOLN	20	14
FLOTREX CHEW 0.5 MG	92	FLUOXETINE HCL TABS (fluoxetine hcl)	20	fluvastatin sodium CAPS
FLOWFLEX PLUS COVID-19/FLU A/B	66	fluoxetine hcl TABS 10 MG	20	27
FLUBLOK SOSY	110	fluoxetine hcl TABS 20 MG, 60 MG 20	fluvastatin sodium TB24	27
FLUCELVAX SUSP	110	fluphenazine hcl CONC	41	fluvoxamine maleate CP24 100 MG 20
fluconazole SUSR	25	fluphenazine hcl ELIX	41	20
fluconazole TABS	25	fluphenazine hcl TABS	41	fluvoxamine maleate TABS 100 MG . 20
flucytosine	25	flurazepam hcl 15 MG	78	fluvoxamine maleate TABS 25 MG, 50 MG
fludrocortisone acetate TABS	54	flurazepam hcl 30 MG	78	20
FLUMIST	110	flurbiprofen sodium	99	FLUZONE HIGH-DOSE SUSY ...
FLUMIST QUADRIVALENT	110	flurbiprofen TABS	5	110
fluocinolone acetonide (otic)	100	fluticasone furoate-vilanterol	14	FML FORTE SUSP
fluocinolone acetonide CREA	63	fluticasone propionate (inhalation) AEPB 100 MCG/ACT	13	98
fluocinolone acetonide OIL	63	fluticasone propionate (inhalation) AEPB 250 MCG/ACT	13	FML LIQUIFILM SUSP (fluorometholone (ophth))
fluocinolone acetonide OINT	63	fluticasone propionate (inhalation) AEPB 50 MCG/ACT	13	98
fluocinolone acetonide SOLN	63	fluticasone propionate (nasal) SUSP . 96	FOCALIN TABS (dexmethylphenidate hcl)	2
fluocinonide CREA	63	fluticasone propionate CREA 0.05 % 63	FOCALIN XR CP24 (dexmethylphenidate hcl)	2
fluocinonide emulsified base	63	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	14	folic acid TABS 1 MG
fluocinonide GEL	63	fluticasone propionate hfa 44 MCG/ACT	13	77
fluocinonide OINT	63	fluticasone propionate LOTN	63	folic acid TABS 400 MCG, 800 MCG . 77
fluocinonide SOLN	63			FOLIVANE-OB
fluorometholone (ophth) SUSP	98			93
fluorouracil (topical) CREA 0.5 % ..	60			fondaparinux sodium 10 MG/0.8ML 15
fluorouracil (topical) CREA 5 %	60			fondaparinux sodium 2.5 MG/0.5ML, 7.5 MG/0.6ML
fluorouracil (topical) SOLN	60			15
fluoxetine hcl (pmdd) TABS	103			fondaparinux sodium 5 MG/0.4ML . 15
				formoterol fumarate NEBU
				14

FORTESTA GEL TD (testosterone) 10	FUZEON SOLR .....42	GILOTRIF 33
FOSAMAX TABS 70 MG (alendronate sodium) .....68	FYCOMPA SUSP .....16	GILPHEX TR TABS 10 MG-388 MG . 55
fosamprenavir calcium TABS .....42	FYCOMPA TABS 2 MG .....16	GILTUSS COUGH & COLD TABS 55
fosfomycin tromethamine 31	FYCOMPA TABS 4 MG .....16	GILTUSS SINUS & CONGESTION TABS .....55
fosinopril sodium & hydrochlorothiazide .....29	FYCOMPA TABS 6 MG .....16	glatiramer acetate SOSY 20 MG/ML . 103
fosinopril sodium .....28	FYCOMPA TABS 8 MG, 10 MG, 12 MG 16	glatiramer acetate SOSY 40 MG/ML . 103
FOSRENOL PACK .....72	gabapentin CAPS .....17	GLENMAX PEB LIQD 55
FRAGMIN SOLN 95000 UNIT/3.8ML 15	gabapentin SOLN .....17	GLEOSTINE 10 MG, 40 MG, 100 MG.....32
FRAGMIN SOSY 10000 UNIT/ML .15	gabapentin TABS 600 MG, 800 MG 17	glimepiride 1 MG, 2 MG, 4 MG 23
FRAGMIN SOSY 12500 UNIT/0.5ML, 15000 UNIT/0.6ML .....15	GALAFOLD .....69	glipizide TABS 23
FRAGMIN SOSY 18000 UNT/0.72ML.....15	galantamine hydrobromide CP24 101	glipizide TB24 .....23
FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML 15	galantamine hydrobromide SOLN 101	glipizide-metformin hcl 21
FRAGMIN SOSY 7500 UNIT/0.3ML 15	galantamine hydrobromide TABS 101	GLOBAL EASY GLIDE INSULIN SYR .....85
FREESTYLE INSULINX TEST STRP.....66	GALZIN .....90	GLUCAGON EMERGENCY 22
FREESTYLE LITE KIT .....83	gatifloxacin (ophth) .....97	GLUCOTROL XL TB24 (glipizide) .23
FREESTYLE LITE TEST STRP ...66	GATTEX .....73	glutamine (sickle cell) 77
FREESTYLE PRECISION NEO SYSTEM KIT .....83	gefitinib 33	glyburide micronized 1.5 MG, 3 MG, 6 MG .....23
FREESTYLE PRECISION NEO TEST STRP .....66	GELFILM 98	glyburide TABS 23
FREESTYLE TEST STRP .....66	gemfibrozil TABS 27	glyburide-metformin .....21
frovatriptan succinate 88	GENERESS FE (norethindrone & ethinyl estradiol-fe) .....52	GLYCATE TABS .....108
furosemide SOLN PO 8 MG/ML, 10 MG/ML .....67	gentamicin sulfate (ophth) SOLN ..97	glycopyrrolate SOLN PO 1 MG/5ML . 108
furosemide TABS .....67	gentamicin sulfate (topical) CREA .58	glycopyrrolate TABS 1 MG, 2 MG 108
	gentamicin sulfate (topical) OINT ..58	GLYCOPYRROLATE TABS .....108
	GENVOYA .....42	GLYNASE (glyburide micronized) 23
	GEODON 20 MG, 40 MG (ziprasidone hcl) 40	
	GEODON 60 MG, 80 MG (ziprasidone hcl) 40	

GLYXAMBI	21	HUMALOG KWIKPEN SOPN 200 UNIT/ML	22	HUMIRA-PSORIASIS/UVEIT STARTER AJKT	4
GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ...	78	HUMALOG MIX 50/50 KWIKPEN SUPN	22	HUMULIN 70/30 KWIKPEN SUPN	22
granisetron hcl TABS	24	HUMALOG MIX 50/50 SUSP	22	HUMULIN 70/30 SUSP	22
griseofulvin microsize SUSP	25	HUMALOG MIX 75/25 KWIKPEN SUPN	22	HUMULIN N KWIKPEN SUPN	23
griseofulvin microsize TABS	25	HUMALOG MIX 75/25 SUSP	22	HUMULIN N SUSP	23
griseofulvin ultramicrosize	25	HUMALOG SOCT	22	HUMULIN R SOLN IJ	23
guaifenesin TABS 400 MG	56	HUMALOG SOLN IJ	22	HUMULIN R U-500 (CONCENTRATED) SOLN SC	23
guaifenesin-codeine SOLN	55	HUMALOG SOCT	22	HUMULIN R U-500 KWIKPEN SOPN SC	23
guanfacine hcl (adhd)	1	HUMALOG SOLN IJ	22	HUMULIN R U-500 KWIKPEN SOPN SC	23
guanfacine hcl	29	HUMATE-P SOLR	75	HYCAMTIN CAPS	38
GUM BASE (GELATIN)	101	HUMATIN	2	HYCODAN SOLN (hydrocodone bitartrate-homatropine methylobromide)	54
GYNAZOLE-1	110	HUMATROPE CART IJ	68	hydralazine hcl TABS	30
HADLIMA PUSHTOUCH SOAJ	3	HUMIRA (2 PEN) AJKT 40 MG/0.4ML	3	HYDREA (hydroxyurea)	38
HADLIMA SOSY	3	HUMIRA (2 PEN) AJKT 40 MG/0.8ML	3	hydrochlorothiazide CAPS	68
HAEGARDA SOLR SC	76	HUMIRA (2 PEN) AJKT 80 MG/0.8ML	3	hydrochlorothiazide TABS	68
HALCION 0.25 MG (triazolam)	78	HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	4	hydrocodone bitartrate CP12	8
halobetasol propionate CREA	63	HUMIRA (2 SYRINGE) PSKT	4	hydrocodone bitartrate T24A	8
halobetasol propionate OINT	63	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	hydrocodone bitartrate-homatropine methylobromide SOLN	54
haloperidol lactate CONC	40	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	hydrocodone polistirex- chlorpheniramine polistirex SUER	.55
haloperidol TABS	40	HUMIRA-PED<40KG CROHNS STARTER PSKT	4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	9
HELIDAC THERAPY	109	HUMIRA-PED>=40KG CROHNS START PSKT	4	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	9
HEMANGEOL SOLN PO	44	HUMIRA-PED>=40KG UC STARTER AJKT	4	hydrocodone-acetaminophen TABS 300 MG-7.5 MG	9
HEMLIBRA	75	HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	hydrocodone-acetaminophen TABS	
HEMOFIL M SOLR 1700 UNIT	75				
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT	75				
HUMALOG JUNIOR KWIKPEN SOPN	22				
HUMALOG KWIKPEN SOPN 100 UNIT/ML	22				

325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	9	hydroxychloroquine sulfate 200 MG 32	IMBRUVICA CAPS 140 MG	36
hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG	9	hydroxyurea	IMBRUVICA CAPS 70 MG	36
hydrocodone-ibuprofen 5 MG-200 MG	9	hydroxyzine hcl SYRP	IMBRUVICA SUSP	36
hydrocortisone (intrarectal)	11	hydroxyzine hcl TABS	IMBRUVICA TABS	36
hydrocortisone (rectal) EX 2.5 % ..	11	hydroxyzine pamoate CAPS	imipramine hcl TABS 10 MG, 25 MG .	21
hydrocortisone (topical) CREA 2.5 % 63		hyoscyamine sulfate SUBL 0.125 MG	imipramine hcl TABS 50 MG	21
hydrocortisone (topical) LOTN 2 % 63		.....108	imipramine pamoate	21
hydrocortisone (topical) LOTN 2.5 % . 63		hyoscyamine sulfate TABS 0.125 MG	imiquimod 5 %	65
hydrocortisone (topical) OINT 2.5 % . 63		.....108	IMITREX 20 MG/ACT (sumatriptan)	88
hydrocortisone (topical) SOLN 2.5 % 63		hyoscyamine sulfate TB12 0.375 MG 108	IMITREX 5 MG/ACT (sumatriptan)	88
hydrocortisone butyrate CREA	64	hyoscyamine sulfate TBDP 0.125 MG	IMITREX STATDOSE REFILL SOCT	4 MG/0.5ML (sumatriptan succinate) .
hydrocortisone butyrate hydrophilic lipo base	64	.....108	88	
hydrocortisone butyrate LOTN	64	HYPERSAL NEBU (sodium chloride (inhalant))	IMITREX STATDOSE REFILL SOCT	6 MG/0.5ML (sumatriptan succinate) .
hydrocortisone butyrate OINT	64	.....56	88	
hydrocortisone butyrate SOLN	64	HYPERSAL NEBU	IMITREX STATDOSE SYSTEM	SOAJ 4 MG/0.5ML (sumatriptan succinate)
hydrocortisone TABS	53	HYSINGLA ER T24A	88	
hydrocortisone valerate CREA	64	.....8	IMITREX STATDOSE SYSTEM	SOAJ 6 MG/0.5ML (sumatriptan succinate)
hydrocortisone valerate OINT	64	HYZAAR (losartan potassium & hydrochlorothiazide)	88	
hydrocortisone w/acetic acid	100	.....29	ibandronate sodium TABS	68
hydromorphone hcl LIQD	8	ibuprofen TABS 400 MG, 600 MG, 800 MG	5	
hydromorphone hcl TABS	8	.....5	icatibant acetate SOSY	76
hydromorphone hcl TB24 32 MG ...	8	ICLUSIG .....	.....36	
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	8	icosapent ethyl	26	
		IDELVION	75	
		IDHIFA	36	
		ILEVRO	99	
		imatinib mesylate TABS 100 MG ..	36	
		imatinib mesylate TABS 400 MG ..	36	

INCRELEX	68	INTRAROSA	110	isotretinoin 30 MG	58	
INCRUSE ELLIPTA	13	INTUNIV (guanfacine hcl (adhd)) ...	1	isotretinoin 35 MG, 40 MG	58	
indapamide TABS 1.25 MG, 2.5 MG .	68	INVEGA (paliperidone)	40	isradipine CAPS	45	
INDERAL LA CP24 (propranolol hcl) .	44	iodine strong (lugol's)	89	ISTALOL SOLN (timolol maleate	(ophth))	96
INDERAL XL	44	iodoquinol-hydrocortisone in aloe	vehicle	itraconazole CAPS	25	
indomethacin CAPS 25 MG, 50 MG	5	IOPIDINE	97	itraconazole SOLN	25	
indomethacin CPR	5	ipratropium bromide (nasal)	95	ivabradine hcl TABS	47	
indomethacin SUPP	5	ipratropium bromide SOLN 0.02 %	13	ivermectin (pediculicide)	66	
indomethacin SUSP	5	ipratropium-albuterol SOLN	14	ivermectin (rosacea)	65	
INGREZZA CAPS 40 MG	102	irbesartan	28	ivermectin	11	
INGREZZA CAPS 60 MG	102	irbesartan-hydrochlorothiazide ...	29	IXINITY SOLR	75	
INGREZZA CAPS 80 MG	102	IRESSA (gefitinib)	33	JADENU SPRINKLE PACK	(deferasirox)	24
INGREZZA CPPK	102	ISENTRESS CHEW	42	JADENU TABS (deferasirox)	24	
INGREZZA CPSP	102	ISENTRESS HD TABS	42	JAKAFI	36	
INLYTA	33	ISENTRESS TABS	42	JALYN (dutasteride-tamsulosin hcl) .	73	
INNOPRAN XL	44	isoniazid SYRP	32	JANUMET TABS	21	
INQOVI	35	isoniazid TABS	32	JANUMET XR TB24 1000 MG-100	MG	21
INREBIC	36	ISOPTO ATROPINE SOLN	97	JANUMET XR TB24 1000 MG-50	MG, 500 MG-50 MG	21
INSPIRACHAMBER/LARGE DEVI	86	ISORDIL TITRADOSE TABS 5 MG	(isosorbide dinitrate)	11	JANUVIA	22
INSPIRACHAMBER/MEDIUM DEVI .	86	isosorbide dinitrate TABS 40 MG ..	11	JARDIANCE	23	
INSPIRACHAMBER/MOUTHPIECE	DEVI	isosorbide dinitrate TABS 5 MG, 10	MG, 20 MG, 30 MG	11	JIVI 4000 UNIT	75
INSPIRACHAMBER/SMALL DEVI	86	isosorbide dinitrate-hydralazine hcl	46	JIVI 500 UNIT, 1000 UNIT, 2000	UNIT, 3000 UNIT	75
INSPIREASE MISC	86	isosorbide mononitrate TABS	11	JULUCA	42	
INSPIRA (eplerenone)	30	ISOSORBIDE MONONITRATE	TABS	11	JUXTAPID 10 MG, 20 MG, 30 MG	27
INSULIN LISPRO PROT & LISPRO	SUPN	isosorbide mononitrate TB24	11	JUXTAPID 5 MG	27	
INTELENCE (etravirine)	42	isotretinoin 10 MG, 25 MG	58	JYNARQUE TBPK	70	
INTELENCE 25 MG	42	isotretinoin 20 MG	58			

KALETRA SOLN	42	81	phosphate monobasic)	89
KALETRA TABS (lopinavir-ritonavir) .	42	KIMONO MISC	K-PHOS-NEUTRAL (pot phosphate	
KALYDECO PACK	106	KIMONO PLUS MISC	monobasic w/ sod phosphate dibasic	89
KALYDECO TABS	106	KIMONO PS MISC	& monobasic)	89
KAMELEON LUBRICATED MISC .	81	KIMONO PS PLUS MISC	KRINTAFEL	32
KCENTRA	75	KIMONO SENSATION MISC	K-TAB TBCR 10 MEQ (potassium	
KENALOG AERS (triamcinolone		KIMONO SENSATION PLUS MISC	chloride)	90
acetone (topical))	64	81	KUVAN PACK (sapropterin	
KEPPRA SOLN PO 100 MG/ML		KIMONO SPECIAL DEVI	dihydrochloride)	69
(levetiracetam)	17	KISQALI (200 MG DOSE)	KUVAN TABS (sapropterin	
KEPPRA TABS 1000 MG		KISQALI (400 MG DOSE)	dihydrochloride)	69
(levetiracetam)	17	KISQALI (600 MG DOSE)	K-Y ME & YOU EXTRA	
KEPPRA TABS 250 MG, 500 MG,		KISQALI FEMARA (200 MG DOSE) .	LUBRICATED DEVI	82
750 MG (levetiracetam)	17	35	K-Y ME & YOU INTENSE DEVI ...	82
KEPPRA XR TB24 (levetiracetam) 17		KISQALI FEMARA (400 MG DOSE) .	labetalol hcl TABS 100 MG, 200 MG,	
ketoconazole (topical) CREA	59	35	300 MG	44
ketoconazole (topical) FOAM	59	KISQALI FEMARA (600 MG DOSE) .	lacosamide SOLN PO 10 MG/ML, 50	
ketoconazole (topical) SHAM 2 % .	59	35	MG/5ML, 100 MG/10ML	17
ketoconazole	25	KLARITY-A	lacosamide TABS	17
KETONE TEST STRP	66	97	lactulose (encephalopathy)	72
ketoprofen CP24	5	KLARON (sulfacetamide sodium	lactulose SOLN	79
ketorolac tromethamine (ophth) ...	99	(acne))	LAGEVRIO	44
ketorolac tromethamine TABS	5	58	LAMICTAL CHEW (lamotrigine) ...	17
KETOSTIX STRP	66	KLEAR GUMMY BASE	LAMICTAL ODT KIT (lamotrigine) .	17
KEVZARA SOAJ	4	101	LAMICTAL ODT TBDP (lamotrigine) .	17
KEVZARA SOSY	4	KLONOPIN TABS (clonazepam) ..	17	
KIMONO COLORS DEVI	81	16	LAMICTAL TABS (lamotrigine)	17
KIMONO MAXX-LARGE FLARE		KLOXXADO LIQD	LAMICTAL XR KIT	17
MISC	81	24	lamivudine (hbv) TABS	43
KIMONO MICRO THIN MISC	81	KOATE SOLR	lamivudine SOLN	42
KIMONO MICRO THIN PLUS MISC .		75	lamivudine TABS	42
KIMONO MISC	81	KOATE-DVI SOLR 500 UNIT, 1000	lamivudine-zidovudine	42
K-PHOS NO 2	73	UNIT	lamotrigine CHEW	17
K-PHOS TABS (potassium		75		

lamotrigine KIT 25 MG	17	LENVIMA (18 MG DAILY DOSE) .	33	levonorgestrel (emergency oc) 1.5	MG	53			
lamotrigine KIT	17	LENVIMA (20 MG DAILY DOSE) .	33	levonorgestrel-eth estradiol	(triphasic)	52			
lamotrigine TABS	17	LENVIMA (24 MG DAILY DOSE) .	33	levonorgestrel-ethinyl estradiol (91-	day) 0.03 MG-0.15 MG	52			
lamotrigine TB24 25 MG, 50 MG, 100	MG, 200 MG	17	LENVIMA (4 MG DAILY DOSE) ..	33	LENVIMA (8 MG DAILY DOSE) ..	33			
lamotrigine TB24 250 MG	17	LESCOL XL TB24 (fluvastatin	sodium)	27	levonorgestrel-ethinyl estradiol	(continuous)	52		
lamotrigine TB24 300 MG	17	LETAIRIS (ambrisentan)	47	levonorgestrel-ethinyl estradiol-iron	52				
lamotrigine TBDP	17	letrozole	34	levorphanol tartrate TABS	8				
LANOXIN TABS 62.5 MCG, 125	MCG, 250 MCG (digoxin)	46	leucovorin calcium TABS	38	levothyroxine sodium CAPS 125	MCG	107		
lansoprazole CPDR	109	LEUKERAN	32	levothyroxine sodium CAPS 13 MCG,	25 MCG, 50 MCG, 75 MCG, 88	MCG, 100 MCG, 112 MCG, 137	MCG, 150 MCG, 175 MCG, 200	MCG	107
lansoprazole TBDD 15 MG	109	levalbuterol hcl	14	levothyroxine sodium CAPS 13 MCG,	25 MCG, 50 MCG, 75 MCG, 88	MCG, 100 MCG, 112 MCG, 137	MCG, 150 MCG, 175 MCG, 200	MCG	107
lansoprazole TBDD 30 MG	109	levalbuterol tartrate	14	levothyroxine sodium TABS 112	MCG, 125 MCG, 175 MCG, 200	MCG	107		
lanthanum carbonate CHEW 1000	MG	72	LEVVID TB12 (hyoscyamine sulfate)	108	levothyroxine sodium TABS 25 MCG,	50 MCG, 75 MCG, 88 MCG, 100	MCG, 137 MCG, 150 MCG, 300	MCG	107
lanthanum carbonate CHEW 500 MG	.....	72	levetiracetam SOLN PO 100 MG/ML,	500 MG/5ML	17	levosin TABS (hyoscyamine sulfate)	.....	108
lanthanum carbonate CHEW 750 MG	.....	72	levetiracetam TABS 1000 MG	17	levosin/SL SUBL (hyoscyamine	sulfate)	108	
LANTUS SOLN	23	levetiracetam TABS 250 MG, 500	MG, 750 MG	17	LEXAPRO TABS 10 MG, 20 MG	(escitalopram oxalate)	20		
LANTUS SOLOSTAR SOPN	23	levetiracetam TB24	17	LEXAPRO TABS 5 MG (escitalopram	oxalate)	20			
lapatinib ditosylate	36	LEVETIRACETAM TB3D	17	LEXIVA TABS (fosamprenavir	calcium)	42			
LASIX TABS (furosemide)	67	levobunolol hcl 0.5 %	96	LIBRAX (chlordiazepoxide hcl-	clidinium bromide)	108			
LASTACFT	99	levocarnitine (metabolic modifiers)	SOLN PO 1 GM/10ML	69					
latanoprost SOLN	99	levocarnitine (metabolic modifiers)	TABS	69					
LATANOPROST SOLN	99	levofloxacin (ophth) 1.5 %	97						
leflunomide 10 MG	5	levofloxacin SOLN PO	71						
leflunomide 20 MG	5	levofloxacin TABS	71						
lenalidomide	90	levonorgestrel & eth estradiol TABS	52						
LENVIMA (10 MG DAILY DOSE) .	33								
LENVIMA (12 MG DAILY DOSE) .	33								
LENVIMA (14 MG DAILY DOSE) .	33								

lidocaine hcl (mouth-throat) 2 % ...91	LITHOSTAT 74	loteprednol etabonate GEL 98
lidocaine PTCH 5 %65	LO LOESTRIN FE TABS 52	loteprednol etabonate SUSP 0.2 % 98
lidocaine-prilocaine CREA .....65	LOCOID LIPOCREAM 64	loteprednol etabonate SUSP 0.5 % 98
LIDODERM PTCH (lidocaine) 65	LODINE TABS (etodolac) .....5	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 30
linezolid SUSR 31	lofedidine hcl 101	
linezolid TABS 31	LOHIST-DM SYRP .....55	
LINZESS .....72	LOKELMA 91	
liothyronine sodium TABS 25 MCG, 50 MCG 107	LOMOTIL TABS (diphenoxylate w/ atropine) .....24	lovastatin TABS 10 MG, 20 MG ... 27
liothyronine sodium TABS 5 MCG 107	LONSURF .....35	lovastatin TABS 40 MG .....27
LIPITOR TABS (atorvastatin calcium) .....27	loperamide hcl CAPS 24	LOVAZA (omega-3-acid ethyl esters) .....26
LIPOFEN CAPS (fenofibrate) .....27	LOPID TABS (gemfibrozil) .....27	LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium) 15
liraglutide 22	lopinavir-ritonavir SOLN 42	LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium) 16
lisdexamfetamine dimesylate CAPS 1	lopinavir-ritonavir TABS 42	LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium) 16
lisdexamfetamine dimesylate CHEW . 1	LOPRESSOR TABS (metoprolol tartrate) .....44	LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium) 15
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG 29	LOPROX SHAM (ciclopirox) 59	LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium) 16
lisinopril & hydrochlorothiazide 25 MG-20 MG 30	LOPROX SUSP (ciclopirox olamine) . 59	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ... 16
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG .....28	lorazepam CONC 12	loxapine succinate 40
lisinopril TABS 40 MG 28	lorazepam TABS .....12	lubiprostone 71
lithium .....40	LORBRENA 36	LUMAKRAS 120 MG, 240 MG 36
lithium carbonate CAPS 150 MG, 600 MG 40	losartan potassium & hydrochlorothiazide .....30	LUMAKRAS 320 MG 36
lithium carbonate CAPS 300 MG ..40	losartan potassium .....28	LUMIGAN SOLN 0.01 % 100
lithium carbonate TABS 40	LOSEASONIQUE (levonorgestrel- ethinyl estradiol (91-day)) .....52	LUNESTA (eszopiclone) 78
lithium carbonate TBCR 40	LOTEMAS OINT 98	LUPRON DEPOT (1-MONTH) KIT IM.....34
LITHOBID TBCR (lithium carbonate) . 40	LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl) .....28	LUPRON DEPOT-PED (1-MONTH) 7.5 MG 69
	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 30	

lurasidone hcl	40	polymy-dexameth)	98	MEKTOVI	37
LYNPARZA TABS	36	MAXI-TUSS PE MAX LIQD	55	meloxicam CAPS 10 MG	5
LYRICA CAPS 225 MG, 300 MG (pregabalin)	17	MAXX MISC	82	meloxicam CAPS 5 MG	5
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin)	17	MAXX PLUS MISC	82	meloxicam TABS 15 MG	5
LYRICA SOLN (pregabalin)	17	MAXZIDE TABS (triamterene & hydrochlorothiazide)	67	meloxicam TABS 7.5 MG	5
LYSODREN	34	MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	67	melphalan	32
MACROBID (nitrofurantoin monohyd macro)	31	MAYZENT STARTER PACK TBPK 0.25 MG	103	memantine hcl CP24	101
MACRODANTIN (nitrofurantoin macrocrystal)	31	MAYZENT TABS 0.25 MG	103	memantine hcl SOLN	101
mafenide acetate PACK	62	MAYZENT TABS 1 MG	103	memantine hcl TABS 10 MG	102
MALARONE (atovaquone-proguanil hcl)	32	MAYZENT TABS 2 MG	103	memantine hcl TABS 5 MG	102
malathion	66	MAYZENT TABS 103		memantine hcl TABS	102
maraviroc TABS	42	meclizine hcl CHEW	24	memantine hcl-donepezil hcl CP24 101	
MAR-COF BP	55	meclizine hcl TABS 50 MG	24	M-END PE LIQD	55
MAR-COF CG EXPECTORANT LIQD	55	meclofenamate sodium CAPS	5	MENEST 0.3 MG, 0.625 MG, 1.25 MG	71
MARINOL CAPS 2.5 MG, 5 MG (dronabinol)	25	MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone)	53	MENEST 2.5 MG	71
MARPLAN	19	MEDROL TABS	53	MENOSTAR PTWK	71
MATULANE	38	MEDROL TBPK (methylprednisolone)	53	meperidine hcl SOLN PO 50 MG/5ML	8
MAVYRET TABS	43	medroxyprogesterone acetate 10 MG	101	meperidine hcl TABS 50 MG	8
MAXALT TABS 10 MG (rizatriptan benzoate)	88	medroxyprogesterone acetate 2.5 MG, 5 MG	101	mercaptopurine SUSP 2000 MG/100ML	32
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	88	mefenamic acid CAPS	5	mercaptopurine TABS	32
MAXIDEX SUSP OP	98	mefloquine hcl	32	mesalamine CP24	72
MAXITROL OINT (neomycin-polymy- dexameth)	98	megestrol acetate (appetite)	101	mesalamine CPR	72
MAXITROL SUSP (neomycin-		megestrol acetate SUSP	34	mesalamine CPDR	72
		megestrol acetate TABS	34	mesalamine ENEM	72
		MEKINIST SOLR	37	mesalamine SUPP	72
		MEKINIST TABS	37	mesalamine TBEC 1.2 GM	72
				mesalamine TBEC 800 MG	72

mesna TABS	38	methscopolamine bromide	108	metoprolol & hydrochlorothiazide TABS	30
MESNEX TABS	38	methsuximide	19	metoprolol succinate TB24	44
MESTINON TABS (pyridostigmine bromide)	32	methyldopa TABS	29	metoprolol tartrate TABS	44
METADATE CD CPR (methylphenidate hcl)	2	methylergonovine maleate TABS	100	METROCREAM CREA (metronidazole (topical))	65
metaxalone 800 MG	94	METHYLIN SOLN (methylphenidate hcl)	2	METROGEL GEL 1 % (metronidazole (topical))	65
metformin hcl SOLN	22	methylphenidate hcl CHEW	2	METROLOTION LOTN (metronidazole (topical))	65
metformin hcl TABS 500 MG, 850 MG, 1000 MG	22	methylphenidate hcl CP24 60 MG ..	2	metronidazole (topical) CREA	65
metformin hcl TB24 500 MG, 750 MG	22	methylphenidate hcl CP24	2	metronidazole (topical) GEL 0.75 % 65	
methadone hcl CONC	8	methylphenidate hcl CPR	2	metronidazole (topical) GEL 1 % ..	66
methadone hcl SOLN PO	8	methylphenidate hcl SOLN	2	metronidazole (topical) LOTN	66
methadone hcl TABS	8	methylphenidate hcl TABS 20 MG ..	2	metronidazole CAPS	31
methadone hcl TBSO	8	methylphenidate hcl TABS 5 MG, 10 MG	2	metronidazole TABS 250 MG, 500 MG	31
METHADOSE CONC (methadone hcl)	8	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	2	metronidazole vaginal	110
METHADOSE SUGAR-FREE CONC (methadone hcl)	8	methylphenidate hcl TB24 36 MG ..	2	metyrosine	28
methamphetamine hcl	1	methylphenidate hcl TBCR 10 MG ..	2	mexiletine hcl	12
methazolamide TABS	67	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 72 MG	2	MG217 PSORIASIS MULTI- SYMPTOM OINT	65
methenamine hippurate	31	methylphenidate hcl TBCR 20 MG ..	2	MIACALCIN IJ (calcitonin (salmon)) 68	
methenamine mandelate	31	methylphenidate hcl TBCR 54 MG ..	2	MICARDIS 20 MG, 40 MG (telmisartan)	28
methimazole TABS	107	methylphenidate PTCH	2	MICARDIS 80 MG (telmisartan) ...	28
methocarbamol TABS 500 MG, 750 MG	94	methylprednisolone TABS	53	MICARDIS HCT (telmisartan- hydrochlorothiazide)	30
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	32	methylprednisolone TBPk	53	MICROCHAMBER DEVI	86
methotrexate sodium TABS 2.5 MG 32		methyltestosterone CAPS	10	MICROCHAMBER MISC	86
methoxsalen rapid	60	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	71	MICROSPACER MISC	86
		metoclopramide hcl TABS	71		
		metoclopramide hcl TBPk	71		
		metolazone	68		
		METOPIRONE	66		

midazolam hcl SYRP	78	mometasone furoate SOLN	64	mupirocin OINT	58
midodrine hcl	111	montelukast sodium CHEW	13	MYALEPT	69
MIFEPREX (mifepristone)	70	montelukast sodium PACK	13	MYAMBUTOL TABS 400 MG (ethambutol hcl)	32
mifepristone	70	montelukast sodium TABS	13	mycophenolate mofetil CAPS	90
miglitol	21	MONUROL (fosfomycin tromethamine)	31	mycophenolate mofetil SUSR	90
miglustat	77	morphine sulfate beads	8	mycophenolate mofetil TABS	90
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	52	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	8	mycophenolate sodium	90
MINIPRESS CAPS (prazosin hcl) .	29	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	8	MYDRIACYL SOLN (tropicamide) .	97
MINIVELLE PTTW (estradiol)	71	morphine sulfate SUPP	8	MYLERAN TABS	32
minocycline hcl CAPS	107	morphine sulfate TABS	8	MYSOLINE (primidone)	17
minocycline hcl TABS 50 MG, 100 MG	107	morphine sulfate TBCR	8	MYTESI	23
minocycline hcl TABS 75 MG	107	MOVANTIK	72	nabumetone 500 MG	5
minoxidil 2.5 MG, 10 MG	30	moxifloxacin hcl (ophth) SOLN OP	97	nabumetone 750 MG	5
MIRALAX POWD (polyethylene glycol 3350)	79	MUCINEX D TB12 (pseudoephedrine-guaifenesin) ...	55	nadolol TABS 20 MG, 40 MG, 80 MG	45
MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	52	MUCOTROL WAFR	91	naftifine hcl CREA 1 %	59
mirtazapine TABS	19	MULPLETA	77	naftifine hcl CREA 2 %	59
mirtazapine TBDP	19	MULTIVITAMIN + FLUORIDE CHEW 0.5 MG, 1 MG	92	naftifine hcl GEL 2 %	59
misoprostol	109	MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG	92	NALFON TABS 600 MG	5
modafinil	2	MULTIVITAMIN/FLUORIDE SOLN 92		naloxone hcl LIQD	24
MODERNA COVID-19 VAC 6M-11Y SUSY	110	MULTI-VIT-FLOR CHEW 0.5 MG, 1 MG	92	naloxone hcl SOSY 2 MG/2ML	24
moexipril hcl	28			naltrexone hcl	24
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	43			NAMENDA TABS 10 MG (memantine hcl)	102
mometasone furoate (nasal) SUSP 96				NAMENDA TABS 5 MG (memantine hcl)	102
mometasone furoate CREA	64			NAMENDA TITRATION PAK TABS (memantine hcl)	102
mometasone furoate OINT	64			NAMENDA XR CP24 (memantine hcl)	102
				NAMZARIC C4PK	102

NAMZARIC CP24 (memantine hcl- donepezil hcl)	102	neomycin-bacitracin zn-polymyxin	97	nicardipine hcl CAPS	45
NAMZARIC CP24 7 MG-10 MG ..	102	neomycin-polymy-dexameth OINT	98	NICODERM CQ PT24 TD (nicotine) .	105
NAPROSYN SUSP (naproxen)	5	neomycin-polymy-dexameth SUSP	98	NICORETTE GUM (nicotine polacrilex)	106
NAPROSYN TABS 500 MG (naproxen)	5	neomycin-polymyxin-gramicidin ..	97	NICORETTE LOZG (nicotine polacrilex)	106
naproxen sodium TABS 275 MG, 550 MG	5	neomycin-polymyxin-hc (ophth) ...	98	NICORETTE MINI LOZG (nicotine polacrilex)	106
naproxen SUSP	5	neomycin-polymyxin-hc (otic) SOLN .	100	NICORETTE STARTER KIT GUM (nicotine polacrilex)	106
naproxen TABS	5	neomycin-polymyxin-hc (otic) SUSP .	100	NICOTINE KIT	106
naratriptan hcl	88	NEORAL CAPS (cyclosporine modified (for microemulsion))	90	nicotine polacrilex GUM	106
NARCAN LIQD (naloxone hcl)	24	NEORAL SOLN (cyclosporine modified (for microemulsion))	91	nicotine polacrilex LOZG	106
NARDIL (phenelzine sulfate)	19	NEOTUSS PLUS LIQD	55	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	106
NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal)) ..	96	NERLYNX	37	NICOTROL INHA	106
NASONEX 24HR SUSP (mometasone furoate (nasal))	96	NESTABS	93	NICOTROL NS SOLN	106
NATACHEW CHEW 120 MG-10 MG- 20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	93	NESTABS DHA	93	nifedipine CAPS	45
NATACYN	97	NESTABS ONE	93	nifedipine TB24 30 MG, 60 MG	45
NATAZIA	52	NEUPRO	39	nifedipine TB24	45
nateglinide	23	NEURONTIN CAPS (gabapentin) .	17	NILANDRON (nilutamide)	34
NAYZILAM	16	NEURONTIN SOLN (gabapentin) .	17	nilutamide	34
nebivolol hcl	44	NEURONTIN TABS (gabapentin) .	17	nimodipine CAPS	45
NEBULIZER CUP/TUBING DEVI ..	87	NEVANAC	99	nimodipine SOLN	45
NEBUSAL NEBU	56	nevirapine SUSP	42	NINJACOF-XG LIQD	55
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	93	nevirapine TABS	42	NINLARO	37
nefazodone hcl	20	nevirapine TB24	42	nisoldipine	45
neomycin sulfate TABS	2	NEXAVAR (sorafenib tosylate) ...	37	nitazoxanide TABS	31
		NEXICLON XR TB24 (clonidine) ..	29	nitisinone CAPS	69
		NEXTSTELLIS	52	NITRO-BID OINT	11
		niacin (antihyperlipidemic) TABS ..	27	NITRO-DUR PT24 (nitroglycerin) ..	11
		niacin (antihyperlipidemic) TBCR ..	27		

NITRO-DUR PT24	11	norgestimate-ethinyl estradiol	52	75
nitrofurantoin	31	NORPACE CR CP12	12	NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT
nitrofurantoin macrocrystal	31	NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl)	21	76
nitrofurantoin monohyd macro	31	NORTHERA (droxidopa)	111	NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT
nitroglycerin (intra-anal)	11	nortriptyline hcl CAPS	21	76
nitroglycerin PT24	11	nortriptyline hcl SOLN	21	NUWIQ SOLR 2500 UNIT, 3000 UNIT, 4000 UNIT
nitroglycerin SOLN TL 0.4 MG/SPRAY	11	NORVASC TABS 2.5 MG (amlodipine besylate)	45	91
nitroglycerin SUBL	11	NORVASC TABS 5 MG, 10 MG (amlodipine besylate)	45	NYSTATIN (nystatin (mouth-throat)) . 91
NITROLINGUAL SOLN TL (nitroglycerin)	11	NORVIR PACK	42	nystatin (mouth-throat)
NITROSTAT SUBL (nitroglycerin) .	11	NORVIR TABS (ritonavir)	42	91
NIVA THYROID TABS	107	NOVAVAX COVID-19 VACCINE SUSY	110	nystatin (topical) CREA
nizatidine CAPS	108	NOVOEIGHT	75	59
NORDITROPIN FLEXPPO SOPN .	68	NOVOSEVEN RT	75	59
norelgestromin-ethinyl estradiol ...	53	NP THYROID TABS	107	59
norethin acet & estrad-fe CAPS ...	52	NUBEQA	34	nystatin TABS
norethin acet & estrad-fe CHEW ...	52	NUCALA SOAJ	13	25
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	52	NUCALA SOLR	13	nystatin-triamcinolone CREA
norethindrone & ethinyl estradiol-fe 52		NUCALA SOSY 100 MG/ML	13	59
norethindrone (contraceptive)	53	NUCALA SOSY 40 MG/0.4ML	13	59
norethindrone acet & eth estra TABS 52		NUEDEXTA	103	NYVEPRIA
norethindrone acetate TABS	101	NUPLAZID CAPS	40	77
norethindrone acetate-ethinyl estradiol	70	NUPLAZID TABS 10 MG	40	OB COMPLETE ONE
norethindrone acetate-ethinyl estradiol-fe	52	NUVARING (etonogestrel-ethinyl estradiol)	53	93
norgestimate-ethinyl estradiol (triphasic)	52	NUVESSA	110	OB COMPLETE PETITE
		NUVIGIL (armodafinil)	2	93
		NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT		OB COMPLETE PREMIER
				93
				OB COMPLETE/DHA
				93
				OBIZUR
				76
				OBSTETRIX DHA MISC
				93
				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
				93
				OCALIVA 10 MG
				71
				OCALIVA 5 MG
				71
				octreotide acetate SOLN
				70
				octreotide acetate SOSY
				70
				OCUFLOX (ofloxacin (ophth))
				97

ODEFSEY	42	ondansetron hcl SOLN PO 4 MG/5ML	24	ORENITRAM MONTH 2 TEPK	46
ODOMZO	34	ondansetron hcl TABS 4 MG, 8 MG 24		ORENITRAM MONTH 3 TEPK	46
OFEV	106	ondansetron TBDP 4 MG, 8 MG ..	24	ORENITRAM TBCR	46
ofloxacin (ophth)	97	ONE FLOW SPIROMETER DEVI ..	87	ORFADIN CAPS (nitisinone)	69
ofloxacin (otic)	100	ONETOUCH ULTRA 2 KIT	83	ORFADIN SUSP	69
ofloxacin 300 MG	71	ONETOUCH ULTRA BLUE TEST STRP	66	ORIAHNN	70
ofloxacin 400 MG	71	ONETOUCH ULTRA STRP	66	ORKAMBI PACK	106
olanzapine TABS 15 MG, 20 MG ..	40	ONETOUCH ULTRA TEST STRP ..	66	ORKAMBI TABS	106
olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	40	ONETOUCH VERIO FLEX SYSTEM KIT	83	orlistat	1
olanzapine TBDP	40	ONETOUCH VERIO REFLECT KIT 83		orphenadrine citrate TB12	94
olanzapine-fluoxetine hcl	102	ONETOUCH VERIO STRP	66	oseltamivir phosphate CAPS	44
olmesartan medoxomil 40 MG	28	ONUREG TABS	32	oseltamivir phosphate SUSR	44
olmesartan medoxomil 5 MG, 20 MG 28		OPILL	53	OSMOPREP	79
olmesartan medoxomil-amlodipine- hydrochlorothiazide	30	OPSUMIT	47	OSPHENA	68
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG . 30		OPTICHAMBER DIAMOND DEVI ..	87	OTEZLA TABS	5
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	30	OPTICHAMBER DIAMOND MISC ..	87	OTEZLA TBPK	5
olopatadine hcl (nasal)	95	OPTICHAMBER DIAMOND-LG MASK DEVI	87	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3
olopatadine hcl 0.1 %	99	OPTICHAMBER DIAMOND-MD MASK MISC	87	OVACE PLUS WASH LIQD (sulfacetamide sodium)	61
olopatadine hcl 0.2 %	99	OPTICHAMBER DIAMOND-SM MASK MISC	87	OVACE WASH LIQD (sulfacetamide sodium)	61
OMBRA TABLE TOP COMPRESSOR DEVI	87	OPTIONS GYNOL II CONTRACEPTIVE GEL	110	oxaprozin TABS	5
omega-3-acid ethyl esters	26	ORACIT	73	OXAYDO TABS 5 MG	8
omeprazole CPDR 20 MG, 40 MG 109		ORAL CITRATE	73	oxazepam CAPS 10 MG, 15 MG ..	12
omeprazole magnesium CPDR ..	109	ORAVIG	91	oxazepam CAPS 30 MG	12
OMNIFLEX DIAPHRAGM	82	ORENITRAM MONTH 1 TEPK	46	oxcarbazepine SUSP	17

oxcarbazepine TB24 150 MG, 300 MG	17	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	67	PAXLOVID (150/100)	43
oxcarbazepine TB24 600 MG	17	PANRETIN	60	PAXLOVID (300/100)	43
oxiconazole nitrate CREA	59	pantoprazole sodium PACK	109	pazopanib hcl	37
OXISTAT LOTN	59	pantoprazole sodium TBEC	109	PEDIAPRED SOLN (prednisolone sodium phosphate)	54
oxybutynin chloride TABS 5 MG ..	110	PARI MANUAL INTERRUPTER DEVI	87	pediatric multivitamins w/fl CHEW 0.5 MG, 1 MG	92
oxybutynin chloride TB24	110	PARI TREK S COMBO PACK DEVI ..	87	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	78
oxycodone hcl CAPS	8	paricalcitol CAPS 1 MCG, 2 MCG ..	69	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 78	
oxycodone hcl CONC 100 MG/5ML	8	paricalcitol CAPS 4 MCG	69	peg 3350-potassium chloride-sod bicarbonate-sod chloride	78
oxycodone hcl SOLN	8	PARLODEL CAPS (bromocriptine mesylate)	39	PEGASYS SOLN	43
oxycodone hcl TABS 30 MG	8	PARLODEL TABS (bromocriptine mesylate)	39	PEG-PREP	78
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	8	paromomycin sulfate	2	penicillamine CAPS	90
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ..	9	paroxetine hcl SUSP	20	penicillamine TABS	90
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	9	paroxetine hcl TABS	20	penicillin v potassium SOLR	100
oxycodone w/ acetaminophen TABS 325 MG-5 MG	9	paroxetine hcl TB24	20	penicillin v potassium TABS	100
OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	9	PATADAY 0.1 % (olopatadine hcl)	99	pentamidine isethionate IN	31
oxymorphone hcl TABS 10 MG	8	PATADAY 0.2 % (olopatadine hcl)	99	PENTASA CPCR 250 MG	72
oxymorphone hcl TABS 5 MG	8	PATADAY 0.7 %	99	PENTASA CPCR 500 MG	72
oxymorphone hcl TB12	8	PATANASE (olopatadine hcl (nasal))	95	pentazocine w/ naloxone hcl	10
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	22	PAXIL CR TB24 (paroxetine hcl) ..	20	pentoxifylline	76
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	22	PAXIL SUSP (paroxetine hcl)	20	PEPCID TABS 40 MG (famotidine) 108	
OZEMPIC (2 MG/DOSE) SOPN ..	22	PAXIL TABS (paroxetine hcl)	20	PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen)	9
paliperidone	40			PERCOCET TABS 325 MG-2.5 MG (oxycodone w/ acetaminophen)	9
PALYNZIQ	69			PERCOCET TABS 325 MG-5 MG (oxycodone w/ acetaminophen)	9
PAMELOR CAPS (nortriptyline hcl)					

perindopril erbumine	28	pioglitazone hcl-metformin hcl TABS .	POLY HUB NEEDLE	85
permethrin CREA	66	22	polyethylene glycol 3350 POWD ..	79
perphenazine TABS	41	PIQRAY (200 MG DAILY DOSE) .37	polymyxin b-trimethoprim	97
perphenazine-amitriptyline	102	PIQRAY (250 MG DAILY DOSE) .37	POLYTRIM (polymyxin b-	
phenelzine sulfate	19	PIQRAY (300 MG DAILY DOSE) .37	trimethoprim)	98
phenobarbital ELIX	78	pirfenidone CAPS	POLY-VI-FLOR CHEW 0.5 MG, 1	
phenobarbital TABS	78	pirfenidone TABS	MG	92
phenoxybenzamine hcl	28	piroxicam CAPS 10 MG	POLY-VI-FLOR SUSP	92
phentermine hcl CAPS	1	piroxicam CAPS 20 MG	POLY-VI-FLOR/IRON CHEW	92
phenylephrine hcl (mydriatic) SOLN		PLAN B ONE-STEP (levonorgestrel	POLY-VI-FLOR/IRON SUSP	92
10 %	97	(emergency oc))	POMALYST	34
phenylephrine hcl (mydriatic) SOLN		PLAVIX 75 MG (clopidogrel bisulfate)	posaconazole SUSP	25
2.5 %	97	.....	posaconazole TBEC	25
PHENYLEPHRINE HCL SOLN		PLEGRIDY SOAJ	pot & sod citrates w/citric ac SOLN	
(phenylephrine hcl (mydriatic))	97	PLEGRIDY SOSY IM	73	
phenytoin CHEW	19	PLEGRIDY SOSY SC	pot phosphate monobasic w/ sod	
phenytoin sodium extended 100 MG,		PLEGRIDY STARTER PACK SOAJ .	phosphate dibasic & monobasic ..	89
200 MG, 300 MG	19	103	potassium chloride CPCR	90
phenytoin SUSP	19	PLEGRIDY STARTER PACK SOSY	potassium chloride	
PHEXXI	111	SC	microencapsulated crystals er	90
phytonadione TABS 5 MG	111	PLEXION CLEANSER LIQD	potassium chloride PACK PO 20	
PIFELTRO	42	(sulfacetamide sodium w/ sulfur) ..	MEQ	90
pilocarpine hcl (oral) 5 MG	91	PLEXION CREA (sulfacetamide	potassium chloride SOLN PO 10 %,	
pilocarpine hcl (oral) 7.5 MG	91	sodium w/ sulfur)	20 %, 10 %	90
pilocarpine hcl SOLN 1 %, 2 %, 4 % .		PLEXION LOTN (sulfacetamide	potassium chloride TBCR 20 MEQ	90
97		sodium w/ sulfur)	potassium chloride TBCR 8 MEQ, 10	
pimecrolimus	65	PNV-DHA+DOCUSATE	MEQ	90
pimozide	103	PNV-OMEGA	potassium citrate (alkalinizer) TBCR .	
pindolol TABS	45	POCKET CHAMBER DEVI	73	
pioglitazone hcl 15 MG	23	POCKET SPACER DEVI	potassium citrate-citric acid SOLN .73	
pioglitazone hcl 30 MG, 45 MG	23	PODOCON-25 SOLN	potassium iodide (expectorant) SOLN	
pioglitazone hcl-glimepiride	22	podofilox GEL .....	.....	56
		podofilox SOLN	POVIDONE-IODINE	98

PRALUENT SOAJ	27	PREDNISOLONE-MOXIFLOXACIN SOLN	98	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	94
pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	39	PREDNISONE INTENSOL CONC	54	PRENATE PIXIE	94
pramipexole dihydrochloride TABS 1 MG	39	prednisone SOLN	54	PRENATE RESTORE	94
pramipexole dihydrochloride TABS 1.5 MG	39	prednisone TABS	54	PREPIDIL GEL	100
pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG	39	prednisone TBPK	54	PREVACID 24HR CPDR (lansoprazole)	109
pramipexole dihydrochloride TB24 3 MG	39	pregabalin CAPS 225 MG, 300 MG 18		PREVACID CPDR 30 MG (lansoprazole)	109
PRAMOSONE LOTN	64	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	18	PREVIDENT SOLN (sodium fluoride (dental))	91
PRAMOSONE OINT 1 %-1 %	64	pregabalin SOLN	18	PREZCOBIX	42
PRAMOSONE OINT 2.5 %-1 % ...	64	PREMARIN	111	PREZISTA SUSP	42
prasugrel hcl	77	PREMARIN TABS	71	PREZISTA TABS (darunavir)	42
pravastatin sodium 10 MG, 20 MG, 80 MG	27	PREMESISRX	93	PREZISTA TABS 75 MG, 150 MG	42
pravastatin sodium 40 MG	27	PREMPHASE	70	PRIFTIN	32
praziquantel	11	PREMPRO	70	PRILOSEC PACK	109
prazosin hcl CAPS	29	PRENA 1 TRUE	93	PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)	32
PRECISION XTRA BLOOD GLUCOSE STRP	66	PRENA1 PEARL	93	primaquine phosphate TABS	32
PRECISION XTRA KETONE	66	PRENAISSANCE	93	primidone 50 MG, 250 MG	18
PRED MILD	98	PRENAISSANCE PLUS CAPS ...	93	PRISTIQ (desvenlafaxine succinate) 21	
PREDNISOLONE SODIUM PHOSPHATE	98	PRENATAL 19 CHEW	93	PRO COMFORT SPACER ADULT MISC	87
prednisolone sodium phosphate SOLN 25 MG/5ML	54	PRENATAL 19 TABS	93	PRO COMFORT SPACER CHILD MISC	87
prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML ...	54	PRENATAL+DHA MISC	93	PRO COMFORT SPACER INFANT DEVI	87
prednisolone sodium phosphate TBDP	54	PRENATAL-U CAPS	93	PROAIR RESPICLICK AEPB	14
		PRENATE	93	probenecid	74
		PRENATE AM	93	PROCARDIA XL TB24 (nifedipine)	
		PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	93		
		PRENATE ENHANCE	93		
		PRENATE ESSENTIAL 90 MG-26			

45	propafenone hcl TABS 150 MG ... 12	pseudoephedrine-guaifenesin TB12 600 MG-60 MG 55
PROCARE SPACER/ADULT MASK DEVI 87	propafenone hcl TABS 225 MG, 300 MG 12	PULMICORT FLEXHALER AEPB 180 MCG/ACT 14
PROCARE SPACER/CHILD MASK DEVI 87	propracetamol hcl 98	PULMICORT FLEXHALER AEPB 90 MCG/ACT 14
PROCHAMBER VHC DEVI 87	propranolol hcl CP24 45	PULMICORT SUSP 0.25 MG/2ML (budesonide (inhalation)) 14
prochlorperazine 41	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML 45	PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation)) 14
prochlorperazine maleate TABS ... 41	propylthiouracil 107	PULMICORT SUSP 1 MG/2ML (budesonide (inhalation)) 14
PROCTOFOAM HC FOAM EX 11	PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML 55	PULMOZYME 106
PROCYSBI CPDR 73	PROSCAR (finasteride) 73	PURE COMFORT 3-BALL BREATHE EX DEVI 87
PROCYSBI PACK 73	PROTONIX TBEC (pantoprazole sodium) 109	PURE COMFORT SPACER CHAMBER DEVI 87
PROFILNINE 76	PROTOPIC OINT 0.03 % (tacrolimus topical)) 65	PURIXAN SUSP 2000 MG/100ML (mercaptopurine) 32
progesterone CAPS 101	PROTOPIC OINT 0.1 % (tacrolimus topical)) 65	pyrazinamide 32
PROGRAF PACK 91	protriptyline hcl 21	pyridostigmine bromide SOLN PO .32
PROLATE TABS 9	PROVERA 10 MG (medroxyprogesterone acetate) .. 101	pyridostigmine bromide TABS 60 MG 32
PROLIA SOSY 68	PROVERA 5 MG (medroxyprogesterone acetate) .. 101	pyridostigmine bromide TBCR 32
PROMACTA PACK 12.5 MG 77	PROVIDA OB 94	QBRELIS SOLN 28
PROMACTA PACK 25 MG 77	PROVIGIL (modafinil) 2	QINLOCK 37
PROMACTA TABS 77	PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl) 20	QSYMIA 1
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML 26	PROZAC CAPS 40 MG (fluoxetine hcl) 20	QUAKE DEVI 87
promethazine hcl SUPP 12.5 MG, 25 MG 26	PSE-DEXCHLORPHEN- CHLOPHEDIANOL 55	QUALAQUIN CAPS (quinine sulfate) 32
promethazine hcl TABS 12.5 MG .. 26	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 55	QUARTETTE (levonorgestrel-ethinyl estradiol (91-day)) 52
promethazine hcl TABS 25 MG ... 26		quazepam 78
promethazine hcl TABS 50 MG ... 26		QUESTRAN LIGHT POWD
promethazine w/codeine SOLN ... 55		
promethazine w/codeine SYRP ... 55		
promethazine-dm SYRP 55		
PROMETRIUM CAPS (progesterone) 101		
propafenone hcl CP12 12		

(cholestyramine light)	26	raloxifene hcl	68	RELENZA DISKHALER	44
QUESTRAN PACK (cholestyramine) 26		ramelteon	78	RELEXXII TBCR 72 MG	2
QUESTRAN POWD (cholestyramine)	26	ramipril CAPS	28	RELION INSULIN SYRINGE	85
quetiapine fumarate TABS 200 MG 40		ranolazine TB12 1000 MG	11	RELNATE DHA CAPS	94
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	40	ranolazine TB12 500 MG	11	RELPAKX (eletriptan hydrobromide) 88	
quetiapine fumarate TABS 300 MG, 400 MG	40	RAPAFLO 4 MG (silodosin)	73	RELYVRIO	96
quetiapine fumarate TB24	40	RAPAFLO 8 MG (silodosin)	73	REMERON SOLTAB TBDP (mirtazapine)	19
QUFLORA FE PEDIATRIC LIQD ..	92	rasagiline mesylate	39	REMERON TABS 15 MG, 30 MG (mirtazapine)	19
QUFLORA PEDIATRIC CHEW 0.5 MG, 1 MG	92	RASUVO SOAJ 20 MG/0.4ML	3	REMERON TABS 15 MG, 30 MG (mirtazapine)	19
QUFLORA PEDIATRIC SOLN	92	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	REVELA PACK 0.8 GM (sevelamer carbonate)	72
QUILLICHEW ER CHER 20 MG, 40 MG	2	RAZADYNE ER CP24 (galantamine hydrobromide)	102	REVELA PACK 2.4 GM (sevelamer carbonate)	72
QUILLICHEW ER CHER 30 MG	2	REALITY LATEX CONDOMS MISC . 82		REVELA TABS (sevelamer carbonate)	72
QUILLIVANT XR SRER	2	REALITY LATEX/ULTRA TEXTURED DEVI	82	repaglinide	23
quinapril hcl	28	REALITY LATEX/ULTRA THIN DEVI 82		RESTORIL 15 MG (temazepam) ..	78
quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	30	REALITY LATEX/ULTRA THIN DEVI 82		RESTORIL 22.5 MG, 30 MG (temazepam)	78
quinapril-hydrochlorothiazide 25 MG- 20 MG	30	REBIF REBIDOSE SOAJ	103	RESTORIL 7.5 MG (temazepam) .	78
quinidine gluconate TBCR	12	REBIF REBIDOSE TITRATION PACK SOAJ	103	RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	77
quinine sulfate CAPS 324 MG	32	REBIF SOSY	103	RETACRIT 20000 UNIT/ML	77
QVAR REDIHALER 80 MCG/ACT ..	14	REBIF TITRATION PACK SOSY .	103	RETEVMO CAPS	37
RABEPRAZOLE SODIUM CPSP 109		REBINYN 3000 UNIT	76	RETIN-A CREA (tretinoin)	58
rabeprazole sodium TBEC	109	REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	76	RETIN-A GEL (tretinoin)	58
RADICAVA ORS STARTER KIT SUSP	96	RECOMBINATE SOLR	76	RETIN-A MICRO (tretinoin microsphere)	58
RADICAVA ORS SUSP	96	REGLAN TABS (metoclopramide hcl)	71	RETIN-A MICRO PUMP 0.04 %, 0.1 % (tretinoin microsphere)	58
		REGANEX	66	RETROVIR CAPS (zidovudine) ...	42

RETROVIR SYRP (zidovudine) ... 42	hcl) .....2	ROZEREM (ramelteon) 78
REXULTI 41	RITALIN TABS 20 MG (methylphenidate hcl) 2	ROZLYTREK CAPS 37
REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate) 42	RITALIN TABS 5 MG, 10 MG (methylphenidate hcl) 2	ROZLYTREK PACK 37
REYATAZ PACK 42	RITEFLO DEVI .....87	RUBRACA 37
RHOFADE .....66	ritonavir TABS .....42	rufinamide SUSP .....18
RIASTAP 76	rivaroxaban TABS 2.5 MG .....15	rufinamide TABS 200 MG .....18
RIDAURA 4	rivastigmine 102	rufinamide TABS 400 MG .....18
rifabutin .....32	rivastigmine tartrate CAPS 102	RUKOBIA 42
rifampin CAPS 32	RIXUBIS SOLR 76	RYBELSUS TABS 22
RILUTEK TABS (riluzole) .....96	rizatriptan benzoate TABS .....88	RYDAPT 37
riluzole TABS .....96	rizatriptan benzoate TBDP .....88	RYDEX 55
rimantadine hydrochloride TABS .. 44	ROBINUL TABS (glycopyrrolate) .108	RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG 39
RINVOQ LQ SOLN .....3	ROBINUL-FORTE TABS (glycopyrrolate) 108	RYTARY CPCR 95 MG-23.75 MG 39
RINVOQ TB24 .....3	ROCALTROL CAPS 0.25 MCG (calcitriol) .....69	RYVENT TABS 25
risedronate sodium TABS 150 MG 68	ROCALTROL CAPS 0.5 MCG (calcitriol) .....69	SABRIL PACK (vigabatrin) 18
risedronate sodium TABS 35 MG .68	ROCALTROL SOLN PO (calcitriol) 69	SABRIL TABS (vigabatrin) .....19
risedronate sodium TABS 5 MG, 30 MG 68	roflumilast .....13	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ....52
RISPERDAL SOLN (risperidone) ..40	ropinirole hydrochloride TABS .....39	SALAGEN 5 MG (pilocarpine hcl (oral)) .....91
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone) 40	ropinirole hydrochloride TB24 12 MG 39	SALAGEN 7.5 MG (pilocarpine hcl (oral)) .....91
RISPERDAL TABS 3 MG (risperidone) 40	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG .....39	SALICYLIC ACID OINT .....65
risperidone SOLN .....40	rosuvastatin calcium TABS .....27	salicylic acid SHAM 6 % 65
risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG 40	ROXICODONE TABS 15 MG (oxycodone hcl) 8	salicylic acid SOLN 26 % 65
risperidone TABS 3 MG 40	ROXICODONE TABS 30 MG (oxycodone hcl) 8	SALIMEZ CREA 65
risperidone TB24 0.25 MG 40		salsalate 7
risperidone TB24 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG 40		SALYCIM CREA 65
RITALIN LA CP24 (methylphenidate		SANCUSO PTCH .....24
		SANDIMMUNE CAPS (cyclosporine)

91	SEREVENT DISKUS	14	silver sulfadiazine	62
SANDIMMUNE SOLN PO 100 MG/ML	SEROQUEL TABS 200 MG (quetiapine fumarate)	91	simvastatin TABS	27
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (octreotide acetate)	SEROQUEL TABS 25 MG, 50 MG, 100 MG (quetiapine fumarate)	70	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	39
SANTYL OINT	SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate)	65	SINGULAIR CHEW (montelukast sodium)	13
sapropterin dihydrochloride PACK .69	SEROQUEL XR TB24 (quetiapine fumarate) .....	.69	SINGULAIR PACK (montelukast sodium)	13
sapropterin dihydrochloride TABS .69	SEROSTIM SC 4 MG, 5 MG, 6 MG 68	.69	SINGULAIR TABS (montelukast sodium)	13
SAVELLA TABS	SERTRALINE HCL CAPS	102	sirolimus SOLN	91
SAVELLA TITRATION PACK MISC 102	sertraline hcl CONC	102	sirolimus TABS	91
saxagliptin hcl	sertraline hcl TABS	22	SITAVIG TABS BU	44
saxagliptin-metformin hcl	sevelamer carbonate PACK 0.8 GM . 73	22	SIVEXTRO TABS	31
SAXENDA	sevelamer carbonate PACK 2.4 GM . 73	1	SKLICE (ivermectin (pediculicide)) 66	
scopolamine	sevelamer carbonate TABS	24	SKYRIZI PEN SOAJ	61
SEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))	sevelamer hcl 400 MG	52	SKYRIZI SOCT	72
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	sevelamer hcl 800 MG	94	SKYRIZI SOSY	61
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	SFROWASA ENEM	94	SLYND	53
SELECT-OB+DHA MISC	SIGNIFOR	94	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %	56
selegiline hcl CAPS	SIKLOS TABS 100 MG	39	sodium fluoride (dental) SOLN 0.2 % 91	
selegiline hcl TABS	SIKLOS TABS 1000 MG	39	sodium fluoride CHEW 0.25 MG, 0.5 MG	89
selenium sulfide LOTN 2.5 %	sildenafil citrate (pulmonary hypertension) SUSR	61	sodium fluoride CHEW 1 MG, 2.2 MG	89
SELZENTRY SOLN	sildenafil citrate (pulmonary hypertension) TABS	42	sodium fluoride SOLN	89
SELZENTRY TABS (maraviroc) ...	sildenafil citrate	42	sodium fluoride TABS 0.5 MG	89
SE-NATAL 19 CHEW	silodosin 4 MG	94	sodium fluoride TABS 1 MG	89
SE-NATAL 19 TABS	silodosin 8 MG	94	SODIUM OXYBATE SOLN	101
	SILVADENE (silver sulfadiazine) .	62		

sodium phenylbutyrate POWD	69	spironolactone & hydrochlorothiazide	67	sulconazole nitrate CREA	59
sodium phenylbutyrate TABS	69	spironolactone TABS	67	sulconazole nitrate SOLN	59
sodium polystyrene sulfonate POWD 91		SPORANOX CAPS (itraconazole) .25		sulfacetamide sodium (acne)	58
SODIUM SULFACETAMIDE- BAKUCHIOL LIQD	61	SPRAVATO (56 MG DOSE)	20	sulfacetamide sodium (ophth) OINT 98	
sodium sulfate-potassium sulfate- magnesium sulfate	78	SPRAVATO (84 MG DOSE)	20	sulfacetamide sodium (ophth) SOLN . 98	
solifenacin succinate TABS 10 MG 110		SPRITAM TB3D	18	sulfacetamide sodium LIQD	62
solifenacin succinate TABS 5 MG 110		SPRYCEL (dasatinib)	37	sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	58
SOLTAMOX SOLN	34	SSKI SOLN (potassium iodide (expectorant))	56	sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %	58
SOLUVITA ACD WITH FLUORIDE SOLN	92	STELARA SOLN 45 MG/0.5ML	61	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	58
SOLUVITA SOLN	89	STELARA SOSY 45 MG/0.5ML	61	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	58
SOLUVITA WITH FLUORIDE SOLN . 92		STELARA SOSY 90 MG/ML	61	sulfacetamide sod-prednisolone SOLN	98
SOMA TABS (carisoprodol)	94	STIOLTO RESPIMAT	14	SULFACETAMIDE-SULFUR IN UREA EMUL	58
SOMAVERT	68	STIVARGA	37	sulfadiazine TABS	106
SOOLANTRA (ivermectin (rosacea))	66	STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)	1	sulfamethoxazole-trimethoprim SUSP	31
sorafenib tosylate	37	STRATTERA 60 MG, 80 MG, 100 MG (atomoxetine hcl)	1	sulfamethoxazole-trimethoprim TABS	31
SORILUX FOAM	61	STRENSIQ	69	sulfamethoxazole-trimethoprim TABS	31
sotalol hcl (afib/af)	45	STRIBILD	42	SULFAMYLON CREA	62
sotalol hcl TABS	45	STRIVERDI RESPIMAT	14	sulfasalazine TABS	72
SPEEDY SWAB COVID-19/FLU HOME	66	STROMECTOL (ivermectin)	11	sulfasalazine TBEC	72
spinosad	66	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	10	sulindac TABS 150 MG	5
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	13	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	10	sulindac TABS 200 MG	5
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	13	SUBSYS LIQD	8	sumatriptan 20 MG/ACT	88
SPIRO PD DEVI	87	sucralfate SUSP	108	sumatriptan 5 MG/ACT	88
		sucralfate TABS	108	sumatriptan succinate SOAJ 4 MG/0.5ML	88

sumatriptan succinate SOAJ 6 MG/0.5ML	88	SYNJARDY TABS	22	TARCEVA (erlotinib hcl)	33
sumatriptan succinate SOCT 4 MG/0.5ML	88	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	22	TARGRETIN (bexarotene)	38
sumatriptan succinate SOCT 6 MG/0.5ML	88	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	22	TASIGNA	38
sumatriptan succinate SOLN 6 MG/0.5ML	88	SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)	107	TASMAR (tolcapone)	39
sumatriptan succinate TABS	89	SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)	107	TAVALISSE 100 MG	76
sunitinib malate 12.5 MG, 37.5 MG, 50 MG	37	SYPRINE (trientine hcl)	90	TAVALISSE 150 MG	76
sunitinib malate 25 MG	37	TABLOID	32	TAYTULLA CAPS (norethin acet & estradiol)	52
SUPRAX CAPS (cefixime)	48	TABRECTA	37	tazarotene CREA	61
SUPRAX CHEW	48	tacrolimus (topical) OINT 0.03 % ..	65	TAZAROTENE FOAM	58
SUPRAX SUSR 200 MG/5ML (cefixime)	48	tacrolimus (topical) OINT 0.1 % ...	65	tazarotene GEL	61
SUPRAX SUSR 500 MG/5ML	48	tacrolimus CAPS	91	TAZORAC CREA (tazarotene)	61
SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate)	78	tadalafil (pulmonary hypertension) TABS	47	TAZORAC GEL (tazarotene)	61
SYMBICORT (budesonide- formoterol fumarate dihydrate)	14	tadalafil 2.5 MG	46	TAZVERIK	38
SYMDEKO	106	tadalafil 5 MG, 10 MG, 20 MG	46	TECHLITE INSULIN SYRINGE ...	85
SYMFI (efavirenz-lamivudine- tenofovir disoproxil fumarate)	42	TAFINLAR CAPS	37	TEGRETOL SUSP (carbamazepine) .	18
SYMFI LO (efavirenz-lamivudine- tenofovir disoproxil fumarate)	42	TAFINLAR TBSO	37	TEGRETOL TABS (carbamazepine) .	18
SYMTUZA	42	tafluprost	100	TEGRETOL-XR TB12 100 MG (carbamazepine)	18
SYNALAR CREA (fluocinolone acetone)	64	TAGRISSO	33	TEGRETOL-XR TB12 200 MG (carbamazepine)	18
SYNALAR OINT (fluocinolone acetone)	64	TALZENNA	38	TEGRETOL-XR TB12 400 MG (carbamazepine)	18
SYNALAR SOLN (fluocinolone acetone)	64	TAMIFLU CAPS (oseltamivir phosphate)	44	TEGSEDI	106
SYNAREL	69	TAMIFLU SUSR (oseltamivir phosphate)	44	TEKTURNA (aliskiren fumarate) ..	30
		tamoxifen citrate TABS	34	telmisartan 20 MG, 40 MG	28
		tamsulosin hcl	73	telmisartan 80 MG	28
				telmisartan-amlodipine	30
				telmisartan-hydrochlorothiazide ...	30
				temazepam 15 MG	78

temazepam 22.5 MG, 30 MG	78	THALOMID	90	tiopronin TBEC	74
temazepam 7.5 MG	78	THEO-24 CP24	15	tiotropium bromide monohydrate CAPS	13
temozolomide CAPS	32	theophylline ELIX	15	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	107
tenofovir disoproxil fumarate TABS 43		theophylline SOLN	15	TIVICAY TABS 50 MG	43
TENORETIC 100 (atenolol & chlorthalidone)	30	theophylline TB12 300 MG	15	tizanidine hcl CAPS	94
TENORETIC 50 (atenolol & chlorthalidone)	30	theophylline TB12 450 MG	15	tizanidine hcl TABS 2 MG	94
TENORMIN TABS (atenolol)	44	theophylline TB24	15	tizanidine hcl TABS 4 MG	94
terazosin hcl 1 MG, 2 MG, 5 MG ..	29	thioridazine hcl 10 MG, 25 MG, 100 MG	41	TOBI NEBU (tobramycin)	2
terazosin hcl 10 MG	29	thioridazine hcl 50 MG	41	TOBI PODHALER CAPS	2
terbinafine hcl TABS	25	thiothixene	41	TOBRADEX OINT	98
terbutaline sulfate TABS	14	THRESHOLD PEP DEVI	87	TOBRADEX ST SUSP	98
terconazole vaginal CREA	110	THRIVITE RX TABS	94	TOBRADEX SUSP (tobramycin- dexamethasone)	98
terconazole vaginal SUPP	110	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	107	tobramycin (ophth) SOLN	98
teriflunomide	103	tiagabine hcl	19	tobramycin NEBU	2
teriparatide SOPN	68	TIAZAC (diltiazem hcl extended release beads)	45	tobramycin-dexamethasone SUSP 98	
TESTIM GEL TD (testosterone) ...	10	TIBSOVO	38	TOBREX OINT	98
testosterone cypionate SOLN IM ..	10	ticagrelor 90 MG	77	TODAY SPONGE MISC	110
testosterone enanthate SOLN IM ..	10	timolol	96	tolcapone	39
testosterone GEL TD 1 %, 50 MG/5GM	10	timolol maleate (ophth) SOLG	96	tolterodine tartrate CP24	110
testosterone GEL TD 1 %	10	timolol maleate (ophth) SOLN	96	tolterodine tartrate TABS	110
testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 1.62 %	10	timolol maleate TABS 10 MG	45	TOPAMAX SPRINKLE CPSP (topiramate)	18
testosterone GEL TD 10 MG/ACT .10		timolol maleate TABS 5 MG, 20 MG . 45		TOPAMAX TABS 100 MG (topiramate)	18
tetrabenazine	102	TIMOPTIC SOLN (timolol maleate (ophth))	96	TOPAMAX TABS 200 MG (topiramate)	18
tetracaine hcl (ophth)	98	TIMOPTIC-XE SOLG (timolol maleate (ophth))	96	TOPAMAX TABS 25 MG (topiramate)	18
tetracycline hcl CAPS	107	tinidazole	31	TOPAMAX TABS 50 MG	
THALITONE	68	tiopronin TABS	74		

(topiramate)	18	TRACLEER TABS 62.5 MG (bosentan)	47	TRESIBA SOLN	23
TOPICORT CREA (desoximetasone)	64	TRACLEER TBSO	47	tretinoin (chemotherapy)	38
TOPICORT GEL (desoximetasone) 64		tramadol hcl TABS 100 MG	8	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	58
TOPICORT OINT 0.25 % (desoximetasone)	64	tramadol hcl TABS 50 MG	8	tretinoin GEL 0.01 %, 0.025 %	58
topiramate CP24 200 MG	18	tramadol hcl TB24 100 MG	8	tretinoin GEL 0.05 %	58
topiramate CP24 25 MG, 50 MG, 100 MG	18	tramadol hcl TB24 200 MG	8	tretinoin microsphere 0.04 %, 0.1 % 58	
topiramate CPSP 15 MG, 25 MG ..	18	tramadol hcl TB24 300 MG	8	tretinoin microsphere 0.08 %	58
topiramate CS24 100 MG, 150 MG, 200 MG	18	tramadol-acetaminophen	9	TRETTEN	76
topiramate CS24 25 MG, 50 MG ..	18	trandolapril	28	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	33
topiramate TABS 100 MG	18	trandolapril-verapamil hcl	30	triamcinolone acetonide (mouth) ..	91
topiramate TABS 200 MG	18	tranexamic acid TABS	78	triamcinolone acetonide (nasal) AERO	96
topiramate TABS 25 MG	18	TRANSDERM-SCOP (scopolamine) 24		triamcinolone acetonide (topical) AERS	64
topiramate TABS 50 MG	18	tranylcypromine sulfate	19	triamcinolone acetonide (topical) CREA	64
TOPROL XL TB24 (metoprolol succinate)	44	TRAVATAN Z SOLN (travoprost) 100		triamcinolone acetonide (topical) LOTN	64
toremifene citrate	34	travoprost SOLN	100	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	64
torsemidate TABS 100 MG	67	trazodone hcl TABS	20	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	67
torsemidate TABS 5 MG, 10 MG, 20 MG	67	TRECTOR	32	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	67
TOUJEO MAX SOLOSTAR SOPN 23		TRELEGY ELLIPTA	15	triamterene & hydrochlorothiazide TABS 50 MG-75 MG	67
TOUJEO SOLOSTAR SOPN	23	TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	72	triamterene CAPS	67
TOVIAZ (fesoterodine fumarate) 110		TREMFYA ONE-PRESS SOAJ 100 MG/ML	61	triazolam 0.125 MG	78
TPOXX (TECOVIRIMAT CAP 200 MG)	44	TREMFYA PEN SOAJ 100 MG/ML 61		triazolam 0.25 MG	78
TPOXX CAPS	44	TREMFYA PEN SOAJ SC 200 MG/2ML	72	TRIBENZOR (olmesartan medoxomil-amlodipine-	
TRACLEER TABS 125 MG (bosentan)	47	TREMFYA SOSY 100 MG/ML	61		
		TREMFYA SOSY SC 200 MG/2ML 72			
		TRESIBA FLEXTOUCH SOPN ...	23		

hydrochlorothiazide) 30	TRINATAL RX 1 TABS 94	LUBRICATED/SPERMICIDE MISC 82
TRICOR TABS 145 MG (fenofibrate) . 27	TRINTELLIX .....20	TRUSTEX NATURAL CONDOMS + LUBE MISC .....82
TRICOR TABS 48 MG (fenofibrate) 27	TRISTART DHA .....94	TRUSTEX NON-LUBRICATED MISC.....82
TRIDESILON CREA 0.05 % (desonide) .....64	TRIUMEQ PD TBSO .....43	TRUSTEX RIA LUB/SPERMICIDE MISC .....83
trientine hcl 250 MG .....90	TRIUMEQ TABS .....43	TRUSTEX RIA LUBRICATED MISC . 83
trientine hcl 500 MG .....90	TROJAN ENZ MISC .....82	TRUSTEX RIA NON-LUBRICATED MISC .....83
trifluoperazine hcl TABS .....41	TROJAN MAGNUM MISC .....82	TRUSTEX-NONOXYNOL- 9/RIB/STUD MISC .....83
trifluridine .....98	TROJAN ULTRA THIN/SPERMICIDAL MISC .....82	TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate) .....43
trihexyphenidyl hcl SOLN .....39	TROJAN-ENZ LUBRICATED MISC 82	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate) .....43
trihexyphenidyl hcl TABS .....39	TROJAN-ENZ/SPERMICIDAL MISC . 82	TUKYSA .....33
TRIJARDY XR .....22	tropicamide SOLN 97	TURALIO 125 MG 38
TRIKAFTA TBPK 100 MG-50 MG 106	tropium chloride CP24 .....110	TUSNEL C SYRP .....55
TRIKAFTA TBPK 50 MG-25 MG .106	tropium chloride TABS 110	TUSNEL PEDIATRIC LIQD 50 MG/5ML-5 MG/5ML-15 MG/5ML .. 55
TRIKAFTA THPK .....106	TRUE COVER DEVI .....82	TUSNEL TABS .....55
TRILEPTAL SUSP (oxcarbazepine) 18	TRULICITY .....22	TWIRLA 53
TRILEPTAL TABS 150 MG (oxcarbazepine) .....18	TRUSTEX COLOR CONDOMS + LUBE MISC .....82	TYBLUME CHEW .....52
TRILEPTAL TABS 300 MG (oxcarbazepine) .....18	TRUSTEX LUB/RIBBED/STUDED MISC .....82	TYBOST .....43
TRILEPTAL TABS 600 MG (oxcarbazepine) .....18	TRUSTEX LUB/SPERMICIDE EX ST MISC .....82	TYKERB (lapatinib ditosylate) 38
TRILIPIX 135 MG (choline fenofibrate) .....27	TRUSTEX LUB/SPERMICIDE XL MISC .....82	TYMLOS .....68
TRILIPIX 45 MG (choline fenofibrate) .....27	TRUSTEX LUBRICATED EX LARGE MISC .....82	TYVASO DPI INSTITUTIONAL KIT POWD .....46
trimethobenzamide hcl CAPS 24	TRUSTEX LUBRICATED EXTRA ST MISC .....82	TYVASO DPI MAINTENANCE KIT
trimethoprim TABS .....31	TRUSTEX LUBRICATED MISC ...82	
trimipramine maleate CAPS .....21	TRUSTEX	

POWD	47	USTEKINUMAB SOSY 45 MG/0.5ML	61	vancomycin hcl CAPS	31
TYVASO DPI TITRATION KIT POWD	47	USTEKINUMAB SOSY 90 MG/ML	61	VANSAZOLE	110
TYVASO REFILL KIT SOLN IN	47	VAGIFEM TABS (estradiol vaginal) 111		VANOS CREA (fluocinonide)	64
TYVASO SOLN IN	47	valacyclovir hcl 1 GM	44	varenicline tartrate TABS	106
TYVASO STARTER KIT SOLN IN	47	valacyclovir hcl 500 MG	44	VARUBI (180 MG DOSE) TBPK	25
UBRELVY	87	VALCHLOR	60	VASCEPA (icosapent ethyl)	26
UDENYCA ONBODY SOSY	77	VALCYTE SOLR (valganciclovir hcl) . 43		VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide) ...	30
UDENYCA SOAJ	77	VALCYTE TABS (valganciclovir hcl) . 43		VASOTEC TABS (enalapril maleate) 28	
UDENYCA SOSY	77	valganciclovir hcl SOLR	43	VCF VAGINAL CONTRACEPTIVE FILM	110
ULORIC 40 MG (febuxostat)	74	valganciclovir hcl TABS	43	VCF VAGINAL CONTRACEPTIVE FOAM	110
ULORIC 80 MG (febuxostat)	74	VALIUM TABS 10 MG (diazepam) 12		VCF VAGINAL CONTRACEPTIVE GEL	110
ULTRAVATE LOTN	64	VALIUM TABS 2 MG, 5 MG (diazepam)	12	VECAMYL	30
umeclidinium-vilanterol	15	valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	19	VECTICAL (calcitriol (topical))	61
UPTRAVI TABS 200 MCG	47	valproic acid CAPS	19	VEMLIDY	43
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	47	valsartan TABS 160 MG	28	VENCLEXTA STARTING PACK TBPK	33
UPTRAVI TITRATION TBPK	47	valsartan TABS 40 MG, 80 MG, 320 MG	28	VENCLEXTA TABS 10 MG	33
UROCIT-K 10 TBCR (potassium citrate (alkalinizer))	73	valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	30	VENCLEXTA TABS 100 MG	33
UROCIT-K 15 TBCR (potassium citrate (alkalinizer))	73	valsartan-hydrochlorothiazide 25 MG-160 MG	30	VENCLEXTA TABS 50 MG	33
UROCIT-K 5 TBCR (potassium citrate (alkalinizer))	73	VALTREX 1 GM (valacyclovir hcl) .44		venlafaxine hcl CP24 150 MG	21
UROXATRAL (alfuzosin hcl)	73	VALTREX 500 MG (valacyclovir hcl) . 44		venlafaxine hcl CP24 37.5 MG, 75 MG	21
URSO 250 TABS (ursodiol)	71	VANACOF	55	venlafaxine hcl TABS	21
URSO FORTE TABS (ursodiol) ...	71	VANCOCIN CAPS (vancomycin hcl) . 31		venlafaxine hcl TB24 225 MG	21
ursodiol CAPS	71			venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	21
ursodiol TABS	71			VENTAVIS IN	47
USTEKINUMAB SOLN 45 MG/0.5ML	61			verapamil hcl CP24 100 MG, 200	

MG, 300 MG	46	hcl (ophth))	98	VITRAKVI CAPS	38
verapamil hcl CP24 120 MG, 240 MG	45	VIIBRYD STARTER PACK KIT ...	20	VITRAKVI SOLN	38
verapamil hcl CP24 180 MG	46	VIIBRYD TABS 10 MG, 40 MG (vilazodone hcl)	20	VIVA DHA CAPS	94
verapamil hcl CP24 360 MG	46	VIIBRYD TABS 20 MG (vilazodone hcl)	20	VIVELLE-DOT PTTW (estradiol) ..	71
verapamil hcl TABS	46	vilazodone hcl TABS 10 MG, 40 MG .	20	VIZIMPRO	33
verapamil hcl TBCR 120 MG	46	vilazodone hcl TABS 20 MG	20	VOGELXO GEL TD (testosterone)	10
verapamil hcl TBCR 180 MG, 240 MG	46	VIMPAT SOLN PO 10 MG/ML (lacosamide)	18	VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ..	60
VEREGEN	58	VIMPAT TABS (lacosamide)	18	VONVENDI	76
VERELAN CP24 120 MG, 240 MG (verapamil hcl)	46	VINATE DHA RF	94	voriconazole SUSR	25
VERELAN CP24 180 MG (verapamil hcl)	46	VINATE ONE TABS	94	voriconazole TABS	25
VERSACLOZ SUSP	41	VIRACEPT TABS	43	VORTEX HOLD CHMBR/MASK/CHILD DEVI	87
VERSAPAP DEVI	87	VIREAD POWD	43	VORTEX HOLD CHMBR/MASK/TODDLER DEVI ..	87
VERSAPAP W/UNIVERSAL TUBING DEVI	87	VIREAD TABS (tenofovir disoproxil fumarate)	43	VORTEX VALVE CHAMBER-PEDI MASK DEVI	87
VERZENIO	38	VIREAD TABS 150 MG, 200 MG, 250 MG	43	VORTEX VALVED HOLDING CHAMBER DEVI	87
VESICARE TABS 10 MG (solifenacin succinate)	110	VIRT-NATE DHA CAPS	94	VOSEVI	43
VESICARE TABS 5 MG (solifenacin succinate)	110	VISTARIL CAPS (hydroxyzine pamoate)	11	VOTRIENT (pazopanib hcl)	38
VFEND TABS (voriconazole)	25	VISTOGARD	24	VRAYLAR CAPS	40
VIAGRA (sildenafil citrate)	46	VITAFOL GUMMIES	94	VRAYLAR CPPK	40
VIBERZI	72	VITAFOL-NANO	94	VYNDAMAX	47
VIBRAMYCIN CAPS (doxycycline hyclate)	107	VITAFOL-ONE CAPS	94	VYNDAQEL	47
VIBRAMYCIN SUSR (doxycycline (monohydrate))	107	VITAMEDMD ONE RX/QUATREFOLIC	94	VYTONE 1.9 %-1 % (iodoquinol-hydrocortisone in aloe vehicle)	59
vigabatrin PACK	19	VITAMINS ACD-FLUORIDE SOLN	92	VYTORIN (ezetimibe-simvastatin)	26
vigabatrin TABS	19	VITAPEARL	94	VYVANSE CHEW	1
VIGAMOX SOLN OP (moxifloxacin		VITATRUE	94	warfarin sodium TABS	15

WELLBUTRIN XL TB24 (bupropion hcl)	19	XENICAL (orlistat)	1	YONSA	34
WESCAP-C DHA	94	XERAC AC	65	zaleplon	78
WESNATE DHA CAPS	94	XERMELO	73	ZANAFLEX CAPS (tizanidine hcl) .	94
WESTGEL DHA	94	XHANCE EXHU	96	ZANAFLEX TABS 4 MG (tizanidine hcl)	94
WIDE-SEAL DIAPHRAGM 60	83	XIFAXAN 200 MG	31	ZARONTIN CAPS (ethosuximide) .	19
WIDE-SEAL DIAPHRAGM 65	83	XIFAXAN 550 MG	31	ZARONTIN SOLN (ethosuximide) .	19
WIDE-SEAL DIAPHRAGM 70	83	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	22	ZARXIO	77
WIDE-SEAL DIAPHRAGM 75	83	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	22	ZAVESCA (miglustat)	77
WIDE-SEAL DIAPHRAGM 80	83	XOSPATA	38	ZEJULA TABS	38
WIDE-SEAL DIAPHRAGM 85	83	XPOVIO (100 MG ONCE WEEKLY) 50 MG	34	ZELAPAR TBDP	39
WIDE-SEAL DIAPHRAGM 90	83	XPOVIO (40 MG ONCE WEEKLY) 40 MG	34	ZELBORAF	38
WIDE-SEAL DIAPHRAGM 95	83	XPOVIO (40 MG TWICE WEEKLY) 40 MG	35	ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)	69
WILATE KIT	76	XPOVIO (60 MG ONCE WEEKLY) 60 MG	35	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	67
XALATAN SOLN (latanoprost) ...	100	XPOVIO (60 MG TWICE WEEKLY) 60 MG	35	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide)	30
XALKORI CAPS	38	XPOVIO (80 MG ONCE WEEKLY) 40 MG	35	ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide) ...	30
XALKORI CPSP	38	XPOVIO (80 MG TWICE WEEKLY) 35		ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (lisinopril)	28
XANAX TABS (alprazolam)	12	XTANDI CAPS	34	ZESTRIL TABS 40 MG (lisinopril) .	28
XANAX XR TB24 (alprazolam)	12	XTANDI TABS	34	ZETIA (ezetimibe)	27
XARELTO STARTER PACK TBPK 15		XYNTHA	76	ZIAC (bisoprolol & hydrochlorothiazide)	30
XARELTO SUSR	15	XYNTHA SOLOFUSE	76		
XARELTO TABS 10 MG	15	XYREM SOLN	101		
XARELTO TABS 2.5 MG, 15 MG, 20 MG (rivaroxaban)	15	YASMIN 28 (drospirenone-ethinyl estradiol)	52		
XARELTO TABS 2.5 MG, 15 MG, 20 MG	15	YAZ (drospirenone-ethinyl estradiol) 52			
XATMEP SOLN PO	33				
XELJANZ SOLN	3				
XELJANZ TABS	3				
XELJANZ XR TB24	3				

ZIAGEN SOLN (abacavir sulfate) .	43	ZONEGRAN CAPS 100 MG (zonisamide)	18
ZIAGEN TABS (abacavir sulfate) .	43	ZONEGRAN CAPS 25 MG (zonisamide)	18
zidovudine CAPS	43	zonisamide CAPS 100 MG	18
zidovudine SYRP	43	zonisamide CAPS 25 MG, 50 MG .	18
zidovudine TABS	43	ZORBTIVE SC	68
zileuton TB12	13	ZORTRESS (everolimus (immunosuppressant))	91
ZIOPTAN (tafluprost)	100	ZOVIRAX CREA (acyclovir topical) 62	
ziprasidone hcl 20 MG, 40 MG	40	ZOVIRAX OINT (acyclovir topical) .	62
ziprasidone hcl 60 MG, 80 MG	40	ZYDELIG	38
ZIRGAN GEL	98	ZYFLO TABS	13
ZITHROMAX PACK	80	ZYKADIA TABS	38
ZITHROMAX SUSR (azithromycin) 80		ZYLET	98
ZITHROMAX TABS 250 MG (azithromycin)	80	ZYLOPRIM 100 MG (allopurinol) ..	74
ZITHROMAX TABS 500 MG (azithromycin)	80	ZYLOPRIM 300 MG (allopurinol) ..	74
ZITHROMAX TRI-PAK TABS (azithromycin)	80	ZYMAXID (gatifloxacin (ophth)) ...	98
ZITHROMAX Z-PAK TABS (azithromycin)	80	ZYPREXA TABS 15 MG, 20 MG (olanzapine)	41
ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	27	ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine)	41
ZOLINZA	38	ZYPREXA ZYDIS TBDP (olanzapine)	41
zolmitriptan SOLN	89	ZYTIGA (abiraterone acetate)	34
zolmitriptan TABS	89	ZYVOX SUSR (linezolid)	31
zolmitriptan TBDP	89	ZYVOX TABS (linezolid)	31
ZOLOFT CONC (sertraline hcl)	20		
ZOLOFT TABS (sertraline hcl)	20		
zolpidem tartrate TABS	78		
zolpidem tartrate TBCR	78		
ZOMIG SOLN (zolmitriptan)	89		