California

AON Benefit Experience Drug List

The AON Benefit Experience 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 All previous versions are no longer in effect.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 http://www.healthnet.com/myaon or call us at 1-888-926-1692. Refer to the Evidence of Coverage for specific cost share information.

AON Benefit Experience Drug List

Go to Drug List Use the "AON Benefit Experience" Drug List - California.

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

If you have questions about your pharmacy coverage, call Customer Service at **1-888-926-1692**

Hours of Operation
8:00am – 6:00pm Monday through Friday

Updated April 1, 2024

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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

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

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

How do I find a drug in the Drug List?

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

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

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

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

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

How are the drugs listed in the categorical list?

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

Example:

Drug Name	Drug Tier	Requirements/ Limits
MAVYRET (***glecaprevir-pibrentasvir***) TABS	3	PA
phentermine hcl caps	1	PA

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

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

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

Generic Drug Example: ***terbutaline sulfate tabs***
If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface in all CAPITAL letters.

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

How much will I pay for my drugs?

To see how much you will pay for a drug, check the abbreviations in the Drug Tier column on the formulary.

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

Below is a description for each tier. Refer your Evidence of Coverage or Certificate of Insurance for specific cost share information.

Tier	*Description*
1	Tier one shall consist of most generic drugs and low-cost preferred brand drugs.
2	Tier two shall consist of nonpreferred generic drugs, preferred brand name drugs, and any other drugs recommended by the Plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
3	Tier three shall consist of non-preferred brand drugs, brand drugs with generic equivalents on a lower tier, or drugs that have a preferred alternative at a lower 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 unless a Brand is specifically requested. You may be asked to pay a higher copayment for the Brand if a generic is available. Refer to your plan documents for coverage details.

Are there any limits on my drug coverage?

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

Abbreviation	*Definition*	*Description*
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.
AC	Anti-cancer	Oral cancer drugs are subject to a maximum $250 copayment for a one-month supply, before any deductible has been met, per state law (or $750 maximum for a three-month supply through mail order).
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons: • The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or • Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.
PA	Prior Authorization	This drug requires prior approval. This means that you or your doctor must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Prevention Drug	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.

QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.
RX/OTC	Prescription & Over-the-Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulins, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

How often does the Drug List change?

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

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

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

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

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

If your doctor believes that waiting 72 hours for a standard decision could seriously harm your health, your doctor can ask for a fast (expedited) decision. This applies only to requests for drugs that you have not already received.

We must make expedited decisions within 24 hours after we get your doctor's supporting statement.

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

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

If a drug is not on the drug list, and is not specifically excluded from coverage, your doctor can ask for an exception. To request an exception, your doctor can submit a prior authorization request along with a supporting statement explaining why you need the drug. Requests for prior authorization may be submitted electronically or by telephone or fax. If we approve an exception for a drug that is not on the drug list, the non-preferred brand drug tier (Tier 3) or Tier 4 (Specialty) copayment applies.

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

Step Therapy Exception

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

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

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

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

- The required prescription drug is contraindicated or is likely, or expected, to cause an adverse reaction or physical or mental harm to the member in comparison to the requested prescription drug, based on the known clinical characteristics of the member and the known characteristics and history of the member's prescription drug regimen.
- The required prescription drug is expected to be ineffective based on the known clinical characteristics of the member and the known characteristics and history of the member's prescription drug regimen.
- The member has tried the required prescription drug while covered by their current or previous health coverage or Medicaid, and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse reaction. The health care

service plan may require the submission of documentation demonstrating that the member tried the required prescription drug before it was discontinued.

- The required prescription drug is not clinically appropriate for the member because the required drug is expected to do any of the following, as determined by the member's prescribing provider:
  - Worsen a comorbid condition.
  - Decrease the capacity to maintain a reasonable functional ability in performing daily activities.
  - Pose a significant barrier to adherence to, or compliance with, the member's drug regimen or plan of care.
- The member is stable on a prescription drug selected by the member's prescribing provider for the medical condition under consideration while covered by their current or previous health coverage.

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to enrolled in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage when medically necessary.

When information necessary for the health plan to make a determination is not included with a request for prior authorization or step therapy exception, the plan will notify the prescribing provider within 72 hours of receipt or within 24 hours of receipt if exigent circumstances exist.

Once the health plan receives the requested information, the applicable time period to approve or deny a prior authorization or step therapy exception request begins. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

Are all contraceptives covered?

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

What blood glucose supplies 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.

Are preventive drugs covered?

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

What drugs are under my medical benefit?

Drugs that are 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 or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

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

Can I use a mail order pharmacy?

For certain kinds of prescription drugs, you can use the CVS Caremark 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. Specialty drugs are not available through mail order.

To use the mail order pharmacy, your doctor must provide a new prescription that allows up to a 90-day supply of each drug. Mail order forms are available on our website at Get Forms - Pharmacy mail order or you may call us at the telephone number on your Health Net ID card or on the front cover of this book to request a form.How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
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 *(amphetamine-dextroamphetamine)*	7	QL(2 ea daily; 90 Day(s) limit)
ADDERALL TABS *(amphetamine-dextroamphetamine)*	7	
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	QL(2 ea daily; 90 Day(s) limit)
amphetamine-dextroamphetamine TABS	1	
DESOXYN *(methamphetamine hcl)*	7	PA
DEXEDRINE CP24 *(dextroamphetamine sulfate)*	7	
dextroamphetamine sulfate CP24	1	
dextroamphetamine sulfate SOLN	1	
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	
lisdexamfetamine dimesylate CAPS	1	QL(1 ea daily)
lisdexamfetamine dimesylate CHEW	1	QL(1 ea daily)
methamphetamine hcl	1	PA
VYVANSE CAPS	2	QL(1 ea daily)
Analeptics		
caffeine citrate SOLN OR	1	
Anorexiants Non-Amphetamine		
LOMAIRA TABS	3	Check plan documents for coverage; PA
QSYMIA	3	Check plan documents for coverage; QL(1 ea daily); PA
Anti-Obesity Agents		
CONTRAVE	3	Check plan documents for coverage; PA
SAXENDA	3	Check plan documents for coverage; QL(0.5 ml daily); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	QL(2 ea daily)
atomoxetine hcl 60 MG, 80 MG, 100 MG	1	QL(1 ea daily)
clonidine hcl (adhd) TB12	1	QL(4 ea daily)
guanfacine hcl (adhd)	1	QL(1 ea daily)
INTUNIV *(guanfacine hcl (adhd))*	7	QL(1 ea daily)
KAPVAY TB12 *(clonidine hcl (adhd))*	7	QL(4 ea daily)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG *(atomoxetine hcl)*	7	QL(2 ea daily)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 3=Non-Preferred Brand 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
STRATTERA 60 MG, 80 MG, 100 MG *(atomoxetine hcl)*	7	QL(1 ea daily)
Stimulants - Misc.		
APTENSIO XR CP24 *(methylphenidate hcl)*	7	QL(1 ea daily)
armodafinil 50 MG	1	ST; PA
armodafinil 150 MG, 200 MG, 250 MG	1	ST; PA
CONCERTA TBCR 54 MG *(methylphenidate hcl)*	7	QL(2 ea daily)
CONCERTA TBCR 18 MG, 27 MG, 36 MG *(methylphenidate hcl)*	7	QL(1 ea daily)
DAYTRANA PTCH *(methylphenidate)*	7	
dexmethylphenidate hcl CP24	1	QL(1 ea daily)
dexmethylphenidate hcl TABS	1	QL(2 ea daily)
FOCALIN XR CP24 *(dexmethylphenidate hcl)*	7	QL(1 ea daily)
FOCALIN TABS *(dexmethylphenidate hcl)*	7	QL(2 ea daily)
METADATE CD CPCR 20 MG, 30 MG *(methylphenidate hcl)*	7	QL(2 ea daily; 90 Day(s) limit)
METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG *(methylphenidate hcl)*	7	
METHYLIN SOLN *(methylphenidate hcl)*	7	
methylphenidate hcl CHEW	1	
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG	1	
methylphenidate hcl CP24 60 MG	1	QL(1 ea daily; 90 ea per fill retail)
methylphenidate hcl CP24	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG	1	
methylphenidate hcl CPCR 20 MG, 30 MG	1	QL(2 ea daily; 90 Day(s) limit)
methylphenidate hcl SOLN	1	
methylphenidate hcl TABS 5 MG, 10 MG	1	
methylphenidate hcl TABS 20 MG	1	QL(3 ea daily)
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	1	QL(1 ea daily; 90 Day(s) limit)
methylphenidate hcl TB24 36 MG	1	QL(2 ea daily; 90 Day(s) limit)
methylphenidate hcl TBCR 10 MG	1	QL(1 ea daily; 90 ea per fill retail)
methylphenidate hcl TBCR 20 MG	1	QL(1 ea daily; 90 Day(s) limit)
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	1	QL(1 ea daily)
methylphenidate hcl TBCR 54 MG	1	QL(2 ea daily)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG	3	QL(1 ea daily; 90 ea per fill retail)
methylphenidate PTCH	1	
modafinil	1	QL(1 ea daily); ST
NUVIGIL 50 MG *(armodafinil)*	7	ST; PA
NUVIGIL 150 MG, 200 MG, 250 MG *(armodafinil)*	7	ST; PA
PROVIGIL *(modafinil)*	7	QL(1 ea daily); ST
QUILLIVANT XR SRER	3	ST; QL(12 ml daily); PA
RELEXXII TBCR 18 MG, 27 MG, 36 MG	2	QL(1 ea daily)
RELEXXII TBCR 72 MG	3	QL(1 ea daily; 90 ea per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
RELEXXII TBCR 54 MG	2	QL(2 ea daily)
RITALIN LA CP24 *(methylphenidate hcl)*	7	
RITALIN TABS 20 MG *(methylphenidate hcl)*	7	QL(3 ea daily)
RITALIN TABS 5 MG, 10 MG *(methylphenidate hcl)*	7	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	3	PA
BETHKIS NEBU *(tobramycin)*	7	
HUMATIN	2	
KITABIS PAK NEBU *(tobramycin)*	7	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
neomycin sulfate TABS	1	
TOBI PODHALER CAPS	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
TOBI NEBU *(tobramycin)*	7	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
tobramycin NEBU	3	
tobramycin NEBU	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; PA
XELJANZ XR TB24	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA
XELJANZ SOLN	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA
XELJANZ TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML	3	ST; 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	ST; PA
RASUVO SOAJ 20 MG/0.4ML	3	ST; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-ADAZ SOAJ	3	Check plan documents for coverage; QL(0.143 ml daily); PA
ADALIMUMAB-ADAZ SOSY	3	Check plan documents for coverage; QL(0.143 ml daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
HADLIMA PUSHTOUCH SOAJ	3	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
HADLIMA SOSY	3	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	3	Check plan documents for coverage; QL(2 ea per 365 days retail); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	3	Check plan documents for coverage; QL(3 ea per 365 days retail); PA
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	3	Check plan documents for coverage; QL(1 ea per 365 days retail); SP; PA
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	3	Check plan documents for coverage; QL(0.143 ea daily); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	3	Check plan documents for coverage; QL(4 ea per 365 days retail); SP; PA
HUMIRA PEN PNKT 40 MG/0.4ML	3	Check plan documents for coverage; QL(0.143 ea daily); SP; PA
HUMIRA PEN PNKT 80 MG/0.8ML	3	Check plan documents for coverage; QL(0.072 ea daily; 2 ea per 28 days retail); SP; PA
HUMIRA PEN PNKT 40 MG/0.8ML	3	Check plan documents for coverage; QL(0.143 ea daily); PA
HUMIRA PEN-PS/UV STARTER PNKT	3	Check plan documents for coverage; QL(3 ea per 365 days retail); PA
HUMIRA PEN-PS/UV STARTER PNKT	3	Check plan documents for coverage; QL(0.143 ea daily); PA
HUMIRA PSKT	3	Check plan documents for coverage; QL(0.143 ea daily); SP; PA
HUMIRA PSKT 40 MG/0.8ML	3	Check plan documents for coverage; QL(0.143 ea daily); PA
Gold Compounds		
RIDAURA	2	
Interleukin-1 Blockers		
ARCALYST	3	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Interleukin-6 Receptor Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits
KEVZARA SOAJ	3	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
KEVZARA SOSY	3	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG	1	
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
(Indomethacin) INDOCIN SUPP	1	
(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)
(Nabumetone) RELAFEN 500 MG	1	QL(4 ea daily)
ANAPROX DS TABS *(naproxen sodium)*	7	
ARTHROTEC 50 TBEC *(diclofenac w/ misoprostol)*	7	
ARTHROTEC 75 TBEC *(diclofenac w/ misoprostol)*	7	
CELEBREX 50 MG, 100 MG, 200 MG *(celecoxib)*	7	QL(2 ea daily)
CELEBREX 400 MG *(celecoxib)*	7	QL(2 ea daily); PA
celecoxib 400 MG	1	QL(2 ea daily); PA
celecoxib 50 MG, 100 MG, 200 MG	1	QL(2 ea daily)
DAYPRO TABS *(oxaprozin)*	7	
diclofenac potassium TABS 50 MG	1	
diclofenac sodium TB24	1	
diclofenac sodium TBEC	1	
diclofenac w/ misoprostol TBEC	1	
etodolac CAPS	1	
etodolac TABS	1	
etodolac TB24	1	QL(2 ea daily)
FELDENE CAPS 20 MG *(piroxicam)*	7	QL(1 ea daily)
FELDENE CAPS 10 MG *(piroxicam)*	7	
fenoprofen calcium CAPS	1	
FENOPROFEN CALCIUM CAPS 200 MG	2	
FENORTHO CAPS 200 MG	2	
flurbiprofen TABS	1	
ibuprofen TABS 400 MG, 600 MG, 800 MG	1	
INDOCIN SUSP *(indomethacin)*	7	
indomethacin CAPS 25 MG, 50 MG	1	
indomethacin CPCR	1	
indomethacin SUPP	1	
indomethacin SUSP	1	
ketoprofen CAPS 75 MG	1	
ketoprofen CP24	1	
ketorolac tromethamine TABS	1	QL(20 ea per fill retail)
LODINE TABS *(etodolac)*	7	
meclofenamate sodium CAPS	1	
mefenamic acid CAPS	1	

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Drug Name	Drug Tier	Requirements/ Limits
meloxicam SUSP	1	
MELOXICAM SUSP *(meloxicam)*	7	
meloxicam TABS 15 MG	1	QL(1 ea daily)
meloxicam TABS 7.5 MG	1	QL(2 ea daily)
MOBIC TABS 7.5 MG *(meloxicam)*	7	QL(2 ea daily)
MOBIC TABS 15 MG *(meloxicam)*	7	QL(1 ea daily)
nabumetone 750 MG	1	QL(3 ea daily)
nabumetone 500 MG	1	QL(4 ea daily)
NALFON CAPS *(fenoprofen calcium)*	7	
NAPROSYN SUSP *(naproxen)*	7	
NAPROSYN TABS 500 MG *(naproxen)*	7	
naproxen sodium TABS 275 MG, 550 MG	1	
naproxen SUSP	1	
naproxen TABS	1	
oxaprozin TABS	1	
piroxicam CAPS 10 MG	1	
piroxicam CAPS 20 MG	1	QL(1 ea daily)
sulindac TABS 200 MG	1	
sulindac TABS 150 MG	1	QL(2 ea daily)
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	3	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(2 ea daily); PA
OTEZLA TBPK	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 ea per 365 days retail); PA
Pyrimidine Synthesis Inhibitors		
ARAVA 10 MG *(leflunomide)*	7	QL(2 ea daily)
ARAVA 20 MG *(leflunomide)*	7	QL(1 ea daily)
leflunomide 10 MG	1	QL(2 ea daily)
leflunomide 20 MG	1	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ml daily); SP; PA
ENBREL SURECLICK SOAJ	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA
ENBREL SOLN	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA
ENBREL SOLR	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.286 ea daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ml daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
ENBREL SOSY 50 MG/ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ml daily); SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	1	
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	1	
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	1	
butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG	1	
butalbital-aspirin-caffeine CAPS	1	
ESGIC TABS *(butalbital-acetaminophen-caffeine)*	7	
Salicylates		
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN ADULT LOW STRENGTH, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	5	PV
aspirin CHEW	5	PV
aspirin TBEC 81 MG	5	PV
diflunisal TABS	1	
salsalate	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	1	
ACTIQ LPOP 1600 MCG *(fentanyl citrate)*	7	ST; QL(4 ea daily); PA

Drug Name	Drug Tier	Requirements/ Limits
ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG *(fentanyl citrate)*	7	ST; PA
codeine sulfate TABS	1	
CONZIP CP24 *(tramadol hcl)*	7	
DILAUDID LIQD *(hydromorphone hcl)*	7	
DILAUDID TABS *(hydromorphone hcl)*	7	
fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	1	ST; PA
fentanyl citrate LPOP 1600 MCG	1	ST; QL(4 ea daily); PA
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR	1	Limit 15 per month; QL(0.5 ea daily)
hydrocodone bitartrate CP12	1	PA
hydrocodone bitartrate T24A	1	PA
hydromorphone hcl LIQD	1	
hydromorphone hcl TABS	1	
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	1	QL(4 ea daily)
hydromorphone hcl TB24 32 MG	1	QL(2 ea daily)
HYSINGLA ER T24A	3	PA
levorphanol tartrate TABS 3 MG	1	ST; PA
levorphanol tartrate TABS 2 MG	3	ST; PA
meperidine hcl SOLN OR 50 MG/5ML	1	
meperidine hcl TABS 50 MG	1	
methadone hcl CONC	1	

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Drug Name	Drug Tier	Requirements/ Limits
methadone hcl SOLN OR	1	
methadone hcl TABS	1	QL(12 ea daily)
METHADOSE SUGAR-FREE CONC *(methadone hcl)*	7	
METHADOSE CONC *(methadone hcl)*	7	
morphine sulfate beads	1	QL(1 ea daily)
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	1	QL(2 ea daily)
morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	1	
morphine sulfate SUPP	1	
morphine sulfate TABS	1	
morphine sulfate TBCR	1	QL(3 ea daily)
MS CONTIN TBCR *(morphine sulfate)*	7	QL(3 ea daily)
OXAYDO TABS 5 MG	2	
OXAYDO TABS 7.5 MG	3	QL(4 ea daily)
oxycodone hcl CAPS	1	
oxycodone hcl CONC 100 MG/5ML	1	
oxycodone hcl SOLN	1	
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	1	
oxycodone hcl TABS 30 MG	1	QL(4 ea daily)
oxymorphone hcl TABS 10 MG	1	QL(8 ea daily)
oxymorphone hcl TABS 5 MG	1	
oxymorphone hcl TB12	1	QL(2 ea daily)
ROXICODONE TABS 30 MG *(oxycodone hcl)*	7	QL(4 ea daily)
ROXICODONE TABS 5 MG, 15 MG *(oxycodone hcl)*	7	
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG, 1600 MCG	3	PA
tramadol hcl CP24 100 MG, 200 MG, 300 MG	1	
tramadol hcl TABS 50 MG	1	QL(8 ea daily)
tramadol hcl TABS 100 MG	1	
tramadol hcl TB24 100 MG	1	QL(3 ea daily)
tramadol hcl TB24 200 MG	1	QL(1 ea daily)
tramadol hcl TB24	1	
ULTRAM TABS *(tramadol hcl)*	7	QL(8 ea daily)
Opioid Combinations		
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 ea daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 ea daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	1	
acetaminophen w/ codeine SOLN	1	
acetaminophen w/ codeine TABS 60 MG-300 MG	1	QL(6 ea daily)
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG	1	
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	1	

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Drug Name	Drug Tier	Requirements/ Limits
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	1	PA
butalbital-aspirin-caffeine w/cod	1	
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG *(butalbital-acetaminophen-caffeine w/ codeine)*	7	PA
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	1	
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	QL(240 ea per fill retail)
hydrocodone-acetaminophen TABS 300 MG-7.5 MG	1	QL(6 ea daily)
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	1	
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	1	
hydrocodone-ibuprofen 10 MG-200 MG	1	Not available through mail order
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	1	
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 ea daily)
oxycodone w/ acetaminophen TABS 325 MG-5 MG	1	QL(6 ea daily)
PERCOCET TABS 325 MG-2.5 MG *(oxycodone w/ acetaminophen)*	7	
PERCOCET TABS 325 MG-5 MG *(oxycodone w/ acetaminophen)*	7	QL(6 ea daily)
PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG *(oxycodone w/ acetaminophen)*	7	QL(4 ea daily)
tramadol-acetaminophen	1	QL(8 ea daily)
ULTRACET *(tramadol-acetaminophen)*	7	QL(8 ea daily)
Opioid Partial Agonists		
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	1	QL(2 ea daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	1	QL(3 ea daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL	1	QL(3 ea daily)
buprenorphine hcl SUBL 8 MG	1	QL(4 ea daily)
buprenorphine hcl SUBL 2 MG	1	QL(3 ea daily)
buprenorphine PTWK	1	Limit 4 patches per month; QL(4 ea per 28 days retail)
butorphanol tartrate NA 10 MG/ML	1	Limit 7.5mls per month; QL(0.25 ml daily)
BUTRANS PTWK *(buprenorphine)*	7	Limit 4 patches per month; QL(4 ea per 28 days retail)
pentazocine w/ naloxone hcl	1	

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Drug Name	Drug Tier	Requirements/ Limits
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 Hormones		
Anabolic Steroids		
oxandrolone 2.5 MG	1	
oxandrolone 10 MG	1	QL(2 ea daily)
Androgens		
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ml per fill retail)
ANDROGEL PUMP GEL TD 1.62 % *(testosterone)*	7	Limited to 300 gms per month; QL(10 gm daily)
ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM *(testosterone)*	7	Limited to 300 gms per month; QL(10 gm daily)
danazol CAPS	1	
FORTESTA GEL TD *(testosterone)*	7	QL(4 gm daily)
METHITEST TABS	2	
methyltestosterone CAPS	1	
TESTIM GEL TD *(testosterone)*	7	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 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	1	Limited to 300 gms per month; QL(10 gm daily)
testosterone GEL TD 1 %	1	Limit 300gms per month; QL(10 Day(s) limit)
testosterone GEL TD 10 MG/ACT	1	QL(4 gm daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
budesonide (intrarectal)	1	ST; PA
CORTENEMA *(hydrocortisone (intrarectal))*	7	QL(60 ml daily)
CORTIFOAM EX 10 %	2	
hydrocortisone (intrarectal)	1	QL(60 ml daily)
UCERIS *(budesonide (intrarectal))*	7	ST; PA
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 *(hydrocortisone (rectal))*	7	
hydrocortisone (rectal) EX 2.5 %	1	
Vasodilating Agents		
nitroglycerin (intra-anal)	1	
RECTIV *(nitroglycerin (intra-anal))*	7	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		

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Drug Name	Drug Tier	Requirements/ Limits
albendazole	1	
ALBENZA *(albendazole)*	7	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE *(praziquantel)*	7	
ivermectin	1	QL(5 ea per fill retail); PA
praziquantel	1	
STROMECTOL *(ivermectin)*	7	QL(5 ea per fill retail); PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG *(ranolazine)*	7	
RANEXA TB12 500 MG *(ranolazine)*	7	QL(4 ea daily)
ranolazine TB12 1000 MG	1	
ranolazine TB12 500 MG	1	QL(4 ea daily)
Nitrates		
GONITRO PACK	3	PA
ISORDIL TITRADOSE TABS *(isosorbide dinitrate)*	7	
isosorbide dinitrate TABS	1	
isosorbide mononitrate TABS	1	
isosorbide mononitrate TB24	1	
NITRO-BID OINT	2	
NITRO-DUR PT24 *(nitroglycerin)*	7	QL(1 ea daily)
NITRO-DUR PT24	2	QL(1 ea daily)
nitroglycerin PT24	1	QL(1 ea daily)
nitroglycerin SOLN TL 0.4 MG/SPRAY	1	
nitroglycerin SUBL	1	
NITROLINGUAL SOLN TL *(nitroglycerin)*	7	
NITROSTAT SUBL *(nitroglycerin)*	7	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl	1	
hydroxyzine hcl SYRP	1	
hydroxyzine hcl TABS	1	
hydroxyzine pamoate CAPS	1	
meprobamate	1	
VISTARIL CAPS *(hydroxyzine pamoate)*	7	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
alprazolam TABS	1	
alprazolam TB24	1	
alprazolam TBDP	1	
ATIVAN TABS *(lorazepam)*	7	
chlordiazepoxide hcl CAPS	1	
clorazepate dipotassium TABS	1	
diazepam CONC	1	
diazepam SOLN OR 5 MG/5ML	1	
diazepam TABS 10 MG	1	QL(4 ea daily)
diazepam TABS 2 MG, 5 MG	1	
lorazepam CONC	1	

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Drug Name	Drug Tier	Requirements/ Limits
lorazepam TABS	1	
oxazepam CAPS 30 MG	1	QL(2 ea daily)
oxazepam CAPS 10 MG, 15 MG	1	
TRANXENE T TABS 7.5 MG *(clorazepate dipotassium)*	7	
VALIUM TABS 10 MG *(diazepam)*	7	QL(4 ea daily)
VALIUM TABS 2 MG, 5 MG *(diazepam)*	7	
XANAX XR TB24 *(alprazolam)*	7	
XANAX TABS *(alprazolam)*	7	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	1	
NORPACE CR CP12	2	
NORPACE CAPS *(disopyramide phosphate)*	7	
quinidine gluconate TBCR	1	
Antiarrhythmics Type I-B		
mexiletine hcl	1	
Antiarrhythmics Type I-C		
flecainide acetate	1	
propafenone hcl CP12	1	
propafenone hcl TABS 150 MG	1	QL(6 ea daily)
propafenone hcl TABS 225 MG, 300 MG	1	QL(3 ea daily)
RYTHMOL SR CP12 *(propafenone hcl)*	7	
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
amiodarone hcl TABS	1	
dofetilide	1	
TIKOSYN *(dofetilide)*	7	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	3	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUCALA SOAJ	3	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUCALA SOLR	3	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
NUCALA SOSY 100 MG/ML	3	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
ipratropium bromide SOLN 0.02 %	1	
SPIRIVA HANDIHALER CAPS *(tiotropium bromide monohydrate)*	7	QL(1 ea daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 gm daily)

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Drug Name	Drug Tier	Requirements/ Limits
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
tiotropium bromide monohydrate CAPS	1	QL(1 ea daily)
Leukotriene Modulators		
ACCOLATE 10 MG *(zafirlukast)*	7	
ACCOLATE 20 MG *(zafirlukast)*	7	QL(2 ea daily)
montelukast sodium CHEW	1	QL(1 ea daily)
montelukast sodium PACK	1	QL(1 ea daily)
montelukast sodium TABS	1	QL(1 ea daily)
SINGULAIR CHEW *(montelukast sodium)*	7	QL(1 ea daily)
SINGULAIR PACK *(montelukast sodium)*	7	QL(1 ea daily)
SINGULAIR TABS *(montelukast sodium)*	7	QL(1 ea daily)
zafirlukast 10 MG	1	
zafirlukast 20 MG	1	QL(2 ea daily)
zileuton TB12	1	ST
ZYFLO TABS	3	ST
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP *(roflumilast)*	7	QL(1 ea daily)
roflumilast	1	QL(1 ea daily)
Steroid Inhalants		
ARNUITY ELLIPTA	2	QL(1 ea daily)
budesonide (inhalation) SUSP 0.5 MG/2ML	1	QL(4 ml daily)
budesonide (inhalation) SUSP 0.25 MG/2ML	1	QL(8 ml daily)
budesonide (inhalation) SUSP 1 MG/2ML	1	QL(2 ml daily)
fluticasone propionate (inhalation) AEPB 100 MCG/ACT	1	QL(20 ea daily)
fluticasone propionate (inhalation) AEPB 50 MCG/ACT	1	QL(40 ea daily)
fluticasone propionate (inhalation) AEPB 250 MCG/ACT	1	QL(8 ea daily)
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	1	QL(0.8 gm daily)
fluticasone propionate hfa 44 MCG/ACT	1	Limit 2 inhalers per month; QL(0.36 gm daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 ea daily)
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 ea daily)
PULMICORT SUSP 0.25 MG/2ML *(budesonide (inhalation))*	7	QL(8 ml daily)
PULMICORT SUSP 0.5 MG/2ML *(budesonide (inhalation))*	7	QL(4 ml daily)
PULMICORT SUSP 1 MG/2ML *(budesonide (inhalation))*	7	QL(2 ml daily)
QVAR REDIHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily)
QVAR REDIHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 gm daily)
Sympathomimetics		
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 ea daily)
ADVAIR DISKUS AEPB *(fluticasone-salmeterol)*	7	QL(2 ea daily)
albuterol sulfate AERS	1	QL(1.2 gm daily)
albuterol sulfate AERS	1	QL(0.47 gm daily)
albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	1	
ALBUTEROL SULFATE NEBU	2	
albuterol sulfate SYRP	1	
albuterol sulfate TABS	1	
ANORO ELLIPTA	2	QL(2 ea daily)
BREZTRI AEROSPHERE	2	QL(0.36 gm daily)
budesonide-formoterol fumarate dihydrate	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 gm daily)
fluticasone furoate-vilanterol	1	QL(2 ea daily)
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 ea daily)
fluticasone-salmeterol AERO	1	Limit 1 inhaler per month; QL(0.4 gm daily)
formoterol fumarate NEBU	1	QL(4 ml daily)
ipratropium-albuterol SOLN	1	
levalbuterol hcl	1	
levalbuterol tartrate	1	QL(0.5 gm daily)
PERFOROMIST NEBU *(formoterol fumarate)*	7	QL(4 ml daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 ea daily)
SEREVENT DISKUS	2	QL(2 ea daily)
STIOLTO RESPIMAT	2	QL(0.14 gm daily)
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
SYMBICORT *(budesonide-formoterol fumarate dihydrate)*	7	
terbutaline sulfate TABS	1	
TRELEGY ELLIPTA	2	QL(2 ea daily)
XOPENEX *(levalbuterol hcl)*	7	
XOPENEX CONCENTRATE *(levalbuterol hcl)*	7	
Xanthines		
(Theophylline) ELIXOPHYLLIN ELIX	1	
THEO-24 CP24	2	
theophylline ELIX	1	
theophylline SOLN	1	
theophylline TB12 300 MG	1	QL(2 ea daily)
theophylline TB12 450 MG	1	QL(1 ea daily)
theophylline TB24	1	QL(1 ea daily)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN TABS	1	
warfarin sodium TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	2	QL(74 ea per 30 days retail)
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 days retail)
XARELTO SUSR	2	QL(900 ml per 30 days retail)
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 10 MG	2	QL(2 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML *(fondaparinux sodium)*	7	PA
ARIXTRA 2.5 MG/0.5ML *(fondaparinux sodium)*	7	QL(4 ml per 90 days retail; 4 ml per 90 days mail); PA
enoxaparin sodium SOLN IJ 300 MG/3ML	3	Limit 3 per month; QL(0.1 ml daily); PA
enoxaparin sodium SOSY	3	PA
fondaparinux sodium 2.5 MG/0.5ML	3	QL(4 ml per 90 days retail; 4 ml per 90 days mail); PA
fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML	3	PA
FRAGMIN SOLN 95000 UNIT/3.8ML	3	PA
FRAGMIN SOSY 2500 UNIT/0.2ML	3	QL(7 ml per 90 days retail)
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	3	PA
LOVENOX SOLN IJ 300 MG/3ML *(enoxaparin sodium)*	7	Limit 3 per month; QL(0.1 ml daily); PA
LOVENOX SOSY *(enoxaparin sodium)*	7	PA
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	3	QL(24 ml daily)
FYCOMPA TABS 2 MG	3	QL(6 ea daily)
FYCOMPA TABS 6 MG	3	QL(2 ea daily); SL
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); SL
FYCOMPA TABS 4 MG	3	QL(3 ea daily)
Anticonvulsants - Benzodiazepines		
clobazam SUSP	1	
clobazam TABS 10 MG	1	QL(1 ea daily)
clobazam TABS 20 MG	1	QL(2 ea daily)
clonazepam TABS	1	
clonazepam TBDP	1	
DIASTAT ACUDIAL GEL *(diazepam (anticonvulsant))*	7	Limit 4 per month; QL(0.14 ea daily)
DIASTAT PEDIATRIC GEL *(diazepam (anticonvulsant))*	7	Limit 4 per month; QL(0.14 ea daily)
diazepam (anticonvulsant) GEL 2.5 MG, 20 MG	1	Limit 4 per month; QL(0.14 ea daily)
diazepam (anticonvulsant) GEL 10 MG	3	Limit 4 per month; QL(0.14 ea daily)
KLONOPIN TABS *(clonazepam)*	7	
NAYZILAM	3	QL(10 ea per 30 days retail); PA
ONFI SUSP *(clobazam)*	7	
ONFI TABS 10 MG *(clobazam)*	7	QL(1 ea daily)
ONFI TABS 20 MG *(clobazam)*	7	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
Anticonvulsants - Misc.		
(Carbamazepine) EPITOL TABS	1	
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST
(Lamotrigine) SUBVENITE TABS	1	
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 ea daily)
APTIOM	3	QL(1 ea daily); ST
BANZEL SUSP *(rufinamide)*	7	
BANZEL TABS 400 MG *(rufinamide)*	7	QL(8 ea daily)
BANZEL TABS 200 MG *(rufinamide)*	7	
carbamazepine CHEW	1	
carbamazepine CP12	1	
carbamazepine SUSP	1	
carbamazepine TABS	1	
carbamazepine TB12 100 MG	1	
carbamazepine TB12 200 MG	1	QL(8 ea daily)
carbamazepine TB12 400 MG	1	QL(4 ea daily)
CARBATROL CP12 *(carbamazepine)*	7	
DIACOMIT CAPS 500 MG	3	QL(6 ea daily); PA
DIACOMIT CAPS 250 MG	3	QL(12 ea daily); PA
DIACOMIT PACK 250 MG	3	QL(12 ea daily); PA
DIACOMIT PACK 500 MG	3	QL(6 ea daily); PA
EPIDIOLEX	3	ST; PA
gabapentin CAPS	1	
gabapentin SOLN	1	
gabapentin TABS 600 MG, 800 MG	1	
KEPPRA XR TB24 *(levetiracetam)*	7	QL(4 ea daily)
KEPPRA SOLN OR 100 MG/ML *(levetiracetam)*	7	
KEPPRA TABS 250 MG, 500 MG, 750 MG *(levetiracetam)*	7	QL(6 ea daily)
KEPPRA TABS 1000 MG *(levetiracetam)*	7	QL(3 ea daily)
lacosamide SOLN OR 10 MG/ML	1	QL(40 ml daily)
lacosamide TABS	1	QL(2 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW *(lamotrigine)*	7	
LAMICTAL ODT KIT *(lamotrigine)*	7	ST; PA
LAMICTAL ODT TBDP *(lamotrigine)*	7	PA
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT *(lamotrigine)*	7	ST
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT *(lamotrigine)*	7	ST
LAMICTAL STARTER/TAKING VALPROATE KIT *(lamotrigine)*	7	ST
LAMICTAL XR KIT	3	ST; PA

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl TB24 450 MG	1	QL(1 ea daily); ST
bupropion hcl TB24 150 MG, 300 MG	1	QL(1 ea daily)
FORFIVO XL TB24 *(bupropion hcl)*	7	QL(1 ea daily); ST
WELLBUTRIN SR TB12 *(bupropion hcl)*	7	
WELLBUTRIN XL TB24 *(bupropion hcl)*	7	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 ea daily)
MARPLAN	3	
NARDIL *(phenelzine sulfate)*	7	
PARNATE *(tranylcypromine sulfate)*	7	
phenelzine sulfate	1	
tranylcypromine sulfate	1	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	3	PA
SPRAVATO 84MG DOSE	3	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS *(citalopram hydrobromide)*	7	QL(1 ea daily)
citalopram hydrobromide SOLN	1	QL(20 ml daily)
citalopram hydrobromide TABS	1	QL(1 ea daily)
escitalopram oxalate SOLN	1	
escitalopram oxalate TABS 10 MG, 20 MG	1	QL(1 ea daily)
escitalopram oxalate TABS 5 MG	1	QL(2 ea daily)
fluoxetine hcl CAPS 40 MG	1	QL(1 ea daily)

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

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Drug Name	Drug Tier	Requirements/ Limits
venlafaxine hcl CP24 150 MG	1	QL(2 ea daily)
venlafaxine hcl TABS	1	
venlafaxine hcl TB24 225 MG	1	
venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	1	QL(1 ea daily)
Tricyclic Agents		
amitriptyline hcl TABS	1	
amoxapine	1	
ANAFRANIL *(clomipramine hcl)*	7	
clomipramine hcl	1	
desipramine hcl TABS	1	
doxepin hcl CAPS	1	
doxepin hcl CONC	1	
imipramine hcl TABS 10 MG, 25 MG	1	
imipramine hcl TABS 50 MG	1	QL(4 ea daily)
imipramine pamoate	1	
NORPRAMIN TABS 10 MG, 25 MG *(desipramine hcl)*	7	
nortriptyline hcl CAPS	1	
nortriptyline hcl SOLN	3	
PAMELOR CAPS *(nortriptyline hcl)*	7	
protriptyline hcl	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	1	
miglitol	1	
PRECOSE *(acarbose)*	7	
Antidiabetic Combinations		
ACTOPLUS MET TABS *(pioglitazone hcl-metformin hcl)*	7	
DUETACT *(pioglitazone hcl-glimepiride)*	7	
glipizide-metformin hcl	1	
glyburide-metformin	1	
GLYXAMBI	2	
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)
JANUMET TABS	2	QL(2 ea daily)
pioglitazone hcl-glimepiride	1	
pioglitazone hcl-metformin hcl TABS	1	
saxagliptin-metformin hcl	1	QL(1 ea daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)
TRIJARDY XR	2	
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 ea daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 ea daily)
Biguanides		
metformin hcl SOLN	1	
metformin hcl TABS 500 MG, 850 MG, 1000 MG	1	
metformin hcl TB24 500 MG, 750 MG	1	
RIOMET SOLN *(metformin hcl)*	7	
Diabetic Other		
diazoxide	3	

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Drug Name	Drug Tier	Requirements/ Limits
glucagon (rdna)	3	QL(1 ea per fill retail; 2 ea per 30 days retail)
PROGLYCEM *(diazoxide)*	7	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUVIA	2	QL(1 ea daily)
saxagliptin hcl	1	QL(1 ea daily)
Incretin Mimetic Agents		
OZEMPIC SOPN	2	Not available through mail order.; PA
RYBELSUS TABS 3 MG	2	Not available through mail order; PA
RYBELSUS TABS 7 MG, 14 MG	2	PA
TRULICITY	2	Not available through mail order; PA
VICTOZA	2	Not available through mail order; PA
Insulin		
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)

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

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Drug Name	Drug Tier	Requirements/ Limits
Insulin Sensitizing Agents		
ACTOS 15 MG *(pioglitazone hcl)*	7	
ACTOS 30 MG, 45 MG *(pioglitazone hcl)*	7	QL(1 ea daily)
pioglitazone hcl 15 MG	1	
pioglitazone hcl 30 MG, 45 MG	1	QL(1 ea daily)
Meglitinide Analogues		
nateglinide	1	
repaglinide	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
AMARYL *(glimepiride)*	7	
glimepiride	1	
glipizide TABS	1	
glipizide TB24	1	
GLUCOTROL XL TB24 *(glipizide)*	7	
glyburide micronized 1.5 MG, 3 MG, 6 MG	1	
glyburide TABS	1	
GLYNASE *(glyburide micronized)*	7	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 ea daily); PA
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	1	
diphenoxylate w/ atropine TABS	1	
LOMOTIL TABS *(diphenoxylate w/ atropine)*	7	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
deferasirox PACK	1	PA
deferasirox TABS	3	PA
deferasirox TBSO	3	PA
deferiprone TABS 500 MG	3	
EXJADE TBSO *(deferasirox)*	7	PA
FERRIPROX SOLN	3	Not available through mail order
FERRIPROX TABS 500 MG *(deferiprone)*	7	
JADENU SPRINKLE PACK *(deferasirox)*	7	PA
JADENU TABS *(deferasirox)*	7	PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	3	PA
Opioid Antagonists		
KLOXXADO LIQD	2	
naloxone hcl LIQD	1	QL(4 ea per 30 days retail); RX/OTC
naltrexone hcl	1	
NARCAN LIQD *(naloxone hcl)*	7	QL(4 ea per 30 days retail); RX/OTC
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		

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Drug Name	Drug Tier	Requirements/ Limits
granisetron hcl TABS	1	ST; Limit 2 tablets per day; QL(2 ea daily); PA
ondansetron hcl SOLN OR 4 MG/5ML	1	Limit 50mls per month; QL(1.67 ml daily)
ondansetron hcl TABS 4 MG, 8 MG	1	Limit 20 per month; QL(0.67 ea daily)
ondansetron TBDP	1	Limit 20 per month; QL(0.67 ea daily)
SANCUSO PTCH	3	ST; Limit 1 per year; QL(0.04 ea daily); PA
ZUPLENZ FILM 4 MG	3	Limit 20 per month; QL(0.67 ea daily)
Antiemetics - Anticholinergic		
scopolamine	1	
TRANSDERM-SCOP *(scopolamine)*	7	
trimethobenzamide hcl CAPS	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	QL(2 ea per 28 days retail)
DICLEGIS TBEC *(doxylamine-pyridoxine)*	7	QL(4 ea daily)
doxylamine-pyridoxine TBEC	1	QL(4 ea daily)
dronabinol CAPS 10 MG	1	PA
dronabinol CAPS 5 MG	1	PA
dronabinol CAPS 2.5 MG	1	ST; PA
MARINOL CAPS 2.5 MG *(dronabinol)*	7	ST; PA
SYNDROS SOLN	3	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant CAPS	1	Limit 3 per month; QL(0.1 ea daily)
aprepitant CAPS 40 MG	1	Limit 2 per month; QL(0.07 ea daily)
aprepitant CAPS 80 MG, 125 MG	1	Limit 1 per year; QL(0.04 ea daily)
aprepitant MISC	1	Limit 3 per month; QL(0.1 ea daily)
EMEND TRIPACK CAPS *(aprepitant)*	7	Limit 3 per month; QL(0.1 ea daily)
EMEND CAPS 80 MG *(aprepitant)*	7	Limit 1 per year; QL(0.04 ea daily)
EMEND SUSR	3	QL(1 ea per 30 days retail)
VARUBI TBPK	3	QL(4 ea per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON *(flucytosine)*	7	
flucytosine	1	
griseofulvin microsize SUSP	1	
griseofulvin microsize TABS	1	
griseofulvin ultramicrosize	1	
nystatin TABS	1	
terbinafine hcl TABS	1	QL(1 ea daily; 90 ea per 365 days retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	Not available through mail order
DIFLUCAN SUSR *(fluconazole)*	7	
DIFLUCAN TABS *(fluconazole)*	7	
fluconazole SUSR	1	
fluconazole TABS	1	
itraconazole CAPS	1	ST; PA

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Drug Name	Drug Tier	Requirements/ Limits
itraconazole SOLN	1	PA
ketoconazole	1	
NOXAFIL SUSP *(posaconazole)*	7	
NOXAFIL TBEC *(posaconazole)*	7	
posaconazole SUSP	1	
posaconazole TBEC	1	
SPORANOX PULSEPAK CAPS *(itraconazole)*	7	ST; PA
SPORANOX CAPS *(itraconazole)*	7	ST; PA
SPORANOX SOLN *(itraconazole)*	7	PA
TOLSURA CAPS	3	PA
VFEND SUSR *(voriconazole)*	7	
VFEND TABS *(voriconazole)*	7	QL(2 ea daily)
voriconazole SUSR	1	
voriconazole TABS	1	QL(2 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
carbinoxamine maleate SOLN	1	
carbinoxamine maleate TABS 4 MG	1	
clemastine fumarate SYRP	1	
clemastine fumarate TABS 2.68 MG	1	
Antihistamines - Non-Sedating		
(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR TABS	1	QL(1 ea daily); RX/OTC
CLARINEX TABS *(desloratadine)*	7	ST; QL(1 ea daily); PA
desloratadine TABS	1	ST; QL(1 ea daily); PA
desloratadine TBDP 2.5 MG	1	ST; PA
desloratadine TBDP 5 MG	1	PA
levocetirizine dihydrochloride SOLN	1	PA; RX/OTC
levocetirizine dihydrochloride TABS	1	QL(1 ea daily); RX/OTC
XYZAL ALLERGY 24HR CHILDRENS SOLN *(levocetirizine dihydrochloride)*	7	PA; RX/OTC
XYZAL ALLERGY 24HR TABS *(levocetirizine dihydrochloride)*	7	QL(1 ea daily); RX/OTC
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1	
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	1	QL(3 ea daily)
promethazine hcl SOLN 6.25 MG/5ML	1	
promethazine hcl SUPP 12.5 MG, 25 MG	1	
promethazine hcl SYRP	1	
promethazine hcl TABS 12.5 MG	1	
promethazine hcl TABS 50 MG	1	QL(3 ea daily)
promethazine hcl TABS 25 MG	1	QL(6 ea daily)
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	1	
cyproheptadine hcl TABS	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		

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Drug Name	Drug Tier	Requirements/ Limits
EZETIMIBE/ATORVASTATIN	2	QL(1 ea daily)
ezetimibe-simvastatin	1	QL(1 ea daily)
VYTORIN *(ezetimibe-simvastatin)*	7	QL(1 ea daily)
Antihyperlipidemics - Misc.		
icosapent ethyl	2	PA
LOVAZA *(omega-3-acid ethyl esters)*	7	QL(4 ea daily)
omega-3-acid ethyl esters	1	QL(4 ea daily)
VASCEPA *(icosapent ethyl)*	2	PA
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE PACK	1	
(Cholestyramine Light) PREVALITE POWD	1	
cholestyramine light PACK	1	
cholestyramine light POWD	1	
cholestyramine PACK	1	
cholestyramine POWD	1	
colesevelam hcl PACK	1	QL(1 ea daily)
colesevelam hcl TABS	1	QL(7 ea daily)
COLESTID FLAVORED GRAN *(colestipol hcl)*	7	
COLESTID FLAVORED PACK *(colestipol hcl)*	7	
COLESTID GRAN *(colestipol hcl)*	7	
COLESTID PACK *(colestipol hcl)*	7	
COLESTID TABS *(colestipol hcl)*	7	
colestipol hcl GRAN	1	
colestipol hcl PACK	1	
colestipol hcl TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
QUESTRAN LIGHT POWD *(cholestyramine light)*	7	
QUESTRAN PACK *(cholestyramine)*	7	
QUESTRAN POWD *(cholestyramine)*	7	
WELCHOL PACK *(colesevelam hcl)*	7	QL(1 ea daily)
WELCHOL TABS *(colesevelam hcl)*	7	QL(7 ea daily)
Fibric Acid Derivatives		
ANTARA 30 MG	3	
choline fenofibrate 45 MG	1	
choline fenofibrate 135 MG	1	QL(1 ea daily)
fenofibrate micronized 130 MG, 200 MG	1	QL(1 ea daily)
fenofibrate micronized 30 MG, 43 MG, 67 MG, 90 MG, 134 MG	1	
fenofibrate CAPS	1	
fenofibrate TABS 48 MG	1	
fenofibrate TABS 145 MG, 160 MG	1	QL(1 ea daily)
fenofibrate TABS 54 MG	1	QL(2 ea daily)
FENOFIBRATE TABS	2	QL(1 ea daily)
FIBRICOR *(fenofibric acid)*	7	
gemfibrozil TABS	1	
LIPOFEN CAPS *(fenofibrate)*	7	
LOPID TABS *(gemfibrozil)*	7	
TRICOR TABS 48 MG *(fenofibrate)*	7	
TRICOR TABS 145 MG *(fenofibrate)*	7	QL(1 ea daily)
TRILIPIX 45 MG *(choline fenofibrate)*	7	
TRILIPIX 135 MG *(choline fenofibrate)*	7	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
HMG CoA Reductase Inhibitors		
atorvastatin calcium TABS	1	QL(1 ea daily)
CRESTOR TABS *(rosuvastatin calcium)*	7	QL(1 ea daily)
fluvastatin sodium CAPS	1	QL(1 ea daily)
fluvastatin sodium TB24	1	QL(1 ea daily)
LESCOL XL TB24 *(fluvastatin sodium)*	7	QL(1 ea daily)
LIPITOR TABS *(atorvastatin calcium)*	7	QL(1 ea daily)
LIVALO *(pitavastatin calcium)*	7	QL(1 ea daily); ST
lovastatin TABS 10 MG, 20 MG	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
lovastatin TABS 40 MG	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
pitavastatin calcium	1	QL(1 ea daily); ST
pravastatin sodium 40 MG	1	QL(2 ea daily)
pravastatin sodium 10 MG, 20 MG, 80 MG	1	QL(1 ea daily)
rosuvastatin calcium TABS	1	QL(1 ea daily)
simvastatin TABS	1	QL(1 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG *(simvastatin)*	7	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	1	
ZETIA *(ezetimibe)*	7	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 30 MG	3	PA
JUXTAPID 10 MG, 20 MG	3	PA
JUXTAPID 5 MG	3	ST; PA
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TBCR	1	
NIASPAN TBCR *(niacin (antihyperlipidemic))*	7	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	3	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL *(quinapril hcl)*	7	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG *(ramipril)*	7	QL(2 ea daily)
benazepril hcl	1	
captopril	1	
enalapril maleate TABS	1	QL(2 ea daily)
fosinopril sodium	1	
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	1	
lisinopril TABS 40 MG	1	QL(2 ea daily)
LOTENSIN 10 MG, 20 MG, 40 MG *(benazepril hcl)*	7	
moexipril hcl	1	
perindopril erbumine	1	
QBRELIS SOLN	3	QL(5 ml daily)
quinapril hcl	1	
ramipril CAPS	1	QL(2 ea daily)
trandolapril	1	

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

Drug Name	Drug Tier	Requirements/ Limits
olmesartan medoxomil 40 MG	1	QL(1 ea daily)
olmesartan medoxomil 5 MG, 20 MG	1	
telmisartan 20 MG, 40 MG	1	
telmisartan 80 MG	1	QL(1 ea daily)
valsartan TABS 160 MG	1	QL(2 ea daily)
valsartan TABS 40 MG, 80 MG, 320 MG	1	
Antiadrenergic Antihypertensives		
CARDURA *(doxazosin mesylate)*	7	
clonidine hcl TABS	1	
doxazosin mesylate	1	
guanfacine hcl	1	
methyldopa TABS	1	
MINIPRESS CAPS *(prazosin hcl)*	7	
prazosin hcl CAPS	1	
terazosin hcl 1 MG, 2 MG, 5 MG	1	
terazosin hcl 10 MG	1	QL(2 ea daily)
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG *(quinapril-hydrochlorothiazide)*	7	
ACCURETIC 25 MG-20 MG *(quinapril-hydrochlorothiazide)*	7	QL(1 ea daily)
amlodipine besylate-benazepril hcl 10 MG-2.5 MG	1	
amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG	1	QL(1 ea daily)

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

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Drug Name	Drug Tier	Requirements/ Limits
olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	1	QL(1 ea daily)
quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	1	
quinapril-hydrochlorothiazide 25 MG-20 MG	1	QL(1 ea daily)
TEKTURNA HCT	3	ST
telmisartan-amlodipine	1	
telmisartan-hydrochlorothiazide	1	
TENORETIC 100 *(atenolol & chlorthalidone)*	7	
TENORETIC 50 *(atenolol & chlorthalidone)*	7	
trandolapril-verapamil hcl	1	
TRIBENZOR *(olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	7	ST
valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	1	
valsartan-hydrochlorothiazide 25 MG-160 MG	1	QL(1 ea daily)
VASERETIC 25 MG-10 MG *(enalapril maleate & hydrochlorothiazide)*	7	
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG *(lisinopril & hydrochlorothiazide)*	7	
ZESTORETIC 25 MG-20 MG *(lisinopril & hydrochlorothiazide)*	7	QL(2 ea daily)
ZIAC *(bisoprolol & hydrochlorothiazide)*	7	
Direct Renin Inhibitors		
aliskiren fumarate	1	
TEKTURNA *(aliskiren fumarate)*	7	
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	1	
INSPRA *(eplerenone)*	7	
Vasodilators		
hydralazine hcl TABS	1	
minoxidil 2.5 MG, 10 MG	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL CAPS *(metronidazole)*	7	
metronidazole CAPS	1	
metronidazole TABS	1	
tinidazole	1	ST
trimethoprim TABS	1	
XIFAXAN 200 MG	3	QL(2 ea daily; 9 ea per fill retail); PA
XIFAXAN 550 MG	3	QL(2 ea daily); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
BACTRIM DS TABS *(sulfamethoxazole-trimethoprim)*	7	
BACTRIM TABS *(sulfamethoxazole-trimethoprim)*	7	
sulfamethoxazole-trimethoprim SUSP	1	
sulfamethoxazole-trimethoprim TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
Antiprotozoal Agents		
ALINIA SUSR	3	
ALINIA TABS *(nitazoxanide)*	7	
atovaquone	1	
MEPRON *(atovaquone)*	7	
nitazoxanide TABS	1	
Glycopeptides		
FIRVANQ SOLR OR 25 MG/ML *(vancomycin hcl)*	7	PA
VANCOCIN CAPS 125 MG *(vancomycin hcl)*	7	PA
vancomycin hcl CAPS 125 MG	1	PA
vancomycin hcl SOLR OR 25 MG/ML	1	PA
Leprostatics		
dapsone 100 MG	1	QL(4 ea daily)
dapsone 25 MG	1	
Lincosamides		
CLEOCIN *(clindamycin hcl)*	7	
CLEOCIN PEDIATRIC GRANULES *(clindamycin palmitate hydrochloride)*	7	
clindamycin hcl	1	
clindamycin palmitate hydrochloride	1	
Oxazolidinones		
linezolid SUSR	1	QL(210 ml per 90 days retail)
linezolid TABS	1	QL(20 ea per 90 days retail)
ZYVOX SUSR *(linezolid)*	7	QL(210 ml per 90 days retail)
ZYVOX TABS *(linezolid)*	7	QL(20 ea per 90 days retail)
Urinary Anti-infectives		
fosfomycin tromethamine	1	
HIPREX *(methenamine hippurate)*	7	
MACROBID *(nitrofurantoin monohyd macro)*	7	
MACRODANTIN *(nitrofurantoin macrocrystal)*	7	
methenamine hippurate	1	
methenamine mandelate 1 GM	1	
METHENAMINE MANDELATE *(methenamine mandelate)*	7	
MONUROL *(fosfomycin tromethamine)*	7	
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd macro	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	1	
COARTEM	2	Limit 24 per month; QL(0.8 ea daily)
MALARONE *(atovaquone-proguanil hcl)*	7	
Antimalarials		
chloroquine phosphate TABS	1	
DARAPRIM	4	PA
hydroxychloroquine sulfate 200 MG	1	
KRINTAFEL	2	QL(2 ea per 30 days retail)
mefloquine hcl	1	QL(6 ea per fill retail; 6 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
PLAQUENIL *(hydroxychloroquine sulfate)*	7	
primaquine phosphate TABS	1	
PRIMAQUINE PHOSPHATE TABS *(primaquine phosphate)*	7	
pyrimethamine	4	PA
QUALAQUIN CAPS *(quinine sulfate)*	7	QL(2 ea daily); PA
quinine sulfate CAPS 324 MG	1	QL(2 ea daily); PA
SOVUNA 200 MG	2	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	3	ST; PA
MESTINON TIMESPAN TBCR *(pyridostigmine bromide)*	7	
MESTINON SOLN OR *(pyridostigmine bromide)*	7	PA
MESTINON TABS *(pyridostigmine bromide)*	7	
pyridostigmine bromide SOLN OR	3	PA
pyridostigmine bromide TABS 60 MG	1	
pyridostigmine bromide TBCR	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	1	
ethambutol hcl TABS	1	
isoniazid SYRP	1	
isoniazid TABS	1	
MYAMBUTOL TABS 400 MG *(ethambutol hcl)*	7	
MYCOBUTIN *(rifabutin)*	7	
PRIFTIN	3	
pyrazinamide	1	
rifabutin	1	
rifampin CAPS	1	
TRECATOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN *(melphalan)*	7	AC
cyclophosphamide CAPS	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	New commercial members to be referred to AcariaHealth; AC
LEUKERAN	2	AC
melphalan	1	AC
MYLERAN TABS	2	AC
TEMODAR CAPS 140 MG, 180 MG, 250 MG *(temozolomide)*	7	AC
TEMODAR CAPS 100 MG *(temozolomide)*	7	AC
temozolomide CAPS 100 MG	1	AC
temozolomide CAPS 5 MG, 20 MG, 140 MG, 180 MG, 250 MG	1	AC
Antimetabolites		
capecitabine 150 MG	1	AC
capecitabine 500 MG	1	AC
mercaptopurine TABS	1	AC
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
methotrexate sodium TABS 2.5 MG	1	AC
ONUREG TABS	3	AC; PA
PURIXAN SUSP	3	AL(Up to 13 yrs old); AC
TABLOID	2	AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN	3	AC; PA
XELODA 500 MG *(capecitabine)*	7	AC
XELODA 150 MG *(capecitabine)*	7	AC
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
LENVIMA 10 MG DAILY DOSE	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 12MG DAILY DOSE	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 14 MG DAILY DOSE	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 18 MG DAILY DOSE	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
LENVIMA 20 MG DAILY DOSE	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 24 MG DAILY DOSE	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 4 MG DAILY DOSE	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 8 MG DAILY DOSE	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
Antineoplastic - Anti-HER2 Agents		
TUKYSA	3	AC; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	3	AC; PA
VENCLEXTA TABS 50 MG	3	AC; PA
VENCLEXTA TABS 100 MG	3	QL(4 ea daily); AC; PA
VENCLEXTA TABS 10 MG	3	QL(2 ea daily); AC; PA
Antineoplastic - EGFR Inhibitors		
erlotinib hcl	3	New commercial members to be referred to AcariaHealth; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
GILOTRIF	3	AC; PA
TAGRISSO	3	SP; AC; PA
TARCEVA *(erlotinib hcl)*	7	New commercial members to be referred to AcariaHealth; AC; PA
VIZIMPRO	3	AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	3	PA
ERIVEDGE	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
ODOMZO	3	AC
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate	3	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
anastrozole	5	QL(1 ea daily); PV; AC
ARIMIDEX *(anastrozole)*	7	QL(1 ea daily); PV; AC
AROMASIN *(exemestane)*	7	PV; AC
bicalutamide	1	QL(1 ea daily); AC
CASODEX *(bicalutamide)*	7	QL(1 ea daily); AC
ELIGARD SC	3	PA
EMCYT	2	AC
ERLEADA 60 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ERLEADA 240 MG	3	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
EULEXIN	2	AC
exemestane	1	PV; AC
FARESTON *(toremifene citrate)*	7	AC
FEMARA *(letrozole)*	7	AC
flutamide	1	AC
letrozole	1	AC
leuprolide acetate KIT IJ 1 MG/0.2ML	3	PA
LUPRON DEPOT (1-MONTH) KIT IM	2	PA
LUPRON DEPOT (3-MONTH) KIT IM	3	PA
LUPRON DEPOT (4-MONTH) IM	3	PA
LUPRON DEPOT (6-MONTH) IM	3	PA
LYSODREN	2	AC
megestrol acetate SUSP	1	AC
megestrol acetate TABS	1	AC
NILANDRON *(nilutamide)*	7	AC
nilutamide	1	AC
NUBEQA	3	SP; AC; PA
tamoxifen citrate TABS	5	PV; AC
toremifene citrate	1	AC
XTANDI CAPS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XTANDI TABS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
YONSA	3	AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
ZYTIGA *(abiraterone acetate)*	7	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
Antineoplastic - Immunomodulators		
POMALYST	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	3	QL(1 ea daily); SP; AC; PA
AYVAKIT	3	QL(1 ea daily); SP; PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO	3	AC; PA
XPOVIO 80 MG TWICE WEEKLY	3	PA
Antineoplastic Combinations		
INQOVI	3	PA
KISQALI FEMARA 200 DOSE	2	Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
KISQALI FEMARA 400 DOSE	2	Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
KISQALI FEMARA 600 DOSE	2	Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
LONSURF	3	AC; PA
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO *(everolimus)*	7	QL(1 ea daily); AC; PA
AFINITOR TABS *(everolimus)*	7	QL(1 ea daily); SP; AC; PA
ALECENSA	3	AC; PA
ALUNBRIG TABS 30 MG	3	SP drug refer to Caremark SP Rx; AC; PA
ALUNBRIG TABS 90 MG, 180 MG	3	AC; PA
ALUNBRIG TBPK	3	AC; PA
BALVERSA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
BOSULIF CAPS	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
BOSULIF TABS	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
BRAFTOVI 75 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
BRUKINSA	3	AC; PA
CABOMETYX TABS 20 MG, 60 MG	3	QL(1 ea daily); AC; PA
CABOMETYX TABS 40 MG	3	QL(2 ea daily); AC; PA
CALQUENCE	3	QL(2 ea daily); AC; PA
CALQUENCE	3	QL(2 ea daily); AC; PA
CAPRELSA	3	AC
COMETRIQ KIT	3	AC
COPIKTRA	3	AC; PA
COTELLIC	3	AC; PA
everolimus TABS	3	QL(1 ea daily); SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
everolimus TBSO	3	QL(1 ea daily); AC; PA
FARYDAK	3	AC; PA
IBRANCE CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
IBRANCE TABS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ICLUSIG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
IDHIFA	3	Refer to Accredo SP Rx; AC; PA
imatinib mesylate 100 MG	1	QL(3 ea daily); AC; PA
imatinib mesylate 400 MG	1	QL(2 ea daily); AC; PA
IMBRUVICA CAPS 140 MG	3	AC; PA
IMBRUVICA CAPS 70 MG	3	AC; PA
IMBRUVICA TABS	3	QL(1 ea daily); AC; PA
INREBIC	3	AC; PA
JAKAFI	3	QL(2 ea daily); AC
KISQALI	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
KOSELUGO	3	PA
lapatinib ditosylate	3	Must use AcariaHlth Sp Rx 1-844-538-4661; AC; PA
LORBRENA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
LYNPARZA TABS	3	QL(4 ea daily); SP; AC; PA
MEKINIST TABS	3	AC; PA
MEKTOVI	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
NERLYNX	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA
NEXAVAR *(sorafenib tosylate)*	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
NINLARO	3	Limited to 3 capsules per month;; QL(0.1 ea daily); AC; PA
pazopanib hcl	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
PIQRAY 200MG DAILY DOSE	3	PA
PIQRAY 250MG DAILY DOSE	3	PA
PIQRAY 300MG DAILY DOSE	3	PA
QINLOCK	3	AC; PA
RETEVMO	3	AC; PA
RUBRACA	3	AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
RYDAPT	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
sorafenib tosylate	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
SPRYCEL 20 MG, 50 MG, 70 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
SPRYCEL 80 MG, 100 MG, 140 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
STIVARGA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
sunitinib malate 12.5 MG, 37.5 MG, 50 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
sunitinib malate 25 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
SUTENT 12.5 MG, 37.5 MG, 50 MG *(sunitinib malate)*	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
SUTENT 25 MG *(sunitinib malate)*	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
TABRECTA	3	AC; PA
TAFINLAR CAPS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
TALZENNA 0.25 MG, 1 MG	3	AC; PA
TASIGNA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TAZVERIK	3	PA
TIBSOVO	3	PA
TURALIO 200 MG	3	AC; PA
TYKERB *(lapatinib ditosylate)*	7	Must use AcariaHlth Sp Rx 1-844-538-4661; AC; PA
VERZENIO	3	QL(2 ea daily); AC; PA
VITRAKVI CAPS	3	PA
VITRAKVI SOLN	3	PA
VOTRIENT	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
VOTRIENT *(pazopanib hcl)*	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
XALKORI CAPS	3	AC; PA
XOSPATA	3	PA
ZEJULA CAPS	3	Specialty drug-Health Net will refer to SP Pharmacy; AC; PA
ZEJULA TABS	3	PA
ZELBORAF	3	AC; PA
ZOLINZA	3	AC; PA
ZYDELIG	3	AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
ZYKADIA TABS	3	AC; PA
Antineoplastics Misc.		
ACTIMMUNE	3	PA
bexarotene	3	SP; AC; PA
HYDREA *(hydroxyurea)*	7	AC
hydroxyurea	1	AC
INTRON A SOLR	3	PA
MATULANE	3	AC
TARGRETIN *(bexarotene)*	7	SP; AC; PA
tretinoin (chemotherapy)	1	AC
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium TABS	1	AC
MESNEX TABS	3	AC
Mitotic Inhibitors		
etoposide CAPS	1	AC
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	3	AC; PA
HYCAMTIN SOLR *(topotecan hcl)*	7	PA
topotecan hcl SOLR	3	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	1	
LODOSYN *(carbidopa)*	7	
Antiparkinson Anticholinergics		
benztropine mesylate TABS	1	
trihexyphenidyl hcl SOLN	1	
trihexyphenidyl hcl TABS	1	
Antiparkinson COMT Inhibitors		
COMTAN *(entacapone)*	7	
entacapone	1	
TASMAR *(tolcapone)*	7	
tolcapone	1	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	1	
amantadine hcl TABS	1	
bromocriptine mesylate CAPS	1	
bromocriptine mesylate TABS 2.5 MG	1	
carbidopa-levodopa-entacapone	1	
carbidopa-levodopa TABS	1	
carbidopa-levodopa TBCR 100 MG-25 MG	1	QL(8 ea daily)
carbidopa-levodopa TBCR 200 MG-50 MG	1	
carbidopa-levodopa TBDP	1	
DHIVY TABS	2	
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
KYNMOBI TITRATION KIT KIT	3	PA
KYNMOBI FILM	3	PA
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG *(pramipexole dihydrochloride)*	7	
MIRAPEX ER TB24 3 MG *(pramipexole dihydrochloride)*	7	QL(1 ea daily)
NEUPRO	3	
PARLODEL CAPS *(bromocriptine mesylate)*	7	
PARLODEL TABS *(bromocriptine mesylate)*	7	
pramipexole dihydrochloride TABS 1.5 MG	1	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
pramipexole dihydrochloride TABS 1 MG	1	QL(4 ea daily)
pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	1	
pramipexole dihydrochloride TB24 3 MG	1	QL(1 ea daily)
pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG	1	
ropinirole hydrochloride TABS	1	
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG	1	
ropinirole hydrochloride TB24 12 MG	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 *(carbidopa-levodopa)*	7	
STALEVO 50 *(carbidopa-levodopa-entacapone)*	7	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT *(rasagiline mesylate)*	7	
rasagiline mesylate	1	
selegiline hcl CAPS	1	QL(2 ea daily)
selegiline hcl TABS	1	QL(2 ea daily)
XADAGO	3	PA
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
LITHIUM	2	
lithium carbonate CAPS 300 MG	1	QL(6 ea daily)
lithium carbonate CAPS 150 MG, 600 MG	1	
lithium carbonate TABS	1	
lithium carbonate TBCR	1	
LITHOBID TBCR *(lithium carbonate)*	7	
Antipsychotics - Misc.		
EQUETRO	3	
GEODON 20 MG, 40 MG *(ziprasidone hcl)*	7	
GEODON 60 MG, 80 MG *(ziprasidone hcl)*	7	QL(2 ea daily)
LATUDA *(lurasidone hcl)*	7	
lurasidone hcl	1	
NUPLAZID CAPS	3	QL(1 ea daily); PA
NUPLAZID TABS 10 MG	3	QL(1 ea daily); PA
VRAYLAR CAPS	3	
VRAYLAR CPPK	3	
ziprasidone hcl 60 MG, 80 MG	1	QL(2 ea daily)
ziprasidone hcl 20 MG, 40 MG	1	
Benzisoxazoles		
INVEGA *(paliperidone)*	7	
paliperidone	1	
PERSERIS PRSY	3	PA
RISPERDAL SOLN *(risperidone)*	7	
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG *(risperidone)*	7	
RISPERDAL TABS 3 MG *(risperidone)*	7	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
risperidone SOLN	1	
risperidone TABS 3 MG	1	QL(2 ea daily)
risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	1	
risperidone TBDP	1	
Butyrophenones		
haloperidol lactate CONC	1	
haloperidol TABS	1	
Dibenzapines		
asenapine maleate	1	
clozapine TABS	1	
CLOZARIL TABS *(clozapine)*	7	
loxapine succinate	1	
olanzapine TABS 15 MG, 20 MG	1	QL(1 ea daily)
olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	1	
olanzapine TBDP	1	
quetiapine fumarate TABS 200 MG	1	QL(4 ea daily)
quetiapine fumarate TABS 300 MG, 400 MG	1	QL(2 ea daily)
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	1	
quetiapine fumarate TB24 150 MG, 200 MG, 300 MG, 400 MG	1	PA
quetiapine fumarate TB24 50 MG	1	ST; PA
SAPHRIS 5 MG	3	
SAPHRIS *(asenapine maleate)*	7	
SEROQUEL XR TB24 150 MG, 200 MG, 300 MG, 400 MG *(quetiapine fumarate)*	7	PA
SEROQUEL XR TB24 50 MG *(quetiapine fumarate)*	7	ST; PA
SEROQUEL TABS 200 MG *(quetiapine fumarate)*	7	QL(4 ea daily)
SEROQUEL TABS 300 MG, 400 MG *(quetiapine fumarate)*	7	QL(2 ea daily)
SEROQUEL TABS 25 MG, 50 MG, 100 MG *(quetiapine fumarate)*	7	
VERSACLOZ SUSP	3	QL(18 ml daily)
ZYPREXA ZYDIS TBDP *(olanzapine)*	7	
ZYPREXA TABS 15 MG, 20 MG *(olanzapine)*	7	QL(1 ea daily)
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG *(olanzapine)*	7	
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 ea daily)
chlorpromazine hcl TABS	1	
fluphenazine hcl TABS	1	
perphenazine TABS	1	
prochlorperazine	1	QL(2 ea daily)
prochlorperazine maleate TABS	1	
thioridazine hcl 10 MG, 25 MG, 100 MG	1	
thioridazine hcl 50 MG	1	QL(4 ea daily)
trifluoperazine hcl TABS	1	
Quinolinone Derivatives		
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG *(aripiprazole)*	7	
ABILIFY TABS 15 MG *(aripiprazole)*	7	QL(2 ea daily)
ABILIFY TABS 20 MG *(aripiprazole)*	7	QL(1 ea daily)
aripiprazole SOLN OR	1	

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Drug Name	Drug Tier	Requirements/ Limits
aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	1	
aripiprazole TABS 15 MG	1	QL(2 ea daily)
aripiprazole TABS 20 MG	1	QL(1 ea daily)
aripiprazole TBDP	1	PA
REXULTI	3	
Thioxanthenes		
thiothixene	1	
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
formaldehyde SOLN 10 %	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	1	
abacavir sulfate TABS	1	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
APTIVUS CAPS	2	
atazanavir sulfate CAPS	1	
BIKTARVY 200 MG-50 MG-25 MG	2	
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
CIMDUO	2	
COMBIVIR *(lamivudine-zidovudine)*	7	
COMPLERA	2	
darunavir TABS	1	
DELSTRIGO	2	
DESCOVY 200 MG-25 MG	5	PV
DOVATO	2	
EDURANT	2	
efavirenz CAPS	1	
efavirenz-emtricitabine-tenofovir disoproxil fumarate	1	QL(1 ea daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate	1	
efavirenz TABS	1	
emtricitabine CAPS	1	
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	1	QL(1 ea daily)
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	5	QL(1 ea daily); PV
EMTRIVA CAPS *(emtricitabine)*	7	
EPIVIR SOLN *(lamivudine)*	7	
EPIVIR TABS *(lamivudine)*	7	
EPZICOM *(abacavir sulfate-lamivudine)*	7	
etravirine	1	
EVOTAZ	2	
fosamprenavir calcium TABS	1	
FUZEON SOLR	3	ST; PA
GENVOYA	2	
INTELENCE 25 MG	2	
INTELENCE *(etravirine)*	7	
ISENTRESS HD TABS	2	
ISENTRESS CHEW 100 MG	2	PA
ISENTRESS CHEW 25 MG	2	

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Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS PACK	2	
ISENTRESS TABS	2	
JULUCA	2	
KALETRA SOLN *(lopinavir-ritonavir)*	7	
KALETRA TABS *(lopinavir-ritonavir)*	7	
lamivudine SOLN	1	
lamivudine TABS	1	
lamivudine-zidovudine	1	
LEXIVA TABS *(fosamprenavir calcium)*	7	
lopinavir-ritonavir SOLN	1	
lopinavir-ritonavir TABS	1	
maraviroc TABS	1	
nevirapine TABS	1	
nevirapine TB24	1	
NORVIR PACK	2	
NORVIR TABS *(ritonavir)*	7	
ODEFSEY	2	
PIFELTRO	2	
PREZCOBIX	2	
PREZISTA SUSP	2	
PREZISTA TABS 75 MG, 150 MG	2	
PREZISTA TABS *(darunavir)*	7	
RETROVIR CAPS *(zidovudine)*	7	
RETROVIR SYRP *(zidovudine)*	7	
REYATAZ CAPS 200 MG, 300 MG *(atazanavir sulfate)*	7	
REYATAZ PACK	2	
ritonavir TABS	1	
RUKOBIA	3	
SELZENTRY SOLN	2	

Drug Name	Drug Tier	Requirements/ Limits
SELZENTRY TABS *(maraviroc)*	7	
SELZENTRY TABS 25 MG, 75 MG	2	
stavudine CAPS	1	
STRIBILD	2	
SUSTIVA CAPS *(efavirenz)*	7	
SUSTIVA TABS *(efavirenz)*	7	
SYMFI *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	7	
SYMFI LO *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	7	
SYMTUZA	2	
tenofovir disoproxil fumarate TABS	1	
TIVICAY TABS	2	
TRIUMEQ PD TBSO	2	
TRIUMEQ TABS	2	
TRIZIVIR	2	
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG *(emtricitabine-tenofovir disoproxil fumarate)*	7	QL(1 ea daily)
TRUVADA 200 MG-300 MG *(emtricitabine-tenofovir disoproxil fumarate)*	7	QL(1 ea daily); PV
TYBOST	2	
VIRACEPT TABS	2	
VIRAMUNE XR TB24 400 MG *(nevirapine)*	7	
VIREAD TABS *(tenofovir disoproxil fumarate)*	7	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	
ZIAGEN TABS *(abacavir sulfate)*	7	

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Drug Name	Drug Tier	Requirements/ Limits
zidovudine CAPS	1	
zidovudine SYRP	1	
zidovudine TABS	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 100 MG-150 MG	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 12 yrs old); PV
CMV Agents		
VALCYTE SOLR *(valganciclovir hcl)*	7	QL(21 ml daily)
VALCYTE TABS *(valganciclovir hcl)*	7	
valganciclovir hcl SOLR	1	QL(21 ml daily)
valganciclovir hcl TABS	1	
Hepatitis Agents		
adefovir dipivoxil	1	
BARACLUDE TABS *(entecavir)*	7	
entecavir TABS	1	
EPCLUSA PACK	2	SP; PA
EPCLUSA TABS 50 MG-200 MG	2	SP; PA
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Epclusa; PA
EPIVIR HBV TABS *(lamivudine (hbv))*	7	
HEPSERA *(adefovir dipivoxil)*	7	
lamivudine (hbv) TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
MAVYRET TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
PEGASYS SOLN	3	PA
ribavirin (hepatitis c) CAPS	1	PA
VEMLIDY	3	SP; ST
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Herpes Agents		
acyclovir CAPS	1	
acyclovir SUSP	1	
acyclovir TABS OR 400 MG	1	
acyclovir TABS OR 800 MG	1	QL(5 ea daily)
famciclovir	1	
valacyclovir hcl 1 GM, 1000 MG	1	QL(4 ea daily)
valacyclovir hcl 500 MG	1	QL(8 ea daily)
VALTREX 1 GM *(valacyclovir hcl)*	7	QL(4 ea daily)
VALTREX 500 MG *(valacyclovir hcl)*	7	QL(8 ea daily)
ZOVIRAX SUSP *(acyclovir)*	7	
Influenza Agents		
oseltamivir phosphate CAPS	1	QL(10 ea per fill retail)
oseltamivir phosphate SUSR	1	QL(75 ml daily; 5 Day(s) limit)
RELENZA DISKHALER	3	Limit 20 per month; QL(0.67 ea daily)
rimantadine hydrochloride TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
TAMIFLU CAPS *(oseltamivir phosphate)*	7	QL(10 ea per fill retail)
TAMIFLU SUSR *(oseltamivir phosphate)*	7	QL(75 ml daily; 5 Day(s) limit)
Misc. Antivirals		
LAGEVRIO	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 18 yrs old); PV
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
TPOXX SOLN	5	PV
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 3.125 MG	1	QL(2 ea daily)
carvedilol 6.25 MG, 12.5 MG, 25 MG	1	
carvedilol phosphate	1	
COREG 6.25 MG, 12.5 MG, 25 MG *(carvedilol)*	7	
COREG 3.125 MG *(carvedilol)*	7	QL(2 ea daily)
COREG CR *(carvedilol phosphate)*	7	
labetalol hcl TABS	1	
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	1	
atenolol TABS	1	
betaxolol hcl	1	
bisoprolol fumarate	1	QL(1 ea daily)
BYSTOLIC *(nebivolol hcl)*	7	
LOPRESSOR TABS *(metoprolol tartrate)*	7	
metoprolol succinate TB24	1	
metoprolol tartrate TABS	1	
nebivolol hcl	1	
TENORMIN TABS *(atenolol)*	7	
TOPROL XL TB24 *(metoprolol succinate)*	7	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	1	
BETAPACE AF *(sotalol hcl (afib/afl))*	7	
BETAPACE TABS 80 MG, 120 MG, 160 MG *(sotalol hcl)*	7	
CORGARD TABS 20 MG, 40 MG, 80 MG *(nadolol)*	7	
HEMANGEOL SOLN OR	3	PA
INDERAL LA CP24 *(propranolol hcl)*	7	
INDERAL XL	3	
INNOPRAN XL	3	
nadolol TABS 20 MG, 40 MG, 80 MG	1	
pindolol TABS	1	
propranolol hcl CP24	1	
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	1	
propranolol hcl TABS	1	
sotalol hcl (afib/afl)	1	
sotalol hcl TABS	1	
timolol maleate TABS 10 MG	1	QL(6 ea daily)
timolol maleate TABS 5 MG, 20 MG	1	QL(2 ea daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		

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Drug Name	Drug Tier	Requirements/ Limits
(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	
amlodipine besylate TABS 5 MG, 10 MG	1	QL(1 ea daily)
amlodipine besylate TABS 2.5 MG	1	QL(2 ea daily)
CALAN SR TBCR 120 MG *(verapamil hcl)*	7	
CALAN SR TBCR 180 MG, 240 MG *(verapamil hcl)*	7	QL(2 ea daily)
CARDIZEM CD CP24 *(diltiazem hcl coated beads)*	7	QL(1 ea daily)
CARDIZEM LA TB24 *(diltiazem hcl)*	7	
CARDIZEM TABS 30 MG, 60 MG, 120 MG *(diltiazem hcl)*	7	
diltiazem hcl coated beads CP24	1	QL(1 ea daily)
diltiazem hcl extended release beads	1	
diltiazem hcl CP12	1	
diltiazem hcl CP24	1	
diltiazem hcl TABS	1	
diltiazem hcl TB24	1	
felodipine 10 MG	1	QL(1 ea daily)
felodipine 2.5 MG, 5 MG	1	
isradipine CAPS	1	
nicardipine hcl CAPS	1	
nifedipine CAPS	1	
nifedipine TB24 30 MG, 60 MG	1	
nifedipine TB24	1	QL(1 ea daily)
nimodipine CAPS	1	
nisoldipine	1	
NORVASC TABS 5 MG, 10 MG *(amlodipine besylate)*	7	QL(1 ea daily)
NORVASC TABS 2.5 MG *(amlodipine besylate)*	7	QL(2 ea daily)
PROCARDIA XL TB24 *(nifedipine)*	7	QL(1 ea daily)
SULAR 8.5 MG, 17 MG, 34 MG *(nisoldipine)*	7	
TIAZAC *(diltiazem hcl extended release beads)*	7	
verapamil hcl CP24 360 MG	1	QL(1 ea daily)
verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG	1	
verapamil hcl CP24 180 MG	1	QL(2 ea daily)
verapamil hcl TABS	1	
verapamil hcl TBCR 180 MG, 240 MG	1	QL(2 ea daily)
verapamil hcl TBCR 120 MG	1	
VERELAN PM CP24 *(verapamil hcl)*	7	
VERELAN CP24 360 MG *(verapamil hcl)*	2	QL(1 ea daily)
VERELAN CP24 120 MG, 240 MG *(verapamil hcl)*	7	
VERELAN CP24 180 MG *(verapamil hcl)*	7	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	1	
(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG	1	
digoxin SOLN OR 0.05 MG/ML	1	
digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG	1	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG ***(digoxin)***	7	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	1	PA
BIDIL ***(isosorbide dinitrate-hydralazine hcl)***	7	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG ***(amlodipine besylate-atorvastatin calcium)***	7	PA
ENTRESTO	3	QL(2 ea daily); PA
isosorbide dinitrate-hydralazine hcl	1	
Impotence Agents		
CIALIS 2.5 MG ***(tadalafil)***	7	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA
CIALIS 5 MG, 10 MG, 20 MG ***(tadalafil)***	7	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
sildenafil citrate	1	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
tadalafil 5 MG, 10 MG, 20 MG	1	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
tadalafil 2.5 MG	1	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA
VIAGRA ***(sildenafil citrate)***	7	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
Prostaglandin Vasodilators		
ORENITRAM TBCR	3	PA
TYVASO DPI MAINTENANCE KIT POWD	3	QL(4 ea daily); PA
TYVASO DPI MAINTENANCE KIT POWD	3	QL(8 ea daily); PA
TYVASO DPI TITRATION KIT POWD	3	QL(9 ea daily); PA
TYVASO DPI TITRATION KIT POWD	3	QL(7 ea daily); PA
TYVASO REFILL SOLN IN	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
TYVASO STARTER SOLN IN	3	PA
TYVASO SOLN IN	3	PA
VENTAVIS	3	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	3	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA
bosentan TABS 62.5 MG	3	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
bosentan TABS 125 MG	3	ST
LETAIRIS *(ambrisentan)*	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA
OPSUMIT	3	ST; PA
TRACLEER TABS 125 MG *(bosentan)*	7	ST
TRACLEER TABS 62.5 MG *(bosentan)*	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
TRACLEER TBSO	3	ST; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	3	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
ADCIRCA TABS *(tadalafil (pulmonary hypertension))*	7	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
REVATIO SOLN *(sildenafil citrate (pulmonary hypertension))*	7	PA
REVATIO SUSR *(sildenafil citrate (pulmonary hypertension))*	7	PA
REVATIO TABS *(sildenafil citrate (pulmonary hypertension))*	7	QL(3 ea daily); PA
sildenafil citrate (pulmonary hypertension) SOLN	3	PA
sildenafil citrate (pulmonary hypertension) SUSR	1	PA
sildenafil citrate (pulmonary hypertension) TABS	3	QL(3 ea daily); PA
tadalafil (pulmonary hypertension) TABS	3	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPK	3	ST; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	3	QL(2 ea daily); PA
UPTRAVI TABS 200 MCG	3	ST; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		

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Drug Name	Drug Tier	Requirements/ Limits
ADEMPAS	3	PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ml daily); ST
CORLANOR TABS	3	QL(2 ea daily); ST
Transthyretin Stabilizers		
VYNDAMAX	3	QL(1 ea daily); PA
VYNDAQEL	3	QL(4 ea daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	1	
cefadroxil SUSR	1	
cefadroxil TABS	1	
cephalexin CAPS	1	
cephalexin SUSR	1	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	3	
cefaclor CAPS	1	
cefprozil SUSR	1	
cefprozil TABS	1	
cefuroxime axetil TABS	1	
Cephalosporins - 3rd Generation		
cefdinir CAPS	1	
cefdinir SUSR	1	
cefixime CAPS	1	
cefixime SUSR	1	
cefpodoxime proxetil SUSR	1	
cefpodoxime proxetil TABS	1	
SUPRAX CAPS *(cefixime)*	7	
SUPRAX SUSR 100 MG/5ML *(cefixime)*	7	

Drug Name	Drug Tier	Requirements/ Limits
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIANT	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV

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

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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, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	5	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	5	PV
(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, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG-30 MCG	5	PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1 MG-20 MCG	5	PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE	5	PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	5	PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	5	PV
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV
BALCOLTRA *(levonorgestrel-ethinyl estradiol-iron)*	7	PV
BEYAZ *(drospirenone-ethinyl estradiol-levomefolate calcium)*	7	PV
desogestrel & ethinyl estradiol	5	PV
desogestrel-ethinyl estradiol (biphasic)	5	PV
drospirenone-ethinyl estradiol	5	PV
drospirenone-ethinyl estradiol-levomefolate calcium	5	PV
ESTROSTEP FE *(norethindrone acetate-ethinyl estradiol-fe)*	7	PV
ethynodiol diacet & eth estrad	5	PV
GENERESS FE *(norethindrone & ethinyl estradiol-fe)*	7	PV
levonorgestrel & eth estradiol TABS	5	PV
levonorgestrel-eth estradiol (triphasic)	5	PV
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	5	PV
levonorgestrel-ethinyl estradiol (continuous)	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
levonorgestrel-ethinyl estradiol-iron	5	PV
LO LOESTRIN FE TABS	5	PV
LOSEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))*	7	PV
MINASTRIN 24 FE CHEW *(norethin acet & estrad-fe)*	7	PV
MIRCETTE *(desogestrel-ethinyl estradiol (biphasic))*	7	PV
NATAZIA	5	PV
NEXTSTELLIS	5	PV
norethin acet & estrad-fe CAPS	5	PV
norethin acet & estrad-fe CHEW	5	PV
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	5	PV
norethindrone & ethinyl estradiol-fe	5	PV
norethindrone acet & eth estra	5	PV
norethindrone acetate-ethinyl estradiol-fe	5	PV
norgestimate-ethinyl estradiol	5	PV
norgestimate-ethinyl estradiol (triphasic)	5	PV
QUARTETTE *(levonorgestrel-ethinyl estradiol (91-day))*	7	PV
SAFYRAL *(drospirenone-ethinyl estradiol-levomefolate calcium)*	7	PV
SEASONIQUE *(levonorgestrel-ethinyl estradiol (91-day))*	7	PV
TAYTULLA CAPS *(norethin acet & estrad-fe)*	7	PV
TYBLUME CHEW	5	PV
YASMIN 28 *(drospirenone-ethinyl estradiol)*	7	PV
YAZ *(drospirenone-ethinyl estradiol)*	7	PV
Combination Contraceptives - Transdermal		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV
norelgestromin-ethinyl estradiol	5	PV
TWIRLA	5	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV
ANNOVERA	5	PV
etonogestrel-ethinyl estradiol	5	PV
NUVARING *(etonogestrel-ethinyl estradiol)*	7	PV
Emergency Contraceptives		
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	PV
ELLA	5	PV
levonorgestrel (emergency oc) 1.5 MG	5	PV
PLAN B ONE-STEP *(levonorgestrel (emergency oc))*	7	PV
Progestin Contraceptives - Injectable		

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Drug Name	Drug Tier	Requirements/ Limits
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA	5	PV
norethindrone (contraceptive)	5	PV
OPILL	5	PV
SLYND	5	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) DECADRON TABS 0.5 MG, 0.75 MG, 4 MG, 6 MG	1	
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPK	1	
(Prednisolone) MILLIPRED TABS	1	
AGAMREE	3	SP; PA
budesonide CPEP	1	QL(3 ea daily)
budesonide TB24	1	PA
CORTEF TABS *(hydrocortisone)*	7	
DEXAMETHASONE INTENSOL CONC	2	
dexamethasone ELIX	1	
dexamethasone SOLN	1	
dexamethasone TABS	1	
dexamethasone TBPK	1	
hydrocortisone TABS	1	
MEDROL DOSEPAK TBPK *(methylprednisolone)*	7	
MEDROL TABS	2	
MEDROL TABS 4 MG, 8 MG, 16 MG *(methylprednisolone)*	7	
methylprednisolone TABS	1	
methylprednisolone TBPK	1	
MILLIPRED TABS	2	
ORAPRED ODT TBDP *(prednisolone sodium phosphate)*	7	
PEDIAPRED SOLN *(prednisolone sodium phosphate)*	7	
prednisolone sodium phosphate SOLN	1	
prednisolone sodium phosphate TBDP	1	
prednisolone TABS	1	
PREDNISONE INTENSOL CONC	2	
prednisone SOLN	1	
prednisone TABS 1 MG, 2.5 MG, 5 MG, 10 MG, 20 MG	1	
prednisone TBPK	1	
UCERIS TB24 *(budesonide)*	7	PA
Mineralocorticoids		
fludrocortisone acetate TABS	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		

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Drug Name	Drug Tier	Requirements/ Limits
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
benzonatate	1	
HYCODAN SOLN ***(hydrocodone bitartrate-homatropine methylbromide)***	7	
HYCODAN TABS 1.5 MG-5 MG ***(hydrocodone bitartrate-homatropine methylbromide)***	7	
hydrocodone bitartrate-homatropine methylbromide SOLN	1	
hydrocodone bitartrate-homatropine methylbromide TABS	1	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAIATUSSIN AC, GUAIFENESIN AC SYRP	1	
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
CODITUSSIN AC LIQD	3	
guaifenesin-codeine SOLN	1	
hydrocodone polistirex-chlorpheniramine polistirex SUER	1	
promethazine & phenylephrine SYRP	1	QL(30 ml daily)
promethazine w/codeine SOLN	1	QL(30 ml daily)
promethazine w/codeine SYRP	1	QL(30 ml daily)
promethazine-dm SYRP	1	QL(30 ml daily)
promethazine-phenylephrine-codeine	1	
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
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	
NEBUSAL NEBU	3	
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %	1	
Mucolytics		
acetylcysteine SOLN	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	Limited 45gms per month; QL(1.5 gm daily); RX/OTC
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	1	
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
(Erythromycin (Acne Aid)) ERY PADS	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	QL(4 ea daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 ea daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	QL(2 ea daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 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	
(Tretinoin) AVITA CREA 0.025 %	1	
(Tretinoin) AVITA GEL 0.025 %	1	
ABSORICA 30 MG *(isotretinoin)*	7	QL(3 ea daily; 150 Day(s) limit)
ABSORICA 20 MG *(isotretinoin)*	7	QL(5 ea daily; 150 Day(s) limit)
ABSORICA 10 MG, 25 MG *(isotretinoin)*	7	QL(4 ea daily; 150 Day(s) limit)
ABSORICA 35 MG, 40 MG *(isotretinoin)*	7	QL(2 ea daily; 150 Day(s) limit)
ACZONE 5 % *(dapsone (topical))*	7	ST; PA
adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	1	Limit 45gms per month; QL(1.5 gm daily)
adapalene CREA	1	Limited 45gms per month; QL(1.5 gm daily)
adapalene GEL 0.1 %	1	Limited 45gms per month; QL(1.5 gm daily); RX/OTC
adapalene GEL 0.3 %	1	QL(45 gm per fill retail; 135 per fill mail)
ATRALIN GEL *(tretinoin)*	7	Limit 45gms per month; QL(1.5 gm daily)
AZELEX	3	
BENZAMYCIN GEL *(benzoyl peroxide-erythromycin)*	7	QL(2 gm daily)
benzoyl peroxide-erythromycin GEL	1	QL(2 gm daily)
CLEOCIN-T LOTN *(clindamycin phosphate (topical))*	7	
CLINDAGEL GEL *(clindamycin phosphate (topical))*	7	
clindamycin phosphate (topical) FOAM	1	
clindamycin phosphate (topical) GEL	1	
clindamycin phosphate (topical) LOTN	1	
clindamycin phosphate (topical) SOLN	1	
clindamycin phosphate (topical) SWAB	1	
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	

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Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	1	
clindamycin phosphate-tretinoin	1	QL(1 gm daily)
dapsone (topical) 5 %	1	ST; PA
DIFFERIN CREA *(adapalene)*	7	Limited 45gms per month; QL(1.5 gm daily)
DIFFERIN GEL 0.3 % *(adapalene)*	7	QL(45 gm per fill retail; 135 per fill mail)
DIFFERIN GEL 0.1 % *(adapalene)*	7	Limited 45gms per month; QL(1.5 gm daily); RX/OTC
DIFFERIN LOTN	3	Limit 59mls per month; QL(1.97 ml daily)
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	
erythromycin (acne aid) SOLN	1	
EVOCLIN FOAM *(clindamycin phosphate (topical))*	7	
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
isotretinoin 10 MG, 25 MG	1	QL(4 ea daily; 150 Day(s) limit)
isotretinoin 30 MG	1	QL(3 ea daily; 150 Day(s) limit)
isotretinoin 20 MG	1	QL(5 ea daily; 150 Day(s) limit)
isotretinoin 35 MG, 40 MG	1	QL(2 ea daily; 150 Day(s) limit)
KLARON *(sulfacetamide sodium (acne))*	7	
PLEXION CLEANSER LIQD *(sulfacetamide sodium w/ sulfur)*	7	
PLEXION CREA *(sulfacetamide sodium w/ sulfur)*	7	
PLEXION LOTN *(sulfacetamide sodium w/ sulfur)*	7	
RETIN-A MICRO 0.1 % *(tretinoin microsphere)*	7	QL(1.7 gm daily)
RETIN-A MICRO 0.04 % *(tretinoin microsphere)*	7	Limit 50gms per month; QL(1.7 gm daily)
RETIN-A MICRO PUMP 0.04 % *(tretinoin microsphere)*	7	Limit 50gms per month; QL(1.7 gm daily)
RETIN-A MICRO PUMP 0.1 % *(tretinoin microsphere)*	7	QL(1.7 gm daily)
RETIN-A CREA *(tretinoin)*	7	
RETIN-A GEL *(tretinoin)*	7	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	1	
sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %	1	
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	1	QL(1 gm daily)
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	1	

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Drug Name	Drug Tier	Requirements/ Limits
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
tretinoin microsphere 0.1 %	1	QL(1.7 gm daily)
tretinoin microsphere 0.04 %	1	Limit 50gms per month; QL(1.7 gm daily)
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	1	
tretinoin GEL 0.05 %	1	Limit 45gms per month; QL(1.5 gm daily)
tretinoin GEL 0.01 %, 0.025 %	1	
VELTIN *(clindamycin phosphate-tretinoin)*	7	QL(1 gm daily)
ZIANA *(clindamycin phosphate-tretinoin)*	7	QL(1 gm daily)
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(30 gm per fill retail)
Antibiotics - Topical		
ALTABAX	3	
CENTANY OINT	2	
gentamicin sulfate (topical) CREA	1	
gentamicin sulfate (topical) OINT	1	
mupirocin OINT	1	
NEO-SYNALAR	3	
Antifungals - Topical		
(Ciclopirox) CICLODAN SOLN	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1	
(Ketoconazole (Topical)) KETODAN FOAM	1	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
CICLOPIROX NAIL LACQUER SOLN	3	
ciclopirox olamine CREA	1	
ciclopirox olamine SUSP	1	
ciclopirox GEL	1	
ciclopirox SHAM	1	
ciclopirox SOLN	1	
clotrimazole w/ betamethasone CREA	1	Limit 1 tube per month; QL(1.5 gm daily)
clotrimazole w/ betamethasone LOTN	1	QL(2 ml daily)
econazole nitrate CREA	1	
EXELDERM CREA *(sulconazole nitrate)*	7	
EXELDERM SOLN	2	
EXTINA FOAM *(ketoconazole (topical))*	7	
iodoquinol-hydrocortisone in aloe vehicle	1	
ketoconazole (topical) CREA	1	QL(2 gm daily)
ketoconazole (topical) FOAM	1	
ketoconazole (topical) SHAM 2 %	1	
LOPROX SHAMPOO SHAM *(ciclopirox)*	7	
LOPROX CREA *(ciclopirox olamine)*	7	
LOPROX SUSP *(ciclopirox olamine)*	7	
naftifine hcl CREA	1	
naftifine hcl GEL 2 %	1	
NAFTIN GEL 1 %	3	

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Drug Name	Drug Tier	Requirements/ Limits
NAFTIN GEL 2 % *(naftifine hcl)*	7	
nystatin (topical) CREA	1	
nystatin (topical) OINT	1	
nystatin (topical) POWD EX	1	
nystatin-triamcinolone CREA	1	
nystatin-triamcinolone OINT	1	
oxiconazole nitrate CREA	1	
OXISTAT CREA *(oxiconazole nitrate)*	7	
OXISTAT LOTN	3	
sulconazole nitrate CREA	1	
sulconazole nitrate SOLN	1	
VYTONE 1.9 %-1 % *(iodoquinol-hydrocortisone in aloe vehicle)*	7	
Anti-inflammatory Agents - Topical		
(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, QC DICLOFENAC SODIIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC
diclofenac sodium (topical) GEL EX	1	RX/OTC
diclofenac sodium (topical) SOLN EX 2 %	1	QL(4 gm daily); PA
diclofenac sodium (topical) SOLN EX 1.5 %	1	QL(5 ml daily)
PENNSAID SOLN EX 2 % *(diclofenac sodium (topical))*	7	QL(4 gm daily); PA
PENNSAID SOLN EX	3	QL(4 gm daily); PA
VOLTAREN ARTHRITIS PAIN GEL EX *(diclofenac sodium (topical))*	7	RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
bexarotene (topical)	3	
CARAC CREA *(fluorouracil (topical))*	2	QL(1 gm daily)
diclofenac sodium (actinic keratoses) EX	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
EFUDEX CREA *(fluorouracil (topical))*	7	
fluorouracil (topical) CREA 5 %	1	
fluorouracil (topical) SOLN	1	
PANRETIN	3	PA
TARGRETIN *(bexarotene (topical))*	7	
VALCHLOR	3	ST; PA
Antipruritics - Topical		
doxepin hcl (antipruritic)	3	QL(3 gm daily)
PRUDOXIN *(doxepin hcl (antipruritic))*	7	QL(3 gm daily)
Antipsoriatics		
(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)
acitretin 25 MG	1	QL(2 ea daily)
acitretin 17.5 MG	1	
acitretin 10 MG	1	QL(1 ea daily)
calcipotriene CREA	1	QL(5 gm daily)
calcipotriene FOAM	1	PA
CALCIPOTRIENE FOAM	3	PA
calcipotriene OINT	1	QL(5 gm daily)
calcipotriene SOLN	1	
calcitriol (topical)	1	Limit 100gms per month; QL(3.4 gm daily)
COSENTYX SENSOREADY PEN SOAJ	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA
COSENTYX UNOREADY SOAJ	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SOSY 75 MG/0.5ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.18 ml daily); PA
COSENTYX SOSY 150 MG/ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ml daily); PA
COSENTYX SOSY 150 MG/ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA
DOVONEX CREA *(calcipotriene)*	7	QL(5 gm daily)
methoxsalen rapid	1	
SKYRIZI PEN SOAJ	3	Check plan documents for coverage; QL(1 ml per 84 days retail); PA
SKYRIZI PSKT	3	Check plan documents for coverage; QL(1 ea per 84 days retail); PA
SKYRIZI SOSY	3	Check plan documents for coverage; QL(1 ml per 84 days retail); PA
SORILUX FOAM	3	PA
STELARA SOLN 45 MG/0.5ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
STELARA SOSY 90 MG/ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
STELARA SOSY 45 MG/0.5ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ml daily); SP; PA
tazarotene CREA	1	QL(1 gm daily)
tazarotene GEL	1	QL(1 gm daily)
TAZORAC CREA	2	QL(1 gm daily)
TAZORAC CREA ***(tazarotene)***	7	QL(1 gm daily)
TAZORAC GEL ***(tazarotene)***	7	QL(1 gm daily)
TREMFYA SOPN	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA
TREMFYA SOSY	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA
VECTICAL ***(calcitriol (topical))***	7	Limit 100gms per month; QL(3.4 gm daily)
Antiseborrheic Products		
OVACE PLUS WASH LIQD ***(sulfacetamide sodium)***	7	
OVACE PLUS LOTN	3	
OVACE WASH LIQD ***(sulfacetamide sodium)***	7	
selenium sulfide LOTN 2.5 %	1	
SODIUM SULFACETAMIDE WASH LIQD	3	
sulfacetamide sodium LIQD	1	
Antivirals - Topical		
acyclovir topical OINT	1	QL(1 gm daily)
ZOVIRAX OINT ***(acyclovir topical)***	7	QL(1 gm daily)
Burn Products		
(Silver Sulfadiazine) SSD	1	
SILVADENE ***(silver sulfadiazine)***	7	
silver sulfadiazine	1	
SULFAMYLON CREA	3	
Corticosteroids - Topical		
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	1	
(Clobetasol Propionate Emulsion) TOVET	1	
(Clobetasol Propionate) CLODAN SHAM	1	
(Desonide) DESRX GEL	1	
(Flurandrenolide) NOLIX CREA	1	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1	
alclometasone dipropionate CREA	1	
alclometasone dipropionate OINT	1	
amcinonide CREA	1	
amcinonide OINT	1	
APEXICON E CREA	2	
betamethasone dipropionate (topical) CREA	1	
betamethasone dipropionate (topical) LOTN	1	

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Drug Name	Drug Tier	Requirements/ Limits
betamethasone dipropionate (topical) OINT	1	
betamethasone dipropionate augmented CREA	1	
betamethasone dipropionate augmented GEL 0.05 %	1	
betamethasone dipropionate augmented LOTN	1	
betamethasone dipropionate augmented OINT	1	
betamethasone valerate CREA	1	
betamethasone valerate FOAM	1	
betamethasone valerate LOTN	1	
betamethasone valerate OINT	1	
calcipotriene-betamethasone dipropionate OINT	1	QL(2 gm daily); ST
calcipotriene-betamethasone dipropionate SUSP	1	QL(2 gm daily); ST
CAPEX SHAM	2	
clobetasol propionate emollient base 0.05 %	1	
clobetasol propionate emulsion	1	
clobetasol propionate CREA 0.05 %	1	
clobetasol propionate FOAM	1	
clobetasol propionate GEL 0.05 %	1	
clobetasol propionate LIQD	1	

Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate LOTN	1	
clobetasol propionate OINT 0.05 %	1	
clobetasol propionate SHAM	1	
clobetasol propionate SOLN 0.05 %	1	
CLOBEX LIQD *(clobetasol propionate)*	7	
CLOBEX LOTN 0.05 % *(clobetasol propionate)*	7	
CLOBEX SHAM *(clobetasol propionate)*	7	
clocortolone pivalate	1	
CLODERM *(clocortolone pivalate)*	7	
CORDRAN CREA *(flurandrenolide)*	7	
CORDRAN TAPE	3	
CUTIVATE LOTN *(fluticasone propionate)*	7	
DERMA-SMOOTHE/FS BODY OIL *(fluocinolone acetonide)*	7	
DERMA-SMOOTHE/FS SCALP OIL *(fluocinolone acetonide)*	7	
desonide CREA	1	
desonide GEL	1	
desonide LOTN	1	
desonide OINT	1	
DESOWEN CREA *(desonide)*	7	
desoximetasone CREA	1	
desoximetasone GEL	1	
desoximetasone LIQD	1	ST
desoximetasone OINT	1	
diflorasone diacetate CREA	1	

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Drug Name	Drug Tier	Requirements/ Limits
diflorasone diacetate OINT	1	
DIPROLENE OINT *(betamethasone dipropionate augmented)*	7	
EPIFOAM FOAM	3	
fluocinolone acetonide CREA	1	
fluocinolone acetonide OIL	1	
fluocinolone acetonide OINT	1	
fluocinolone acetonide SOLN	1	
fluocinonide emulsified base	1	
fluocinonide CREA	1	
fluocinonide GEL	1	
fluocinonide OINT	1	
fluocinonide SOLN	1	
flurandrenolide CREA	1	
fluticasone propionate CREA 0.05 %	1	
fluticasone propionate LOTN	1	
fluticasone propionate OINT	1	
halobetasol propionate CREA	1	
halobetasol propionate OINT	1	
hydrocortisone (topical) CREA 2.5 %	1	
hydrocortisone (topical) LOTN 2 %, 2.5 %	1	
hydrocortisone (topical) OINT 2.5 %	1	
hydrocortisone butyrate hydrophilic lipo base	1	
hydrocortisone butyrate CREA	1	
hydrocortisone butyrate OINT	1	
hydrocortisone butyrate SOLN	1	
hydrocortisone valerate CREA	1	
hydrocortisone valerate OINT	1	
KENALOG AERS *(triamcinolone acetonide (topical))*	7	
LOCOID LIPOCREAM	3	
LUXIQ FOAM *(betamethasone valerate)*	7	
mometasone furoate CREA	1	
mometasone furoate OINT	1	
mometasone furoate SOLN	1	
OLUX-E *(clobetasol propionate emulsion)*	7	
OLUX FOAM *(clobetasol propionate)*	7	
PRAMOSONE LOTN	3	
PRAMOSONE OINT	3	
prednicarbate OINT	1	
SYNALAR CREA *(fluocinolone acetonide)*	7	
SYNALAR OINT *(fluocinolone acetonide)*	7	
SYNALAR SOLN *(fluocinolone acetonide)*	7	
TACLONEX OINT *(calcipotriene-betamethasone dipropionate)*	7	QL(2 gm daily); ST
TACLONEX SUSP *(calcipotriene-betamethasone dipropionate)*	7	QL(2 gm daily); ST
TEMOVATE CREA *(clobetasol propionate)*	7	

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Drug Name	Drug Tier	Requirements/ Limits
TEMOVATE OINT *(clobetasol propionate)*	7	
TEXACORT SOLN 2.5 %	3	
TOPICORT CREA *(desoximetasone)*	7	
TOPICORT GEL *(desoximetasone)*	7	
TOPICORT LIQD *(desoximetasone)*	7	ST
TOPICORT OINT *(desoximetasone)*	7	
triamcinolone acetonide (topical) AERS	1	
triamcinolone acetonide (topical) CREA	1	
triamcinolone acetonide (topical) LOTN	1	
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	1	
TRIDESILON CREA 0.05 % *(desonide)*	7	
VANOS CREA *(fluocinonide)*	7	
Eczema Agents		
DUPIXENT SOPN 300 MG/2ML	3	PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
Emollient/Keratolytic Agents		
(Urea In Lactic Acid Vehicle) UREA HYDRATING	1	
(Urea) CEROVEL LOTN 40 %	1	
(Urea) UREA NAIL GEL 45 %	1	
URAMAXIN GEL *(urea)*	7	
urea LOTN 40 %	1	

Drug Name	Drug Tier	Requirements/ Limits
Emollients		
lactic acid (ammonium lactate) CREA	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	
Immunomodulating Agents - Topical		
ALDARA *(imiquimod)*	7	
imiquimod 5 %	1	
Immunosuppressive Agents - Topical		
ELIDEL *(pimecrolimus)*	7	QL(2 gm daily)
pimecrolimus	1	QL(2 gm daily)
PROTOPIC OINT 0.03 % *(tacrolimus (topical))*	7	QL(2 gm daily); AL(At least 2 yrs old)
PROTOPIC OINT 0.1 % *(tacrolimus (topical))*	7	QL(2 gm daily); AL(At least 15 yrs old)
tacrolimus (topical) OINT 0.03 %	1	QL(2 gm daily); AL(At least 2 yrs old)
tacrolimus (topical) OINT 0.1 %	1	QL(2 gm daily); AL(At least 15 yrs old)
Keratolytic/Antimitotic Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	
CONDYLOX GEL *(podofilox)*	7	
PODOCON-25 SOLN	3	
podofilox GEL	1	
podofilox SOLN	1	
salicylic acid in ammonium lactate vehicle	1	
salicylic acid SHAM 6 %	1	
SALIMEZ CREA	3	
SALYCIM CREA	3	
Local Anesthetics - Topical		

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Drug Name	Drug Tier	Requirements/ Limits
(Lidocaine) LIDOCAN, LIDOCAN II, LIDOCAN III PTCH 5 %	1	QL(3 ea daily)
CETACAINE AERO	3	
lidocaine hcl SOLN	1	
lidocaine-prilocaine CREA	1	
lidocaine PTCH 5 %	1	QL(3 ea daily)
LIDODERM PTCH *(lidocaine)*	7	QL(3 ea daily)
PREMIUM SCAR PATCH	3	
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	ST; Limited to 60 gm per month; QL(2 gm daily); PA
Rosacea Agents		
(Metronidazole (Topical)) ROSADAN CREA	1	
(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	Limited 45gms per month; QL(1.5 gm daily)
azelaic acid GEL	1	
brimonidine tartrate (topical)	1	ST; PA
doxycycline (rosacea)	1	ST; QL(1 ea daily); PA
FINACEA FOAM	3	
FINACEA GEL *(azelaic acid)*	7	
ivermectin (rosacea)	3	QL(1.5 gm daily); PA
METROCREAM CREA *(metronidazole (topical))*	7	
METROGEL GEL 1 % *(metronidazole (topical))*	7	
METROLOTION LOTN *(metronidazole (topical))*	7	QL(2 ml daily)
metronidazole (topical) CREA	1	
metronidazole (topical) GEL 1 %	1	
metronidazole (topical) GEL 0.75 %	1	Limited 45gms per month; QL(1.5 gm daily)
metronidazole (topical) LOTN	1	QL(2 ml daily)
MIRVASO *(brimonidine tartrate (topical))*	7	ST; PA
ORACEA *(doxycycline (rosacea))*	7	ST; QL(1 ea daily); PA
RHOFADE	3	ST; PA
SOOLANTRA *(ivermectin (rosacea))*	7	QL(1.5 gm daily); PA
Scabicides & Pediculicides		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT	1	RX/OTC
ivermectin (pediculicide)	1	RX/OTC
malathion	1	
NATROBA *(spinosad)*	7	AL(At least 4 yrs old)
OVIDE *(malathion)*	7	
permethrin CREA	1	QL(2 gm daily)
SKLICE *(ivermectin (pediculicide))*	7	RX/OTC
spinosad	1	AL(At least 4 yrs old)
Wound Care Products		
REGRANEX	3	Limit 15gms per month; QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		

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Drug Name	Drug Tier	Requirements/ Limits
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); PA; RX/OTC
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
KETONE STRP	2	QL(50 ea per fill retail; 150 per fill mail)
KETOSTIX STRP	2	QL(50 ea per fill retail; 150 per fill mail)
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
PRECISION XTRA	2	QL(0.36 ea daily)
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide CP12	1	QL(2 ea daily)
acetazolamide TABS 125 MG	1	
acetazolamide TABS 250 MG	1	QL(4 ea daily)
dichlorphenamide	1	PA
KEVEYIS *(dichlorphenamide)*	7	PA
methazolamide TABS	1	
Diuretic Combinations		
ALDACTAZIDE	2	
ALDACTAZIDE *(spironolactone & hydrochlorothiazide)*	7	

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Drug Name	Drug Tier	Requirements/ Limits
amiloride & hydrochlorothiazide	1	
MAXZIDE-25 TABS *(triamterene & hydrochlorothiazide)*	7	QL(2 ea daily)
MAXZIDE TABS *(triamterene & hydrochlorothiazide)*	7	QL(1 ea daily)
spironolactone & hydrochlorothiazide	1	
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	1	
triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	1	QL(2 ea daily)
triamterene & hydrochlorothiazide TABS 50 MG-75 MG	1	QL(1 ea daily)
Loop Diuretics		
bumetanide TABS 2 MG	1	QL(5 ea daily)
bumetanide TABS 0.5 MG, 1 MG	1	
BUMEX TABS 0.5 MG *(bumetanide)*	7	
EDECRIN *(ethacrynic acid)*	7	ST
ethacrynic acid	1	ST
furosemide SOLN OR 10 MG/ML, 40 MG/5ML	1	
furosemide TABS	1	
LASIX TABS *(furosemide)*	7	
torsemide TABS 100 MG	1	QL(2 ea daily)
torsemide TABS 5 MG, 10 MG, 20 MG	1	
Potassium Sparing Diuretics		
ALDACTONE TABS *(spironolactone)*	7	
amiloride hcl TABS	1	
DYRENIUM CAPS *(triamterene)*	7	
spironolactone TABS	1	
triamterene CAPS	1	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	1	
DIURIL SUSP	3	
hydrochlorothiazide CAPS	1	
hydrochlorothiazide TABS	1	
indapamide TABS 1.25 MG, 2.5 MG	1	
metolazone	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG *(risedronate sodium)*	7	Limited to 1 per month; QL(0.04 ea daily); ST
ACTONEL TABS 35 MG *(risedronate sodium)*	7	ST
alendronate sodium SOLN	1	
alendronate sodium TABS 5 MG, 10 MG	1	QL(1 ea daily)
alendronate sodium TABS 35 MG, 70 MG	1	Limit 4 tabs per month; QL(0.143 ea daily)
BINOSTO TBEF	3	Limit 4 per month; QL(0.15 ea daily); ST
BONIVA TABS *(ibandronate sodium)*	7	Limit 1 per month; QL(0.04 ea daily)
calcitonin (salmon) NA	1	
calcitonin (salmon) IJ	3	PA
FOSAMAX TABS 70 MG *(alendronate sodium)*	7	Limit 4 tabs per month; QL(0.143 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
ibandronate sodium TABS	1	Limit 1 per month; QL(0.04 ea daily)
MIACALCIN IJ *(calcitonin (salmon))*	7	PA
NATPARA	3	PA
PROLIA SOSY	3	PA
risedronate sodium TABS 150 MG	1	Limited to 1 per month; QL(0.04 ea daily); ST
risedronate sodium TABS 5 MG, 30 MG, 35 MG	1	ST
TYMLOS	3	PA
Fertility Regulators		
(Clomiphene Citrate) CLOMID TABS	1	Check plan documents for your specific coverage.; QL(15 ea per fill retail; 15 ea per 30 days retail)
clomiphene citrate TABS	1	Check plan documents for your specific coverage.; QL(15 ea per fill retail; 15 ea per 30 days retail)
GONAL-F RFF REDIJECT SOPN 300 UNIT/0.5ML	3	Check your plan documents for specific coverage; PA
GONAL-F RFF REDIJECT SOPN 900 UNIT/1.5ML	3	Check your plan documents for specific coverage..; PA
GONAL-F RFF REDIJECT SOPN 450 UNT/0.75ML	3	Check your plan documents for specific coverage.; PA
Growth Hormone Receptor Antagonists		
SOMAVERT 25 MG, 30 MG	3	PA
SOMAVERT 10 MG, 15 MG, 20 MG	3	PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA 2 MG	3	PA
EGRIFTA SV	3	PA
Growth Hormones		
HUMATROPE CART IJ	3	PA
NORDITROPIN FLEXPRO SOPN	3	PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	3	PA
Hormone Receptor Modulators		
EVISTA *(raloxifene hcl)*	7	PV
OSPHENA	3	QL(1 ea daily)
raloxifene hcl	5	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	3	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	3	PA
LUPRON DEPOT-PED (1-MONTH) 11.25 MG, 15 MG	3	PA
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	PA
LUPRON DEPOT-PED (3-MONTH)	3	PA
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR PACK	3	Specialty Drug refer to Caremark SP RX
(Sapropterin Dihydrochloride) JAVYGTOR TABS	3	Specialty Drug refer to Caremark SP RX

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Drug Name	Drug Tier	Requirements/ Limits
BUPHENYL POWD *(sodium phenylbutyrate)*	7	
BUPHENYL TABS *(sodium phenylbutyrate)*	7	
calcitriol CAPS 0.5 MCG	1	QL(4 ea daily)
calcitriol CAPS 0.25 MCG	1	
calcitriol SOLN OR	1	
CARNITOR SF SOLN OR *(levocarnitine (metabolic modifiers))*	7	
CARNITOR SOLN OR 1 GM/10ML *(levocarnitine (metabolic modifiers))*	7	
CARNITOR TABS *(levocarnitine (metabolic modifiers))*	7	
cinacalcet hcl	1	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
doxercalciferol CAPS	1	
GALAFOLD	3	QL(0.5 ea daily); PA
KUVAN PACK *(sapropterin dihydrochloride)*	7	Specialty Drug refer to Caremark SP RX
KUVAN TABS *(sapropterin dihydrochloride)*	7	Specialty Drug refer to Caremark SP RX
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	1	
levocarnitine (metabolic modifiers) TABS	1	
MYALEPT	3	PA
nitisinone CAPS 20 MG	3	PA
nitisinone CAPS 2 MG, 5 MG, 10 MG	3	PA
ORFADIN CAPS 2 MG, 5 MG, 10 MG *(nitisinone)*	7	PA
ORFADIN CAPS 20 MG *(nitisinone)*	7	PA
ORFADIN SUSP	3	PA
PALYNZIQ	3	PA
paricalcitol CAPS	1	
RAVICTI	3	PA
ROCALTROL CAPS 0.25 MCG *(calcitriol)*	7	
ROCALTROL CAPS 0.5 MCG *(calcitriol)*	7	QL(4 ea daily)
ROCALTROL SOLN OR *(calcitriol)*	7	
sapropterin dihydrochloride PACK	3	Specialty Drug refer to Caremark SP RX
sapropterin dihydrochloride TABS	3	Specialty Drug refer to Caremark SP RX
SENSIPAR *(cinacalcet hcl)*	7	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
sodium phenylbutyrate POWD	3	
sodium phenylbutyrate TABS	3	
STRENSIQ	3	PA
ZEMPLAR CAPS 1 MCG, 2 MCG *(paricalcitol)*	7	
Posterior Pituitary Hormones		
DDAVP TABS 0.2 MG *(desmopressin acetate)*	7	QL(6 ea daily)
DDAVP TABS 0.1 MG *(desmopressin acetate)*	7	
desmopressin acetate spray	1	
desmopressin acetate spray refrigerated	1	
DESMOPRESSIN ACETATE SOLN NA	3	
desmopressin acetate TABS 0.1 MG	1	

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Drug Name	Drug Tier	Requirements/ Limits
desmopressin acetate TABS 0.2 MG	1	QL(6 ea daily)
STIMATE SOLN NA	3	
Progesterone Receptor Antagonists		
MIFEPREX ***(mifepristone)***	7	
mifepristone	5	
Prolactin Inhibitors		
cabergoline	1	
Somatostatic Agents		
octreotide acetate SOLN	3	PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML ***(octreotide acetate)***	7	PA
SIGNIFOR	3	PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
ACTIVELLA TABS 1 MG-0.5 MG ***(estradiol & norethindrone acetate)***	7	
ANGELIQ	3	
CLIMARA PRO	2	Limit 4 per month; QL(0.14 ea daily)
COMBIPATCH PTTW	3	
DUAVEE	3	
estradiol & norethindrone acetate TABS	1	
FEMHRT ***(norethindrone acetate-ethinyl estradiol)***	7	
norethindrone acetate-ethinyl estradiol	1	
ORIAHNN	3	PA
PREFEST	3	
PREMPHASE	2	
PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG	2	
PREMPRO 1.5 MG-0.3 MG	2	QL(1 ea daily)
Estrogens		
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)
ALORA PTTW	2	QL(0.29 ea daily)
CLIMARA PTWK ***(estradiol)***	7	Limit 4 per month; QL(0.14 ea daily)
DELESTROGEN ***(estradiol valerate)***	7	QL(5 ml per fill retail)
DIVIGEL GEL ***(estradiol)***	7	
ELESTRIN GEL	3	
ESTRACE TABS ***(estradiol)***	7	
estradiol valerate	1	QL(5 ml per fill retail)
estradiol GEL	1	
estradiol PTTW	1	QL(0.29 ea daily)
estradiol PTWK	1	Limit 4 per month; QL(0.14 ea daily)
estradiol TABS	1	
ESTROGEL GEL	3	Limit 50gms per month; QL(1.67 gm daily)

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Drug Name	Drug Tier	Requirements/ Limits
EVAMIST SOLN	3	
MENEST	2	
MENOSTAR PTWK	3	Limit 4 per month; QL(0.14 ea daily)
MINIVELLE PTTW *(estradiol)*	7	QL(0.29 ea daily)
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)
PREMARIN TABS 0.9 MG	2	
VIVELLE-DOT PTTW *(estradiol)*	7	QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
ciprofloxacin hcl TABS	1	
ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	1	
CIPRO SUSR	2	
CIPRO TABS 250 MG, 500 MG *(ciprofloxacin hcl)*	7	
levofloxacin SOLN OR	1	
levofloxacin TABS	1	QL(14 ea per fill retail)
moxifloxacin hcl TABS	1	
ofloxacin 400 MG	1	QL(28 ea per 90 days retail; 28 ea per 90 days mail)
ofloxacin 300 MG	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA 5 MG	3	ST; QL(1 ea daily); PA
OCALIVA 10 MG	3	QL(1 ea daily); PA
Gallstone Solubilizing Agents		
CHENODAL	3	PA

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

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Drug Name	Drug Tier	Requirements/ Limits
mesalamine CPCR	1	QL(8 ea daily); PA
mesalamine CPDR	1	QL(6 ea daily)
mesalamine ENEM	1	QL(60 ml daily)
mesalamine SUPP	1	QL(1 ea daily)
mesalamine TBEC 800 MG	1	
mesalamine TBEC 1.2 GM	1	QL(4 ea daily)
PENTASA CPCR *(mesalamine)*	7	QL(8 ea daily); PA
PENTASA CPCR 250 MG	3	PA
SFROWASA ENEM	2	
SKYRIZI SOCT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 1 rtl pack lmt per fill; PA
sulfasalazine TABS	1	QL(8 ea daily)
sulfasalazine TBEC	1	QL(8 ea daily)
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
lactulose (encephalopathy)	1	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	1	
LINZESS	2	QL(1 ea daily)
LOTRONEX *(alosetron hcl)*	7	
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		
MOVANTIK	3	QL(1 ea daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
AURYXIA	3	ST; PA

Drug Name	Drug Tier	Requirements/ Limits
calcium acetate (phosphate binder) CAPS	1	
calcium acetate (phosphate binder) TABS	1	RX/OTC
FOSRENOL CHEW 1000 MG *(lanthanum carbonate)*	7	QL(3 ea daily)
FOSRENOL CHEW 500 MG *(lanthanum carbonate)*	7	
FOSRENOL PACK	3	
lanthanum carbonate CHEW 500 MG	1	
lanthanum carbonate CHEW 1000 MG	1	QL(3 ea daily)
PHOSLYRA SOLN	3	
RENAGEL *(sevelamer hcl)*	7	QL(16 ea daily); PA
RENVELA PACK 2.4 GM *(sevelamer carbonate)*	7	QL(5 ea daily)
RENVELA PACK 0.8 GM *(sevelamer carbonate)*	7	
RENVELA TABS *(sevelamer carbonate)*	7	
sevelamer carbonate PACK 0.8 GM	1	
sevelamer carbonate PACK 2.4 GM	1	QL(5 ea daily)
sevelamer carbonate TABS	1	
sevelamer hcl 400 MG	1	ST; PA
sevelamer hcl 800 MG	1	QL(16 ea daily); PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	3	ST; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	3	ST; Not available through mail; PA
GENITOURINARY AGENTS - MISCELLANEOUS -		

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Drug Name	Drug Tier	Requirements/ Limits
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
pot & sod citrates w/citric ac SOLN	1	
potassium citrate (alkalinizer) TBCR	1	
potassium citrate-citric acid SOLN	1	RX/OTC
sodium citrate & citric acid	1	RX/OTC
UROCIT-K 10 TBCR *(potassium citrate (alkalinizer))*	7	
UROCIT-K 15 TBCR *(potassium citrate (alkalinizer))*	7	
UROCIT-K 5 TBCR *(potassium citrate (alkalinizer))*	7	
Cystinosis Agents		
CYSTAGON CAPS	3	
PROCYSBI CPDR	3	
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 ea daily); PA
Prostatic Hypertrophy Agents		
alfuzosin hcl	1	QL(1 ea daily)
AVODART *(dutasteride)*	7	AL(At least 40 yrs old)
CARDURA XL	3	
dutasteride	1	AL(At least 40 yrs old)
dutasteride-tamsulosin hcl	1	
finasteride	1	QL(1 ea daily); AL(At least 40 yrs old)
FLOMAX *(tamsulosin hcl)*	7	QL(2 ea daily)
JALYN *(dutasteride-tamsulosin hcl)*	7	
PROSCAR *(finasteride)*	7	QL(1 ea daily); AL(At least 40 yrs old)
RAPAFLO 4 MG *(silodosin)*	7	
RAPAFLO 8 MG *(silodosin)*	7	QL(1 ea daily)
silodosin 4 MG	1	
silodosin 8 MG	1	QL(1 ea daily)
tamsulosin hcl	1	QL(2 ea daily)
UROXATRAL *(alfuzosin hcl)*	7	QL(1 ea daily)
Urinary Stone Agents		
LITHOSTAT	3	
THIOLA EC TBEC	3	
THIOLA TABS *(tiopronin)*	7	
tiopronin TABS	1	
tiopronin TBEC	1	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	1	
Gout Agents		
allopurinol 100 MG	1	QL(3 ea daily)
allopurinol 300 MG	1	QL(2 ea daily)
colchicine CAPS	1	
colchicine TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
COLCRYS TABS *(colchicine)*	7	
febuxostat 80 MG	1	QL(1 ea daily)
febuxostat 40 MG	1	QL(2 ea daily)
MITIGARE CAPS *(colchicine)*	7	
ULORIC 80 MG *(febuxostat)*	7	QL(1 ea daily)
ULORIC 40 MG *(febuxostat)*	7	QL(2 ea daily)
ZYLOPRIM 100 MG *(allopurinol)*	7	QL(3 ea daily)
ZYLOPRIM 300 MG *(allopurinol)*	7	QL(2 ea daily)
Uricosurics		
probenecid	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE 250 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	3	PA
ADYNOVATE 3000 UNIT	3	PA
ELOCTATE 4000 UNIT, 5000 UNIT, 6000 UNIT	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
ELOCTATE 250 UNIT	3	PA
FEIBA 500 UNIT, 1000 UNIT	3	PA
JIVI	3	PA
KOVALTRY 250 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	3	PA
NOVOEIGHT 250 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	3	PA
NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	3	Specialty drug-Health Net will refer to SP Pharmacy; PA
NUWIQ SOLR 2500 UNIT, 3000 UNIT, 4000 UNIT	3	Specialty drug-Health Net will refer to SP Pharmacy; PA
OBIZUR	3	PA
Complement Inhibitors		
FABHALTA	3	PA
HAEGARDA SOLR SC	3	PA
Hematorheologic Agents		
pentoxifylline	1	QL(3 ea daily)
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG *(anagrelide hcl)*	7	
anagrelide hcl	1	
aspirin-dipyridamole	1	
BRILINTA	2	QL(2 ea daily)
cilostazol	1	QL(2 ea daily)
clopidogrel bisulfate	1	QL(2 ea daily)
dipyridamole	1	
EFFIENT *(prasugrel hcl)*	7	
PLAVIX 75 MG *(clopidogrel bisulfate)*	7	QL(2 ea daily)
prasugrel hcl	1	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	3	PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
SIKLOS TABS 100 MG	3	ST; AC; PA
SIKLOS TABS 1000 MG	3	AC; PA
Folic Acid/Folates		

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Drug Name	Drug Tier	Requirements/ Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
folic acid TABS 1 MG	1	RX/OTC
folic acid TABS 400 MCG, 800 MCG	5	PV
Hematopoietic Growth Factors		
MULPLETA	3	PA
PROMACTA PACK 25 MG	3	QL(1 ea daily); PA
PROMACTA PACK 12.5 MG	3	QL(1 ea daily); PA
PROMACTA TABS	3	QL(1 ea daily); PA
RETACRIT 20000 UNIT/ML	3	PA
RETACRIT	3	PA
RETACRIT	3	PA
UDENYCA SOSY	3	PA
ZARXIO	3	Refer to Medical benefit; PA
ZIEXTENZO	3	PA
Hematopoietic Mixtures		
FOLIVANE-F	2	
INTEGRA F	2	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN OR *(aminocaproic acid)*	7	
AMICAR TABS *(aminocaproic acid)*	7	
aminocaproic acid SOLN OR 0.25 GM/ML	1	
aminocaproic acid TABS	1	
LYSTEDA TABS *(tranexamic acid)*	7	QL(6 ea daily; 5 Day(s) limit)
tranexamic acid TABS	1	QL(6 ea daily; 5 Day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
phenobarbital ELIX	1	
phenobarbital TABS	1	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR *(zolpidem tartrate)*	7	QL(1 ea daily)
AMBIEN TABS *(zolpidem tartrate)*	7	QL(1 ea daily)
DORAL *(quazepam)*	7	
estazolam	1	
eszopiclone	1	QL(1 ea daily)
flurazepam hcl 30 MG	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
flurazepam hcl 15 MG	1	QL(2 ea daily)
HALCION 0.25 MG *(triazolam)*	7	QL(1 ea daily)
LUNESTA *(eszopiclone)*	7	QL(1 ea daily)
midazolam hcl SYRP	1	
quazepam	1	
RESTORIL 15 MG *(temazepam)*	7	QL(2 ea daily)
RESTORIL 22.5 MG, 30 MG *(temazepam)*	7	QL(1 ea daily)
RESTORIL 7.5 MG *(temazepam)*	7	
temazepam 22.5 MG, 30 MG	1	QL(1 ea daily)
temazepam 7.5 MG	1	
temazepam 15 MG	1	QL(2 ea daily)
triazolam 0.125 MG	1	
triazolam 0.25 MG	1	QL(1 ea daily)
zaleplon	1	QL(1 ea daily)
zolpidem tartrate TABS	1	QL(1 ea daily)
zolpidem tartrate TBCR	1	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 ea daily); ST
Selective Melatonin Receptor Agonists		
ramelteon	1	QL(1 ea daily); ST
ROZEREM *(ramelteon)*	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/ASCORBATE	5	PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	5	QL(4000 ml per fill retail); PV
GOLYTELY SOLR *(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	7	QL(4000 ml per fill retail); PV
NULYTELY *(peg 3350-potassium chloride-sod bicarbonate-sod chloride)*	7	PV
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	5	PV
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	5	QL(4000 ml per fill retail); PV
peg 3350-potassium chloride-sod bicarbonate-sod chloride	5	PV
PEG-PREP	5	QL(1 ea per fill retail); PV
sodium sulfate-potassium sulfate-magnesium sulfate	5	
SUPREP BOWEL PREP KIT *(sodium sulfate-potassium sulfate-magnesium sulfate)*	7	
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX POWD	1	Limit 528gms per month; QL(17.6 gm daily)
lactulose SOLN	1	
MIRALAX POWD *(polyethylene glycol 3350)*	7	Limit 528gms per month; QL(17.6 gm daily)
polyethylene glycol 3350 POWD	1	Limit 528gms per month; QL(17.6 gm daily)
Saline Laxatives		
OSMOPREP	5	PV
Stimulant Laxatives		

Drug Name	Drug Tier	Requirements/ Limits
(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV

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Drug Name	Drug Tier	Requirements/ Limits
bisacodyl SUPP	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
bisacodyl TBEC	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX PINK LAXATIVE TBEC *(bisacodyl)*	7	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX SUPP *(bisacodyl)*	7	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX TBEC *(bisacodyl)*	7	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	1	
azithromycin SUSR	1	
azithromycin TABS 600 MG	1	QL(10 ea per fill retail)
azithromycin TABS 500 MG	1	QL(3 ea daily)
azithromycin TABS 250 MG	1	QL(6 ea per fill retail)
ZITHROMAX TRI-PAK TABS *(azithromycin)*	7	QL(3 ea daily)
ZITHROMAX Z-PAK TABS *(azithromycin)*	7	QL(6 ea per fill retail)
ZITHROMAX PACK *(azithromycin)*	7	
ZITHROMAX SUSR *(azithromycin)*	7	
ZITHROMAX TABS 250 MG *(azithromycin)*	7	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG *(azithromycin)*	7	QL(3 ea daily)
Clarithromycin		
clarithromycin SUSR	1	
clarithromycin TABS	1	
clarithromycin TB24	1	QL(14 ea per fill retail; 14 per fill mail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
E.E.S. GRANULES SUSR *(erythromycin ethylsuccinate)*	7	
ERYPED 200 SUSR *(erythromycin ethylsuccinate)*	7	
ERYPED 400 SUSR *(erythromycin ethylsuccinate)*	7	
erythromycin base CPEP	1	

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

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

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Drug Name	Drug Tier	Requirements/ Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	5	PV
Diabetic Supplies		
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
ONETOUCH ULTRA 2 KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
ONETOUCH VERIO REFLECT KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
Parenteral Therapy Supplies		
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD AUTOSHIELD DUO 30G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	Available through Mail Order; QL(6.67 ea daily)
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	Available through Mail Order; QL(6.67 ea daily)
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC
POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
Respiratory Therapy Supplies		
AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER MV MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	2	QL(1 ea per 365 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER/FLOWSIGNAL MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	2	QL(1 ea per 365 days retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	2	QL(1 ea per 365 days retail); RX/OTC
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	2	QL(1 ea per 365 days retail); RX/OTC
BREATHE EASE/LARGE MASK DEVI	2	QL(1 ea per 365 days retail); RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	2	QL(1 ea per 365 days retail); RX/OTC
BREATHE EASE/SMALL MASK DEVI	2	QL(1 ea per 365 days retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	2	QL(1 ea per 365 days retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	2	QL(1 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	QL(1 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	2	QL(1 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	2	QL(1 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	2	QL(1 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	2	QL(1 ea per 365 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	QL(1 ea per 365 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	2	QL(1 ea per 365 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	2	QL(1 ea per 365 days retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	2	QL(1 ea per 365 days retail); RX/OTC
EASIVENT/MASK-LARGE MISC	2	QL(1 ea per 365 days retail); RX/OTC
EASIVENT/MASK-MEDIUM MISC	2	QL(1 ea per 365 days retail); RX/OTC
EASIVENT/MASK-SMALL MISC	2	QL(1 ea per 365 days retail); RX/OTC
EASIVENT MISC	2	QL(1 ea per 365 days retail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	2	QL(1 ea per 365 days retail); RX/OTC
EASY FLOW BLACK/ORANGE DEVI	2	QL(1 ea per 365 days retail); RX/OTC
EASY FLOW BLACK/RED DEVI	2	QL(1 ea per 365 days retail); RX/OTC
EASY FLOW BLACK/WHITE DEVI	2	QL(1 ea per 365 days retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EASY FLOW BLACK/YELLOW DEVI	2	QL(1 ea per 365 days retail); RX/OTC
EASY FLOW WHITE/BLUE DEVI	2	QL(1 ea per 365 days retail); RX/OTC
EASY FLOW WHITE/GREEN DEVI	2	QL(1 ea per 365 days retail); RX/OTC
EASY FLOW WHITE/PINK DEVI	2	QL(1 ea per 365 days retail); RX/OTC
EASY FLOW WHITE/WHITE DEVI	2	QL(1 ea per 365 days retail); RX/OTC
EASY FLOW WHITE/YELLOW DEVI	2	QL(1 ea per 365 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	2	QL(1 ea per 365 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	2	QL(1 ea per 365 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	2	QL(1 ea per 365 days retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(1 ea per 365 days retail); RX/OTC
FLEXICHAMBER DEVI	2	QL(1 ea per 365 days retail); RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	2	QL(1 ea per 365 days retail); RX/OTC
MICROCHAMBER DEVI	2	QL(1 ea per 365 days retail); RX/OTC
MICROCHAMBER MISC	2	QL(1 ea per 365 days retail); RX/OTC
MICROSPACER MISC	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER DIAMOND MISC	2	QL(1 ea per 365 days retail); RX/OTC
POCKET CHAMBER DEVI	2	QL(1 ea per 365 days retail); RX/OTC
POCKET SPACER DEVI	2	QL(1 ea per 365 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	2	QL(1 ea per 365 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	2	QL(1 ea per 365 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	2	QL(1 ea per 365 days retail); RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	2	QL(1 ea per 365 days retail); RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	2	QL(1 ea per 365 days retail); RX/OTC
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	2	QL(1 ea per 365 days retail); RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	2	QL(1 ea per 365 days retail); RX/OTC
RITEFLO DEVI	2	QL(1 ea per 365 days retail); RX/OTC
VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	2	QL(1 ea per 365 days retail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	2	QL(1 ea per 365 days retail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(1 ea per 365 days retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	2	PA
AJOVY SOSY	2	PA
EMGALITY SOAJ	2	PA
EMGALITY SOSY 120 MG/ML	2	PA
UBRELVY	3	QL(10 ea per 30 days retail); ST
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
CAFERGOT TABS *(ergotamine w/ caffeine)*	7	
ergotamine w/ caffeine TABS	1	
Migraine Products		
D.H.E. 45 SOLN IJ *(dihydroergotamine mesylate)*	7	PA
dihydroergotamine mesylate SOLN IJ 1 MG/ML	3	PA
dihydroergotamine mesylate SOLN NA 4 MG/ML	3	QL(0.27 ml daily)
ERGOMAR SUBL	2	
MIGRANAL SOLN NA *(dihydroergotamine mesylate)*	7	QL(0.27 ml daily)
Serotonin Agonists		
almotriptan malate	1	Limit 6 per month; QL(0.2 ea daily)
AMERGE *(naratriptan hcl)*	7	Limit 9 per month; QL(0.3 ea daily)
eletriptan hydrobromide	1	Limit 6 tabs per month; QL(0.2 ea daily)
FROVA *(frovatriptan succinate)*	7	Limit 9 per month; QL(0.3 ea daily)
frovatriptan succinate	1	Limit 9 per month; QL(0.3 ea daily)
IMITREX 5 MG/ACT *(sumatriptan)*	7	Limit 6 per month; QL(0.2 ea daily)
IMITREX 20 MG/ACT *(sumatriptan)*	7	Limit 6 sprayers per month; QL(2 ea daily)
IMITREX TABS *(sumatriptan succinate)*	7	Limit 9 per month; QL(2 ea daily)
MAXALT-MLT TBDP 10 MG *(rizatriptan benzoate)*	7	Limit 12 tabs per month; QL(0.4 ea daily)
MAXALT TABS 10 MG *(rizatriptan benzoate)*	7	Limit 18 tabs per month; QL(0.6 ea daily)
naratriptan hcl	1	Limit 9 per month; QL(0.3 ea daily)
RELPAX *(eletriptan hydrobromide)*	7	Limit 6 tabs per month; QL(0.2 ea daily)
rizatriptan benzoate TABS	1	Limit 18 tabs per month; QL(0.6 ea daily)
rizatriptan benzoate TBDP	1	Limit 12 tabs per month; QL(0.4 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
sumatriptan 20 MG/ACT	1	Limit 6 sprayers per month; QL(2 ea daily)
sumatriptan 5 MG/ACT	1	Limit 6 per month; QL(0.2 ea daily)
sumatriptan succinate SOLN 6 MG/0.5ML	3	ST; Limit 2mls per month; QL(0.07 ml daily); PA
sumatriptan succinate TABS	1	Limit 9 per month; QL(2 ea daily)
zolmitriptan SOLN	1	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
zolmitriptan TABS	1	Limit 6 tabs per month; QL(0.2 ea daily)
zolmitriptan TBDP	1	Limit 6 tabs per month; QL(0.2 ea daily)
ZOMIG SOLN 2.5 MG	3	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
ZOMIG SOLN *(zolmitriptan)*	7	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
ZOMIG TABS 2.5 MG, 5 MG *(zolmitriptan)*	7	Limit 6 tabs per month; QL(0.2 ea daily)
MINERALS & ELECTROLYTES		
Fluoride		
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	5	AL(Up to 6 yrs old); PV
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)
sodium fluoride CHEW 1 MG, 2.2 MG	1	AL(Up to 6 yrs old)
sodium fluoride CHEW 0.25 MG, 0.5 MG	5	AL(Up to 6 yrs old); PV
sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML	5	AL(Up to 6 yrs old); PV; RX/OTC
sodium fluoride TABS 1 MG	1	AL(Up to 6 yrs old); PV
sodium fluoride TABS 0.5 MG	5	AL(Up to 6 yrs old); PV
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
K-PHOS NEUTRAL *(pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	7	
K-PHOS TABS *(potassium phosphate monobasic)*	7	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	1	
Potassium		
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	2	

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Drug Name	Drug Tier	Requirements/ Limits
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	1	
(Potassium Chloride) KLOR-CON PACK OR 20 MEQ	1	
EFFER-K	3	
K-TAB TBCR 10 MEQ, 20 MEQ *(potassium chloride)*	7	
K-TAB TBCR 8 MEQ *(potassium chloride)*	2	
potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ	1	
potassium chloride CPCR	1	
potassium chloride PACK OR 20 MEQ	1	
potassium chloride SOLN OR 10 %, 20 %	1	
potassium chloride TBCR	1	
Zinc		
GALZIN	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS *(penicillamine)*	7	
penicillamine TABS	1	
SYPRINE *(trientine hcl)*	7	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
trientine hcl 500 MG	3	PA
trientine hcl 250 MG	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
Immunomodulators		
lenalidomide	3	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
REVLIMID *(lenalidomide)*	7	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
THALOMID	3	Must use Exactus Specialty Rx 1-866-458-9246; AC
Immunosuppressive Agents		
(Azathioprine) AZASAN TABS 75 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24	3	PA
azathioprine TABS	1	
CELLCEPT CAPS *(mycophenolate mofetil)*	7	
CELLCEPT SUSR *(mycophenolate mofetil)*	7	
CELLCEPT TABS *(mycophenolate mofetil)*	7	
cyclosporine modified (for microemulsion) CAPS	1	
cyclosporine modified (for microemulsion) SOLN	1	

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Drug Name	Drug Tier	Requirements/ Limits
cyclosporine CAPS	1	
everolimus (immunosuppressant)	1	
IMURAN TABS *(azathioprine)*	7	
mycophenolate mofetil CAPS	1	
mycophenolate mofetil SUSR	1	
mycophenolate mofetil TABS	1	
mycophenolate sodium	1	
MYFORTIC *(mycophenolate sodium)*	7	
NEORAL CAPS *(cyclosporine modified (for microemulsion))*	7	
NEORAL SOLN *(cyclosporine modified (for microemulsion))*	7	
PROGRAF CAPS *(tacrolimus)*	7	
PROGRAF PACK	3	PA
RAPAMUNE SOLN *(sirolimus)*	7	
RAPAMUNE TABS *(sirolimus)*	7	
SANDIMMUNE CAPS *(cyclosporine)*	7	
sirolimus SOLN	1	
sirolimus TABS	1	
tacrolimus CAPS	1	
ZORTRESS *(everolimus (immunosuppressant))*	7	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML	1	
LOKELMA	3	QL(1 ea daily); PA
sodium polystyrene sulfonate POWD	1	

Drug Name	Drug Tier	Requirements/ Limits
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
FIRST-MOUTHWASH BLM	3	
lidocaine hcl (mouth-throat)	1	
Anti-infectives - Throat		
clotrimazole	1	
nystatin (mouth-throat)	1	
ORAVIG	3	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	1	
triamcinolone acetonide (mouth)	1	
Throat Products - Misc.		
cevimeline hcl	1	QL(3 ea daily)
EVOXAC *(cevimeline hcl)*	7	QL(3 ea daily)
pilocarpine hcl (oral) 7.5 MG	1	QL(4 ea daily)
pilocarpine hcl (oral) 5 MG	1	QL(6 ea daily)
SALAGEN 5 MG *(pilocarpine hcl (oral))*	7	QL(6 ea daily)
SALAGEN 7.5 MG *(pilocarpine hcl (oral))*	7	QL(4 ea daily)
MULTIVITAMINS		
Multiple Vitamins w/ Minerals		

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Drug Name	Drug Tier	Requirements/ Limits
(Multiple Vitamins W/ Minerals) A THRU Z ADVANCED, A THRU Z ADVANCED ADULT FORMULA, A THRU Z HIGH POTENCY, A THRU Z SELECT, A THRU Z SELECT 50+ ADVANCED FORMULA, A THRU Z SELECT 50+ MENS, A THRU Z SELECT ADVANCED, A THRU Z SELECT ULTIMATEWOMENS, A THRU Z ULTIMATE MENS, ANTIOXIDANT PROTECTION FORMULA, ANTIOXIDANT VITAMINS, CENTAVITE A-Z COMPLETE MULTIVITAMIN/MINERALS, CENTRAVITES, CENTRAVITES 50 PLUS, CENTURY, CENTURY MATURE, CEROVITE SENIOR, CERTA PLUS, CERTAVITE/ANTIOXIDANTS, COMPANION, COMPETE, CVS DAILY MULTIPLE FOR MEN, CVS DAILY MULTIPLE FOR WOMEN 50+, CVS EYE HEALTH & LUTEIN, CVS ONE DAILY ESSENTIAL, CVS ONE DAILY MENS HEALTH FORMULA, CVS ONE DAILY WOMENS FORMULA, CVS SPECTRAVITE ADVANCEDFORMULA, CVS SPECTRAVITE MEN, CVS SPECTRAVITE MEN 50+, CVS SPECTRAVITE SENIOR, CVS SPECTRAVITE ULTRA HEALTH MENS, CVS SPECTRAVITE ULTRA	1	RX/OTC
WOMENS HEALTH SENIOR, CVS SPECTRAVITE WOMEN, CVS SPECTRAVITE WOMEN 50+, CVS WOMENS ACTIVE DAILY, DAILY BETIC, DAILY COMBO MULTI VITAMIN, DAILY MENS HEALTH FORMULA, DAILY MULTIPLE VITAMINS/MINERALS, DAILY VITAMIN FORMULA+MINERALS, DAILY WOMENS HEALTH FORMULA, DAILY-VITAMIN MAXIMUM FORMULA, DIABETES HEALTH FORMULA, DIALYVITE 800/ULTRA D, EQ COMPLETE MULTIVITAMINADULTS 50+, EQ ONE DAILY WOMENS HEALTH, EQL CENTURY, EQL CENTURY MATURE, EQL CENTURY MATURE MEN 50+, EQL CENTURY MATURE WOMEN50+, EQL ONE DAILY MENS 50+ ADVANCED, EQL ONE DAILY MENS HEALTH FORMULA, EQL ONE DAILY WOMENS 50+ADVANCED, EQL VISION FORMULA, ESSENTIA, ESSENTIAL BALANCE, EYE-VITES, EYEPROTECT, GERIVITE COMPLETE, GNP CENTURY MATURE FORMULA/WOMEN'S 50+, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE DAILY MENS HEALTH		

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Drug Name	Drug Tier	Requirements/ Limits
50+, GNP ONE DAILY MENS HEALTH/LYCOPENE, GNP ONE DAILY WOMENS HEALTH 50+, GNP ONE DAILY WOMENS METABOLISM SUPPORT, GNP THERAPEUTIC-M, HAIR FORMULA EXTRA STRENGTH, HAIR SKIN AND NAILS FORMULA, HAIR/SKIN/NAILS, HEALTHY EYES, HI-KOVITE 2-PART FORMULA, HI-POTENCY MULTI-VITAMIN/MINERAL SUPPLEMENT, HM COMPLETE WOMEN, HM WOMENS 50+ ADVANCED ONE DAILY, I-VITE, ICAPS MV, KP ADULTS 50+ DAILY FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION FORMULA W/LUTEIN, KP WOMENS 50+ DAILY FORMULA, KP WOMENS DAILY FORMULA, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MEIJER ADVANCED FORMULA, MEIJER ADVANCED FORMULA FOR ADULTS 50+, MENS LIFE PACK, MILLTRIUM ADVANCED FORMULA WITH BETA CAROTENE, MILLTRIUM CARDIO, MILLTRIUM SENIOR, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR		
HER 50+, MULTI FOR HIM, MULTI FOR HIM 50+, MULTI-LEAN, MULTI-VITAMIN/MENOPAUSALFORMULA, MULTI-VITAMIN/MINERALS, MULTIPLE VITAMIN/MINERALS/NO IRON, MULTIPLE VITAMINS/WOMENS, MULTIVITAMIN ADULTS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN MEN 50+ ONEDAILY, MULTIVITAMIN WOMEN, MULTIVITAMIN WOMEN 50+, MULTIVITAMIN WOMENS 50+ ADVANCED, MYAMULTI, NUTRITIONAL SUPPORT FOR YOUR SKIN/HAIR/NAILS, OCUTABS, OCUTABS VISION FORMULA, OCUTABS/LUTEIN, OCUVITE EXTRA, OCUVITE EYE + MULTI, OCUVITE/LUTEIN, ONE DAILY 50 PLUS, ONE DAILY COMPLETE, ONE DAILY COMPLETE FOR MEN, ONE DAILY FOR MEN 50+ ADVANCED, ONE DAILY FOR MEN/LYCOPENE, ONE DAILY FOR WOMEN, ONE DAILY FOR WOMEN 50+ADVANCED, ONE DAILY HEALTHY WEIGHT, ONE DAILY HEALTHY WEIGHTADVANCED, ONE DAILY MAXIMUM, ONE DAILY MENS, ONE DAILY MENS 50+ MULTIVITAMIN, ONE DAILY MENS HEALTH/LYCOPENE,		

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Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY MENS MULTIVITAMIN, ONE DAILY MULTIVITAMIN MEN, ONE DAILY MULTIVITAMIN MENS 50+/LYCOPENE, ONE DAILY MULTIVITAMIN WOMEN, ONE DAILY MULTIVITAMIN/IRON-FREE, ONE DAILY WOMENS, ONE DAILY WOMENS 50 PLUS, ONE DAILY WOMENS 50+, ONE DAILY/IRON/CALCIUM, ONE DAILY/MINERALS, ONE-A-DAY TEEN ADVANTAGEFOR HER, ONE-DAILY MULTI-VITAMIN/MINERALS, OPTIC-VITES, OPTIC-VITES WITH LUTEIN, OPTIMUM PMS, OSTEOPRIME ULTRA, PROSIGHT, PX ADVANCED FORMULA MULTIVITAMINS/LYCOPENE, PX COMPLETE SENIOR MULTIVITAMINS, PX MENS MULTIVITAMINS, QC HAIR SKIN & NAILS, QC MAXIMUM DAILY MULTIVITAMIN/MULTIMINERAL, QC MENS DAILY MULTIVITAMIN, ...(65) TABS		
ABC COMPLETE SENIOR 50+ TABS	3	RX/OTC
ABC COMPLETE SENIOR MEN'S50+ TABS	3	RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	3	RX/OTC
ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS	3	RX/OTC
ALGAE BASED CALCIUM TABS	3	RX/OTC
ALIVE DIABETIC MULTIVITAMIN TABS	3	RX/OTC
ALIVE ENERGY 50+ TABS	3	RX/OTC
ALIVE MENS 50+ TABS	3	RX/OTC
ALIVE MENS COMPLETE MULTIVITAMIN TABS	3	RX/OTC
ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	3	RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	3	RX/OTC
ALIVE WOMENS 50+ COMPLETEMULTIVITAMIN TABS	3	RX/OTC
ALIVE WOMENS ENERGY TABS	3	RX/OTC
ANTIOXIDANT FORMULA TABS	3	RX/OTC
AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS	3	RX/OTC
AZO HORMONAL HEALTH HAPPY CYCLE TABS	3	RX/OTC
BACMIN TABS	3	RX/OTC
BASIC AM TABS	3	RX/OTC
BASIC PM TABS	3	RX/OTC
BONEUP VEGETARIAN TABS	3	RX/OTC
CAL-DAY 1000 TABS	3	RX/OTC
CENTRAVITES 50 PLUS TABS	3	RX/OTC
CENTRAVITES ADULTS TABS	3	RX/OTC
CENTRUM ADULTS TABS *(multiple vitamins w/ minerals)*	7	RX/OTC
CENTRUM CARDIO TABS	3	RX/OTC
CENTRUM MEN TABS	3	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
CENTRUM MEN TABS *(multiple vitamins w/ minerals)*	7	RX/OTC
CENTRUM MINIS ADULTS 50+ TABS	3	RX/OTC
CENTRUM MINIS MEN 50+ TABS	3	RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	3	RX/OTC
CENTRUM SILVER 50+MEN TABS *(multiple vitamins w/ minerals)*	7	RX/OTC
CENTRUM SILVER 50+WOMEN TABS *(multiple vitamins w/ minerals)*	7	RX/OTC
CENTRUM SILVER ADULT 50+ TABS *(multiple vitamins w/ minerals)*	7	RX/OTC
CENTRUM SILVER ADULTS 50+ TABS *(multiple vitamins w/ minerals)*	7	RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS	3	RX/OTC
CENTRUM SILVER TABS *(multiple vitamins w/ minerals)*	7	RX/OTC
CENTRUM SPECIALIST HEART TABS	3	RX/OTC
CENTRUM SPECIALIST IMMUNE SUPPORT TABS	3	RX/OTC
CENTRUM SPECIALIST VISION TABS	3	RX/OTC
CENTRUM ULTRA WOMENS TABS	3	RX/OTC
CENTRUM WOMEN TABS *(multiple vitamins w/ minerals)*	7	RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	3	RX/OTC
CERTAVITE SENIOR TABS	3	RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	3	RX/OTC
CVS ONE DAILY MENS 50+ ADVANCED TABS	3	RX/OTC
CVS ONE DAILY WOMENS 50+ADVANCED TABS	3	RX/OTC
CVS SPECTRAVITE ADULT 50+ TABS	3	RX/OTC
CVS SPECTRAVITE ADULTS TABS	3	RX/OTC
CVS SPECTRAVITE ULTRA MEN50+ TABS	3	RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH TABS	3	RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	3	RX/OTC
DAYAVITE TABS	3	RX/OTC
DERMACINRX MULTITAM TABS	3	RX/OTC
DERMACINRX RIBOTIN-E TABS	3	RX/OTC
DERMACINRX ZINTREXYL-C TABS	3	RX/OTC
DERMAVITE TABS	3	RX/OTC
DIALYVITE SUPREME D TABS	3	RX/OTC
DIATROL TABS	3	RX/OTC
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS	3	RX/OTC
EQ ONE DAILY MENS 50+ TABS	3	RX/OTC
EQ ONE DAILY MENS HEALTH TABS	3	RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	3	RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS	3	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EQL CENTURY MATURE ADULTS50+ TABS	3	RX/OTC
EQL CENTURY MENS TABS	3	RX/OTC
EQL CENTURY WOMENS TABS	3	RX/OTC
EQL ONE DAILY MENS TABS	3	RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS	3	RX/OTC
EYE HEALTH/LUTEIN TABS	3	RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	3	RX/OTC
FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	3	RX/OTC
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	3	RX/OTC
FOLAMAX TABS	3	RX/OTC
FOLIFLEX TABS	3	RX/OTC
FOLIKA-MG TABS	3	RX/OTC
FOLITIN-Z TABS	3	RX/OTC
FREEDAVITE TABS	3	RX/OTC
GERI-FREEDA SENIOR FORMULA TABS	3	RX/OTC
HAIR SKIN & NAILS ADVANCED FORMULA TABS	3	RX/OTC
HAIR SKIN & NAILS TABS	3	RX/OTC
HEAD CARE PROACTIVE HEALTH TABS	3	RX/OTC
HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS	3	RX/OTC
HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS	3	RX/OTC
HM COMPLETE MEN TABS	3	RX/OTC
HM HAIR/SKIN/NAILS TABS	3	RX/OTC
HYLAZINC TABS	3	RX/OTC
ICAPS AREDS FORMULA TABS	3	RX/OTC
KEYFOLIC TABS	3	RX/OTC
KEYLOSA TABS	3	RX/OTC
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	3	RX/OTC
LIVER DETOX TABS	3	RX/OTC
LUTEIN PLUS/ZEAXANTHIN TABS	3	RX/OTC
MEGA MULTI FOR MEN TABS	3	RX/OTC
MEGA MULTI FOR WOMEN TABS	3	RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	3	RX/OTC
MEGAVITE GOLDEN YEARS 55+ TABS	3	RX/OTC
MENS 50+ MULTI VITAMIN &MINERAL FORMULA TABS	3	RX/OTC
MENS 50+ MULTIVITAMIN TABS	3	RX/OTC
MENS MULTI VITAMIN & MINERAL FORMULA TABS	3	RX/OTC
MENS MULTIVITAMIN TABS	3	RX/OTC
MULTI-BETIC DIABETES TABS	3	RX/OTC
multiple vitamins w/ minerals TABS	1	RX/OTC
MULTIVITAMIN ADULTS TABS	3	RX/OTC
MULTIVITAMIN MEN TABS	3	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MULTI-VITAMIN MONOCAPS TABS	3	RX/OTC
MULTIVITAMIN WOMEN TABS	3	RX/OTC
MULTIVITAMIN/ZINC STRESSFORMULA TABS	3	RX/OTC
MULTIVITAMIN TABS 150 MG-2 MG-2.5 MG-10 MCG-7.5 MCG-10 MG-100 MG-3000 MCG-10 MG-15 MG-15 MG-5 MG-1 MG-1.5 MG-150 MCG-1 MG	3	RX/OTC
NAT-RUL THERAVITE-M/HIGHPOTENCY TABS	3	RX/OTC
NATRUL-VITES TABS	3	RX/OTC
NEOVITE TABS	3	RX/OTC
NICADAN ZX TABS	3	RX/OTC
NICADAN TABS	3	RX/OTC
NICAZEL FORTE TABS	3	RX/OTC
NICAZEL TABS	3	RX/OTC
NO IRON MULTIPLE VITAMIN/MINERALS TABS	3	RX/OTC
NUTRICAP TABS	3	RX/OTC
OCULAR VITAMINS TABS	3	RX/OTC
ONCOVITE TABS	3	RX/OTC
ONE DAILY MENS 50+ MULTIVITAMIN TABS	3	RX/OTC
ONE DAILY MENS FORMULA W/O IRON TABS	3	RX/OTC
ONE DAILY WOMENS TABS	3	RX/OTC
ONE DIALY MULTIVITAMIN WOMENS TABS	3	RX/OTC
ONE-A-DAY ENERGY TABS	3	RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	3	RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	3	RX/OTC
ONE-A-DAY MENS 50+ TABS	3	RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	3	RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	3	RX/OTC
ONE-A-DAY MENS TABS	3	RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS	3	RX/OTC
ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	3	RX/OTC
ONE-A-DAY WEIGHT SMART ADVANCED TABS *(multiple vitamins w/ minerals)*	7	RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS *(multiple vitamins w/ minerals)*	7	RX/OTC
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS *(multiple vitamins w/ minerals)*	7	RX/OTC
ONE-A-DAY WOMENS 50+ TABS	3	RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS *(multiple vitamins w/ minerals)*	7	RX/OTC
ONE-A-DAY WOMENS PETITES TABS *(multiple vitamins w/ minerals)*	7	RX/OTC
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS *(multiple vitamins w/ minerals)*	7	RX/OTC
ONE-A-DAY WOMENS TABS	3	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ONEVITE TABS	3	RX/OTC
OPTIVITE P.M.T. TABS *(multiple vitamins w/ minerals)*	7	RX/OTC
OPURITY TABS	3	RX/OTC
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS	3	RX/OTC
PARVLEX TABS	3	RX/OTC
PHYTOMULTI TABS	3	RX/OTC
PRESERVISION AREDS TABS	3	RX/OTC
PRO-CAL TABS	3	RX/OTC
PROCERV HP TABS	3	RX/OTC
PROFOLA TABS	3	RX/OTC
PRORENAL+D TABS	3	RX/OTC
PROVIT TABS	3	RX/OTC
QC MULTI-VITE TABS	3	RX/OTC
QUIN B STRONG TABS	3	RX/OTC
QUINTABS-M TABS	3	RX/OTC
RA CENTRAL-VITE TABS	3	RX/OTC
RAYAVIT TABS	3	RX/OTC
RENAPLEX-D TABS	3	RX/OTC
SENTRY SENIOR/LUTEIN TABS	3	RX/OTC
SENTRY TABS	3	RX/OTC
SIDEROL TABS	3	RX/OTC
SM ONE DAILY MENS TABS	3	RX/OTC
SM ONE DAILY WOMENS TABS	3	RX/OTC
SOLO TABS	3	RX/OTC
SPECTRAVITE TABS	3	RX/OTC
STROVITE FORTE TABS *(multiple vitamins w/ minerals)*	7	RX/OTC
STROVITE ONE TABS	3	RX/OTC
SUPERIOR MENS MULTI TABS	3	RX/OTC
SUPERIOR WOMENS MULTI TABS	3	RX/OTC
SYSTANE ICAPS AREDS2 TABS	3	RX/OTC
THERA M PLUS TABS	3	RX/OTC
THERABETIC MULTI-VITAMIN TABS	3	RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	3	RX/OTC
THERAGRAN-M ADVANCED TABS	3	RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	3	RX/OTC
THERAGRAN-M PREMIER TABS	3	RX/OTC
THERAGRAN-M TABS	3	RX/OTC
THERA-M TABS	3	RX/OTC
THERA-TABS M TABS	3	RX/OTC
THEREMS-M TABS	3	RX/OTC
THRIVITE 19 TABS	3	RX/OTC
T-VITES TABS	3	RX/OTC
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	3	RX/OTC
ULTRA BONEUP TABS	3	RX/OTC
VENEXA FE TABS	3	RX/OTC
VENEXA TABS	3	RX/OTC
VENTRIXYL FE TABS	3	RX/OTC
VENTRIXYL TABS	3	RX/OTC
VITAMIN D3 COMPLETE TABS	3	RX/OTC
VITAROCA PLUS TABS *(multiple vitamins w/ minerals)*	7	RX/OTC
VITASANA TABS	3	RX/OTC
VITATRUM TABS	3	RX/OTC
VITEYES CLASSIC MULTIIVITAMIN TABS	3	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
VITEYES CLASSIC MULTIVITAMIN TABS	3	RX/OTC
VITEYES OPTIC NERVE SUPPORT TABS	3	RX/OTC
VITRAMYN TABS	3	RX/OTC
VITRANOL FE TABS	3	RX/OTC
VITRANOL TABS	3	RX/OTC
VITREXATE FE TABS	3	RX/OTC
VITREXATE TABS	3	RX/OTC
VITREXYL/IRON TABS	3	RX/OTC
VITREXYL TABS	3	RX/OTC
VITRUM 50+ ADULT-MULTI IRON FREE TABS	3	RX/OTC
VITRUM 50+ SENIOR MULTI TABS	3	RX/OTC
WELLFOLA TABS	3	RX/OTC
WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	3	RX/OTC
WOMENS 50+ MULTIVITAMIN TABS	3	RX/OTC
WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	3	RX/OTC
YELETS TEENAGE FORMULA TABS	3	RX/OTC
Ped Multi Vitamins w/Fl & FE		
(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	1	RX/OTC
(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	RX/OTC
(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	1	RX/OTC
POLY-VI-FLOR/IRON SUSP	3	RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)
Ped MV w/ Fluoride		
(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Pediatric Multivitamins W/Fl) MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
pediatric multivitamins w/fl CHEW	1	AL(Up to 6 yrs old); RX/OTC
pediatric vitamins acd w/ fluoride SOLN	1	AL(Up to 6 yrs old)
POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR SUSP	3	
QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)
QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
TRI-VI-FLOR	3	
TRI-VI-FLORO	3	
Pediatric Multiple Vitamins & Minerals w/ Fluoride		
FLORIVA 75 MG-40 MCG-262 MCG-1.3 MG-1.8 MG-600 UNIT-6 MCG-1.5 MG-15 MG-2000 UNIT-1 MG-5 MG-0.25 MG-20 UNIT	3	
Prenatal Vitamins		
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS	1	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	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1	
(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
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA	1	
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	
CITRANATAL ASSURE *(prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)*	7	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
CITRANATAL BLOOM	3	

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Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL BLOOM DHA	2	
CITRANATAL DHA	2	
CITRANATAL ESSENCE	2	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
CITRANATAL MEDLEY	3	
COMPLETENATE CHEW	2	
CONCEPT DHA	2	
CONCEPT OB	2	
DUET DHA 400 MISC	3	
DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	3	
FOLIVANE-OB	2	
M-NATAL PLUS TABS	2	RX/OTC
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	
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	
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC
NEONATAL PLUS TABS	2	RX/OTC
NESTABS	3	
NESTABS DHA	2	
NESTABS ONE	3	
NIVA-PLUS TABS	2	RX/OTC
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE/DHA	3	
OBSTETRIX ONE 30 MG-15 UNIT-250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG	3	
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	RX/OTC
PNV-DHA+DOCUSATE	3	
PNV-OMEGA	3	
PREMESISRX	3	
PRENA 1 TRUE	2	
PRENA1 CHEW	3	
PRENA1 PEARL	3	
PRENAISSANCE	3	
PRENAISSANCE PLUS CAPS	3	
PRENATAL 19 CHEW	2	
PRENATAL 19 TABS	3	RX/OTC
PRENATAL PLUS VITAMIN ANDMINERAL TABS	2	RX/OTC
PRENATAL PLUS TABS	2	RX/OTC
PRENATAL VITAMINS PLUS LOW IRON TABS	2	RX/OTC
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC
PRENATAL-U CAPS	2	
PRENATE	3	
PRENATE AM	3	

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Drug Name	Drug Tier	Requirements/ Limits
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 ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3	
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATRIX TABS	2	RX/OTC
PRENATRYL TABS	2	RX/OTC
PREPLUS TABS	2	RX/OTC
PROVIDA OB	2	
SELECT-OB+DHA MISC	3	
SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2	
SE-NATAL 19 CHEW	2	
SE-NATAL 19 TABS	3	RX/OTC
THERANATAL CORE NUTRITION TABS	2	RX/OTC
THRIVITE RX TABS	2	RX/OTC
TRICARE TABS	2	RX/OTC
TRINATAL RX 1 TABS	2	
TRISTART DHA	3	
TRISTART ONE	3	
VINATE DHA RF	3	
VINATE ONE TABS	2	
VIRT-C DHA	2	
VIRT-PN DHA	3	
VITAFOL GUMMIES	3	
VITAFOL-NANO	3	
VITAFOL-ONE CAPS	3	
VITAMEDMD ONE RX/QUATREFOLIC	3	
VITAMEDMD REDICHEW RX	3	
VITAPEARL	3	
VITATHELY/GINGER TABS	2	RX/OTC
VITATRUE	2	
VP-PNV-DHA CAPS	3	
WESCAP-C DHA	2	
WESTAB PLUS TABS	2	RX/OTC
WESTGEL DHA	3	
ZATEAN-PN DHA	3	
ZATEAN-PN PLUS	3	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
(Carisoprodol) VANADOM TABS 350 MG	1	
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
(Cyclobenzaprine Hcl) FEXMID TABS 7.5 MG	1	
baclofen TABS 5 MG	1	
baclofen TABS 10 MG	1	QL(6 ea daily)
baclofen TABS 20 MG	1	QL(4 ea daily)
carisoprodol TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
chlorzoxazone TABS 375 MG, 500 MG, 750 MG	1	
cyclobenzaprine hcl TABS	1	
metaxalone 800 MG	1	QL(4 ea daily)
methocarbamol TABS 500 MG, 750 MG	1	
orphenadrine citrate TB12	1	
SKELAXIN *(metaxalone)*	7	QL(4 ea daily)
SOMA TABS *(carisoprodol)*	7	
tizanidine hcl CAPS	1	
tizanidine hcl TABS 2 MG	1	
tizanidine hcl TABS 4 MG	1	QL(9 ea daily)
ZANAFLEX CAPS *(tizanidine hcl)*	7	
ZANAFLEX TABS 4 MG *(tizanidine hcl)*	7	QL(9 ea daily)
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(dantrolene sodium)*	7	
dantrolene sodium CAPS	1	
Muscle Relaxant Combinations		
carisoprodol w/ aspirin & codeine	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	1	Limit 1 inhaler per month; QL(0.77 gm daily)
DYMISTA SUSP *(azelastine hcl-fluticasone propionate)*	7	Limit 1 inhaler per month; QL(0.77 gm daily)
Nasal Antiallergy		
(Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ml daily); RX/OTC
azelastine hcl 0.1 %, 137 MCG/SPRAY	1	Limit 1 sprayer per month; QL(1.2 ml daily)
azelastine hcl 0.15 %, 205.5 MCG/SPRAY	1	QL(1 ml daily); RX/OTC
olopatadine hcl (nasal)	1	
PATANASE *(olopatadine hcl (nasal))*	7	
Nasal Anticholinergics		
ipratropium bromide (nasal)	1	
Nasal Steroids		
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGYSPRAY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPTOM, RA NASAL ALLERGY SPRAY AERO	1	Limit 1 sprayer per month; QL(1.2 ml daily)
FLONASE ALLERGY RELIEF CHILDRENS SUSP *(fluticasone propionate (nasal))*	7	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC
FLONASE ALLERGY RELIEF SUSP *(fluticasone propionate (nasal))*	7	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC
fluticasone propionate (nasal) SUSP	1	Limit 2 inhalers per month; QL(1.2 gm daily); RX/OTC
mometasone furoate (nasal) SUSP	1	Limit 2 inhalers per month; QL(1.22 gm daily); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO *(triamcinolone acetonide (nasal))*	7	Limit 1 sprayer per month; QL(1.2 ml daily)
NASACORT ALLERGY 24HR AERO *(triamcinolone acetonide (nasal))*	7	Limit 1 sprayer per month; QL(1.2 ml daily)
NASONEX 24HR SUSP	2	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC
triamcinolone acetonide (nasal) AERO	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	3	PA
RADICAVA ORS SUSP	3	PA
RILUTEK TABS *(riluzole)*	7	
riluzole TABS	1	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	3	PA
NUTRIENTS		
Lipids		
DOJOLVI	3	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	1	
BETIMOL	2	
BETOPTIC-S SUSP	2	
brimonidine tartrate-timolol maleate	1	
carteolol hcl (ophth)	1	
COMBIGAN *(brimonidine tartrate-timolol maleate)*	7	
COSOPT *(dorzolamide hcl-timolol maleate)*	7	
COSOPT PF *(dorzolamide hcl-timolol maleate)*	7	
DORZOLAMIDE HCL/TIMOLOL MALEATE	2	
dorzolamide hcl-timolol maleate	1	

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Drug Name	Drug Tier	Requirements/ Limits
ISTALOL SOLN *(timolol maleate (ophth))*	7	
levobunolol hcl 0.5 %	1	
timolol maleate (ophth) SOLG	1	
timolol maleate (ophth) SOLN	1	
TIMOPTIC SOLN *(timolol maleate (ophth))*	7	
TIMOPTIC-XE SOLG *(timolol maleate (ophth))*	2	
Cycloplegic Mydriatics		
(Homatropine Hbr) HOMATROPAIRE	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1	
atropine sulfate (ophthalmic) OINT	1	
atropine sulfate (ophthalmic) SOLN	1	
ATROPINE SULFATE SOLN 1 %	2	
ATROPINE SULFATE SOLN 1 % *(atropine sulfate (ophthalmic))*	7	
CYCLOGYL *(cyclopentolate hcl)*	7	
CYCLOGYL	2	
CYCLOMYDRIL	3	
cyclopentolate hcl	1	
ISOPTO ATROPINE SOLN	2	
MYDRIACYL SOLN *(tropicamide)*	7	
phenylephrine hcl (mydriatic) SOLN	1	
tropicamide SOLN	1	
Miotics		
ISOPTO CARPINE SOLN 1 %, 2 % *(pilocarpine hcl)*	7	QL(0.5 ml daily)
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1	QL(0.5 ml daily)
Ophthalmic Adrenergic Agents		
ALPHAGAN P *(brimonidine tartrate)*	7	
apraclonidine hcl	1	
brimonidine tartrate	1	
IOPIDINE	3	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN	1	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
bacitracin (ophthalmic)	1	
bacitracin-polymyxin b (ophth)	1	
BESIVANCE	3	
BLEPH-10 SOLN *(sulfacetamide sodium (ophth))*	7	
CILOXAN OINT	2	
CILOXAN SOLN *(ciprofloxacin hcl (ophth))*	7	
ciprofloxacin hcl (ophth) SOLN	1	
ERYTHROMYCIN	2	
erythromycin (ophth)	1	
gatifloxacin (ophth)	1	
gentamicin sulfate (ophth) SOLN	1	

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Drug Name	Drug Tier	Requirements/ Limits
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
levofloxacin (ophth) 1.5 %	1	
moxifloxacin hcl (ophth) SOLN OP	1	QL(3 ml per fill retail; 3 per fill mail)
NATACYN	2	
neomycin-bacitracin zn-polymyxin	1	
neomycin-polymyxin-gramicidin	1	
OCUFLOX *(ofloxacin (ophth))*	7	QL(5 ml per fill retail; 5 per fill mail)
ofloxacin (ophth)	1	QL(5 ml per fill retail; 5 per fill mail)
polymyxin b-trimethoprim	1	
POLYTRIM *(polymyxin b-trimethoprim)*	7	
sulfacetamide sodium (ophth) OINT	1	
sulfacetamide sodium (ophth) SOLN	1	
tobramycin (ophth) SOLN	1	
TOBREX OINT	2	
trifluridine	1	
VIGAMOX SOLN OP *(moxifloxacin hcl (ophth))*	7	QL(3 ml per fill retail; 3 per fill mail)
ZIRGAN GEL	3	
ZYMAXID *(gatifloxacin (ophth))*	7	
Ophthalmic Immunomodulators		
cyclosporine (ophth) EMUL	1	QL(2 ea daily)
Ophthalmic Local Anesthetics		
(Tetracaine Hcl (Ophth)) ALTACAINE	1	
ALCAINE *(proparacaine hcl)*	7	
proparacaine hcl	1	
tetracaine hcl (ophth)	1	
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 gm per fill retail; 4 per fill mail)
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
ALREX SUSP *(loteprednol etabonate)*	7	
bacitracin-poly-neomycin-hc	1	QL(4 gm per fill retail; 4 per fill mail)
BLEPHAMIDE S.O.P. OINT	2	
BLEPHAMIDE SUSP	2	
dexamethasone sodium phosphate (ophth)	1	
difluprednate	1	
DUREZOL *(difluprednate)*	7	
FLAREX	2	
fluorometholone (ophth) SUSP	1	
FML FORTE SUSP	2	
FML LIQUIFILM SUSP *(fluorometholone (ophth))*	7	
FML OINT	2	
LOTEMAX GEL *(loteprednol etabonate)*	7	
LOTEMAX OINT	3	
LOTEMAX SUSP *(loteprednol etabonate)*	7	Limit 5mls per month; QL(0.17 ml daily)
loteprednol etabonate GEL	1	
loteprednol etabonate SUSP 0.5 %	1	Limit 5mls per month; QL(0.17 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
loteprednol etabonate SUSP 0.2 %	1	
MAXIDEX SUSP OP	2	
MAXITROL OINT *(neomycin-polymy-dexameth)*	7	
MAXITROL SUSP *(neomycin-polymy-dexameth)*	7	
neomycin-polymy-dexameth OINT	1	
neomycin-polymy-dexameth SUSP	1	
neomycin-polymyxin-hc (ophth)	1	
PRED MILD	2	
PRED-G S.O.P. OINT	3	
PRED-G SUSP	3	
prednisolone acetate (ophth)	1	
PREDNISOLONE SODIUM PHOSPHATE	3	
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	3	
sulfacetamide sod-prednisolone SOLN	1	
TOBRADEX ST SUSP	3	
TOBRADEX OINT	3	
TOBRADEX SUSP *(tobramycin-dexamethasone)*	7	QL(5 ml per fill retail; 5 per fill mail)
tobramycin-dexamethasone SUSP	1	QL(5 ml per fill retail; 5 per fill mail)
ZYLET	3	QL(5 ml per fill retail)
Ophthalmics - Misc.		
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 %	1	Limit 2.5mls per month; QL(0.09 ml daily); RX/OTC
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
ACULAR *(ketorolac tromethamine (ophth))*	7	
ACULAR LS *(ketorolac tromethamine (ophth))*	7	
ACUVAIL	3	
ALOCRIL	3	
ALOMIDE	2	
azelastine hcl (ophth)	1	
AZOPT *(brinzolamide)*	7	Limit 10mls per month; QL(0.4 ml daily)
bepotastine besilate	1	QL(0.34 ml daily); ST
BEPREVE *(bepotastine besilate)*	7	QL(0.34 ml daily); ST
brinzolamide	1	Limit 10mls per month; QL(0.4 ml daily)
bromfenac sodium (ophth)	1	

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Drug Name	Drug Tier	Requirements/ Limits
BROMSITE *(bromfenac sodium (ophth))*	7	
cromolyn sodium (ophth)	1	
CYSTARAN	3	Limit 1 bottle per month; QL(2.15 ml daily)
diclofenac sodium (ophth)	1	
dorzolamide hcl	1	
DORZOLAMIDE HCL	2	
epinastine hcl (ophth)	1	
flurbiprofen sodium	1	
ILEVRO	3	
ketorolac tromethamine (ophth)	1	
LASTACAFT	3	ST
NEVANAC	3	
olopatadine hcl 0.2 %	1	Limit 2.5mls per month; QL(0.09 ml daily); RX/OTC
olopatadine hcl 0.1 %	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
PATADAY 0.1 % *(olopatadine hcl)*	7	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
PATADAY 0.2 % *(olopatadine hcl)*	7	Limit 2.5mls per month; QL(0.09 ml daily); RX/OTC
PROLENSA *(bromfenac sodium (ophth))*	7	
TRUSOPT *(dorzolamide hcl)*	7	
Prostaglandins - Ophthalmic		
bimatoprost SOLN	1	Limit 2.5mls per month; QL(0.09 ml daily)
latanoprost SOLN	1	QL(0.0949 ml daily)
LATANOPROST SOLN	2	QL(0.0949 ml daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ml daily)
tafluprost	1	QL(1 ea daily)
TRAVATAN Z SOLN *(travoprost)*	7	Limit 2.5mls per month; QL(0.09 ml daily)
travoprost SOLN	1	Limit 2.5mls per month; QL(0.09 ml daily)
XALATAN SOLN *(latanoprost)*	7	QL(0.0949 ml daily)
ZIOPTAN *(tafluprost)*	7	QL(1 ea daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	1	
Otic Anti-infectives		
CETRAXAL *(ciprofloxacin hcl (otic))*	2	
ciprofloxacin hcl (otic)	1	
ofloxacin (otic)	1	
Otic Combinations		
CIPRO HC	3	
CIPRODEX *(ciprofloxacin-dexamethasone)*	7	QL(8 ml per fill retail; 8 per fill mail)
ciprofloxacin-dexamethasone	1	QL(8 ml per fill retail; 8 per fill mail)
ciprofloxacin-fluocinolone acetonide	1	Limit 15mls per month; QL(0.5 ea daily)
CORTISPORIN-TC	3	
neomycin-polymyxin-hc (otic) SOLN	1	
neomycin-polymyxin-hc (otic) SUSP	1	

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Drug Name	Drug Tier	Requirements/ Limits
OTOVEL *(ciprofloxacin-fluocinolone acetonide)*	7	Limit 15mls per month; QL(0.5 ea daily)
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
DERMOTIC *(fluocinolone acetonide (otic))*	7	
fluocinolone acetonide (otic)	1	
hydrocortisone w/acetic acid	1	QL(10 ml per fill retail; 30 per fill mail)
HYDROCORTISONE/ACETIC ACID *(hydrocortisone w/acetic acid)*	7	QL(10 ml per fill retail; 30 per fill mail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
methylergonovine maleate TABS	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	1	
amoxicillin CHEW 250 MG	4	
amoxicillin SUSR	1	
amoxicillin TABS	1	
ampicillin CAPS 500 MG	1	
Natural Penicillins		
penicillin v potassium SOLR	1	
penicillin v potassium TABS	1	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	1	
amoxicillin & pot clavulanate SUSR	1	
amoxicillin & pot clavulanate TABS	1	
amoxicillin & pot clavulanate TB12	1	
AUGMENTIN ES-600 SUSR *(amoxicillin & pot clavulanate)*	7	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
AUGMENTIN TABS 125 MG-500 MG *(amoxicillin & pot clavulanate)*	7	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS *(norethindrone acetate)*	7	
medroxyprogesterone acetate 10 MG	1	QL(1 ea daily)
medroxyprogesterone acetate 2.5 MG, 5 MG	1	
megestrol acetate (appetite)	1	AC
norethindrone acetate TABS	1	
progesterone CAPS	1	QL(1 ea daily)
progesterone OIL	1	PA
PROMETRIUM CAPS *(progesterone)*	7	QL(1 ea daily)
PROVERA 10 MG *(medroxyprogesterone acetate)*	7	QL(1 ea daily)
PROVERA 2.5 MG, 5 MG *(medroxyprogesterone acetate)*	7	

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Drug Name	Drug Tier	Requirements/ Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	1	
disulfiram	1	
LUCEMYRA	3	QL(224 ea per 14 days retail); PA
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	3	ST; PA
XYREM SOLN	3	ST; PA
Antidementia Agents		
ARICEPT TABS *(donepezil hydrochloride)*	7	QL(1 ea daily)
donepezil hydrochloride TABS	1	QL(1 ea daily)
donepezil hydrochloride TBDP	1	QL(1 ea daily)
EXELON *(rivastigmine)*	7	
galantamine hydrobromide CP24	1	QL(1 ea daily)
galantamine hydrobromide SOLN	1	
galantamine hydrobromide TABS	1	
memantine hcl CP24 7 MG	1	ST; PA
memantine hcl CP24 14 MG, 21 MG, 28 MG	1	PA
memantine hcl SOLN	1	
memantine hcl TABS	1	
memantine hcl TABS 5 MG	1	QL(4 ea daily)
memantine hcl TABS 10 MG	1	QL(2 ea daily)
NAMENDA TITRATION PAK TABS *(memantine hcl)*	7	
NAMENDA XR CP24 14 MG, 21 MG, 28 MG *(memantine hcl)*	7	PA
NAMENDA XR CP24 7 MG *(memantine hcl)*	7	ST; PA
NAMENDA TABS 5 MG *(memantine hcl)*	7	QL(4 ea daily)
NAMENDA TABS 10 MG *(memantine hcl)*	7	QL(2 ea daily)
NAMZARIC C4PK	3	PA
RAZADYNE ER CP24 *(galantamine hydrobromide)*	7	QL(1 ea daily)
rivastigmine	1	
rivastigmine tartrate CAPS	1	
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	1	
olanzapine-fluoxetine hcl	1	
perphenazine-amitriptyline	1	
SYMBYAX 25 MG-3 MG, 25 MG-6 MG *(olanzapine-fluoxetine hcl)*	7	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	3	QL(2 ea daily); PA
SAVELLA TABS	3	QL(2 ea daily); PA
Hypoactive Sexual Desire Disorder (HSDD) Agents		
ADDYI	3	Not covered by all plans; QL(1 ea daily); PA
VYLEESI	3	PA
Movement Disorder Drug Therapy		

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Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO TABS 12 MG	3	QL(4 ea daily); PA
AUSTEDO TABS 6 MG	3	ST; QL(2 ea daily); PA
AUSTEDO TABS 9 MG	3	QL(2 ea daily); PA
INGREZZA CAPS 60 MG	3	QL(1 ea daily); PA
INGREZZA CAPS 40 MG	3	Specialty drug-Health Net will refer to SP Pharmacy; QL(1 ea daily); PA
INGREZZA CAPS 80 MG	3	QL(1 ea daily); PA
INGREZZA CPPK	3	PA
tetrabenazine	3	
XENAZINE *(tetrabenazine)*	7	
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ml per 28 days retail)
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ml daily)
AMPYRA *(dalfampridine)*	7	PA
AUBAGIO *(teriflunomide)*	7	QL(1 ea daily)
AVONEX PEN AJKT	3	PA
AVONEX PSKT	3	PA
BETASERON KIT	3	PA
COPAXONE SOSY 40 MG/ML *(glatiramer acetate)*	7	QL(12 ml per 28 days retail)
COPAXONE SOSY 20 MG/ML *(glatiramer acetate)*	7	QL(1 ml daily)
dalfampridine	3	PA
dimethyl fumarate CDPK	1	QL(60 ea per 365 days retail)
dimethyl fumarate CPDR	1	QL(2 ea daily)
fingolimod hcl	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GILENYA *(fingolimod hcl)*	7	QL(1 ea daily)
GILENYA 0.5 MG	2	QL(1 ea daily)
glatiramer acetate SOSY 40 MG/ML	1	QL(12 ml per 28 days retail)
glatiramer acetate SOSY 20 MG/ML	1	QL(1 ml daily)
KESIMPTA	3	QL(0.0143 ml daily); PA
MAYZENT STARTER PACK TBPK	3	not available thru mail order; PA
MAYZENT STARTER PACK TBPK	3	not available thru mail order; QL(12 ea per 5 days retail); PA
MAYZENT TABS 2 MG	3	not available thru mail order; QL(1 ea daily); PA
MAYZENT TABS 0.25 MG	3	not available thru mail order; QL(4 ea daily); PA
MAYZENT TABS 1 MG	3	not available thru mail order; PA
PLEGRIDY STARTER PACK SOSY SC	3	PA
PLEGRIDY SOSY IM	3	PA
PLEGRIDY SOSY SC	3	PA
REBIF REBIDOSE TITRATIONPACK SOAJ	3	PA
REBIF REBIDOSE SOAJ	3	PA
REBIF TITRATION PACK SOSY	3	PA
REBIF SOSY	3	PA
TECFIDERA STARTER PACK CDPK *(dimethyl fumarate)*	7	QL(60 ea per 365 days retail)
TECFIDERA CPDR *(dimethyl fumarate)*	7	QL(2 ea daily)
teriflunomide	1	QL(1 ea daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		

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Drug Name	Drug Tier	Requirements/ Limits
fluoxetine hcl (pmdd) TABS	1	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	3	PA
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates TABS	1	
pimozide	1	
Smoking Deterrents		
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG	5	PV

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

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

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	5	PV

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

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR		

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR		

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR		

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR		

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR		
APO-VARENICLINE TABS	5	QL(2 ea daily); PV
bupropion hcl (smoking deterrent)	5	PV
NICODERM CQ PT24 TD *(nicotine)*	7	PV
NICORETTE MINI LOZG *(nicotine polacrilex)*	7	PV
NICORETTE STARTER KIT GUM *(nicotine polacrilex)*	7	PV
NICORETTE GUM *(nicotine polacrilex)*	7	PV
NICORETTE LOZG *(nicotine polacrilex)*	7	PV
nicotine polacrilex GUM	5	PV
nicotine polacrilex LOZG	5	PV
NICOTINE TRANSDERMAL SYSTEM KIT	5	PV
nicotine MISC XX	5	PV
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	5	PV
NICOTROL INHALER INHA	5	PV
NICOTROL NS SOLN	5	PV
varenicline tartrate TABS	5	QL(2 ea daily); PV
Transthyretin Amyloidosis Agents		
TEGSEDI	3	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	3	PA
KALYDECO TABS	3	PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	3	PA
ORKAMBI PACK 94 MG-75 MG	3	PA
PULMOZYME	3	QL(5 ml daily); PA
TRIKAFTA TBPK 100 MG-50 MG	3	QL(3 ea daily); PA
TRIKAFTA TBPK 50 MG-25 MG	3	QL(3 ea daily); PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS *(pirfenidone)*	2	QL(3 ea daily); PA
ESBRIET TABS *(pirfenidone)*	2	QL(3 ea daily); PA
OFEV	3	QL(2 ea daily); PA
pirfenidone CAPS	1	QL(3 ea daily); PA
pirfenidone TABS	1	QL(3 ea daily); PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1	
(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
ACTICLATE TABS *(doxycycline hyclate)*	7	PA
demeclocycline hcl TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
doxycycline (monohydrate) CAPS	1	
doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG	1	
doxycycline (monohydrate) TABS 150 MG	1	ST
doxycycline hyclate CAPS	1	
doxycycline hyclate TABS 100 MG	1	
doxycycline hyclate TABS 75 MG, 150 MG	1	PA
DOXYCYCLINE SUSR *(doxycycline (monohydrate))*	7	
minocycline hcl CAPS	1	
minocycline hcl CP24	3	ST
minocycline hcl TABS 50 MG, 100 MG	1	
tetracycline hcl CAPS	1	
VIBRAMYCIN CAPS *(doxycycline hyclate)*	7	
VIBRAMYCIN SUSR *(doxycycline (monohydrate))*	7	
XIMINO CP24	3	ST
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	1	
propylthiouracil	1	QL(3 ea daily)
Thyroid Hormones		
(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	

Drug Name	Drug Tier	Requirements/ Limits
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
ADTHYZA TABS	2	
ARMOUR THYROID TABS	2	
CYTOMEL TABS 5 MCG *(liothyronine sodium)*	2	
CYTOMEL TABS 25 MCG, 50 MCG *(liothyronine sodium)*	2	QL(2 ea daily)
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	1	
levothyroxine sodium CAPS 125 MCG	1	QL(1 ea daily)
levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)
levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
liothyronine sodium TABS 5 MCG	1	
liothyronine sodium TABS 25 MCG, 50 MCG	1	QL(2 ea daily)
NIVA THYROID TABS	2	
NP THYROID 120 TABS	2	

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

Drug Name	Drug Tier	Requirements/ Limits
glycopyrrolate SOLN OR 1 MG/5ML	1	
glycopyrrolate TABS 1 MG, 2 MG	1	
GLYCOPYRROLATE TABS	3	
hyoscyamine sulfate SUBL 0.125 MG	1	
hyoscyamine sulfate TABS 0.125 MG	1	
hyoscyamine sulfate TBDP 0.125 MG	1	
LEVSIN/SL SUBL *(hyoscyamine sulfate)*	7	
LEVSIN TABS *(hyoscyamine sulfate)*	7	
LIBRAX *(chlordiazepoxide hcl-clidinium bromide)*	7	
methscopolamine bromide	1	
ROBINUL FORTE TABS *(glycopyrrolate)*	7	
ROBINUL TABS *(glycopyrrolate)*	7	
H-2 Antagonists		
cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML	1	
cimetidine TABS 300 MG, 800 MG	1	
cimetidine TABS 400 MG	1	QL(4 ea daily)
famotidine SUSR	1	
famotidine TABS 40 MG	1	QL(2 ea daily)
nizatidine CAPS	1	
nizatidine SOLN	1	
PEPCID TABS 40 MG *(famotidine)*	7	QL(2 ea daily)
Misc. Anti-Ulcer		
CARAFATE SUSP *(sucralfate)*	7	

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Drug Name	Drug Tier	Requirements/ Limits
CARAFATE TABS *(sucralfate)*	7	QL(4 ea daily)
sucralfate SUSP	1	
sucralfate TABS	1	QL(4 ea daily)
Proton Pump Inhibitors		
(Esomeprazole Magnesium) CVS ESOMEPRAZOLE MAGNESIUM, EQ ESOMEPRAZOLE MAGNESIUM, GNP ESOMEPRAZOLE MAGNESIUM, GOODSENSE ESOMEPRAZOLE MAGNESIUM, HM ESOMEPRAZOLE MAGNESIUM DELAYED RELEASE, KLS ESOMEPRAZOLE MAGNESIUM, QC ESOMEPRAZOLE MAGNESIUM, RA ESOMEPRAZOLE MAGNESIUM, SM ESOMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 ea daily); PA; RX/OTC
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 ea daily); RX/OTC
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 ea daily)
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG	1	QL(1 ea daily)
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 ea daily)
ACIPHEX TBEC *(rabeprazole sodium)*	7	ST; QL(1 ea daily); PA
esomeprazole magnesium CPDR 20 MG	1	QL(1 ea daily); PA; RX/OTC
esomeprazole magnesium PACK	1	PA
FIRST-OMEPRAZOLE SUSP	3	
lansoprazole CPDR	1	QL(1 ea daily); RX/OTC
lansoprazole TBDD 30 MG	1	QL(1 ea daily); AL(Up to 12 yrs old)
lansoprazole TBDD 15 MG	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
NEXIUM 24HR CLEAR MINIS CPDR *(esomeprazole magnesium)*	7	QL(1 ea daily); PA; RX/OTC
NEXIUM 24HR CPDR *(esomeprazole magnesium)*	7	QL(1 ea daily); PA; RX/OTC
NEXIUM CPDR 20 MG *(esomeprazole magnesium)*	7	QL(1 ea daily); PA; RX/OTC
NEXIUM PACK	3	PA
NEXIUM PACK *(esomeprazole magnesium)*	7	PA
OMEPRAZOLE + SYRSPEND SFALKA SUSP	3	
omeprazole magnesium CPDR	1	QL(1 ea daily)
omeprazole CPDR 10 MG	1	
omeprazole CPDR 20 MG, 40 MG	1	QL(1 ea daily)
pantoprazole sodium PACK	1	QL(1 ea daily)
pantoprazole sodium TBEC	1	QL(1 ea daily)
PREVACID 24HR CPDR *(lansoprazole)*	7	QL(1 ea daily); RX/OTC
PREVACID SOLUTAB TBDD 30 MG *(lansoprazole)*	7	QL(1 ea daily); AL(Up to 12 yrs old)
PREVACID SOLUTAB TBDD 15 MG *(lansoprazole)*	7	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
PREVACID CPDR 30 MG *(lansoprazole)*	7	QL(1 ea daily)
PRILOSEC PACK	3	PA
PROTONIX PACK *(pantoprazole sodium)*	7	QL(1 ea daily)
PROTONIX TBEC *(pantoprazole sodium)*	7	QL(1 ea daily)
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA
rabeprazole sodium TBEC	1	ST; QL(1 ea daily); PA
Ulcer Drugs - Prostaglandins		
CYTOTEC *(misoprostol)*	7	
misoprostol	1	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	1	14 rtl MAX day(s) supply; 365 rtl lmt day(s)
HELIDAC THERAPY	3	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	1	
DETROL LA CP24 *(tolterodine tartrate)*	7	QL(1 ea daily)
DETROL TABS *(tolterodine tartrate)*	7	QL(2 ea daily)
DITROPAN XL TB24 5 MG, 10 MG *(oxybutynin chloride)*	7	
fesoterodine fumarate	1	QL(1 ea daily)
oxybutynin chloride TABS 5 MG	1	QL(4 ea daily)
oxybutynin chloride TB24	1	
solifenacin succinate TABS 10 MG	1	QL(1 ea daily)
solifenacin succinate TABS 5 MG	1	
tolterodine tartrate CP24	1	QL(1 ea daily)
tolterodine tartrate TABS	1	QL(2 ea daily)
TOVIAZ *(fesoterodine fumarate)*	7	QL(1 ea daily)
trospium chloride CP24	1	
trospium chloride TABS	1	QL(2 ea daily)
VESICARE TABS 10 MG *(solifenacin succinate)*	7	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
VESICARE TABS 5 MG *(solifenacin succinate)*	7	
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	1	
VACCINES		
Bacterial Vaccines		
VIVOTIF	3	QL(4 ea per fill retail)
Viral Vaccines		
COVID VACCINES	5	
FLUMIST QUADRIVALENT	5	
VAGINAL AND RELATED PRODUCTS		
Spermicides		
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM FILM	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
CLEOCIN CREA *(clindamycin phosphate vaginal)*	7	
CLEOCIN SUPP	3	
clindamycin phosphate vaginal CREA	1	
metronidazole vaginal	1	
terconazole vaginal CREA	1	
terconazole vaginal SUPP	1	
VANDAZOLE	2	

Drug Name	Drug Tier	Requirements/ Limits
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA *(estradiol vaginal)*	7	
estradiol vaginal CREA	1	
estradiol vaginal TABS	1	
ESTRING RING	2	QL(1 ea per fill retail; 1 per fill mail); PV
FEMRING	3	QL(1 ea per 90 days retail; 1 ea per 90 days mail)
PREMARIN	2	QL(2 gm daily)
VAGIFEM TABS *(estradiol vaginal)*	7	
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	ST; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) SOAJ	3	QL(2 ea per fill retail; 4 ea per 30 days retail)
epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	3	Limited to 2 auto-injectors per fill; QL(2 ea per fill retail; 4 ea per 30 days retail)
SYMJEPI SOSY 0.3 MG/0.3ML	3	QL(2 ea per fill retail; 4 ea per 30 days retail); PA
SYMJEPI SOSY 0.15 MG/0.3ML	3	QL(2 ea per fill retail); PA
Neurogenic Orthostatic Hypotension (NOH) -		

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Drug Name	Drug Tier	Requirements/ Limits
Agents		
droxidopa	3	PA
NORTHERA *(droxidopa)*	7	PA
Vasopressors		
midodrine hcl	1	
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS *(ergocalciferol)*	7	PV
ergocalciferol CAPS	1	PV
MEPHYTON TABS *(phytonadione)*	7	
phytonadione TABS 5 MG	1	

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(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG 75

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(Metronidazole (Topical)) ROSADAN GEL 0.75 % 65

(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG . 122

(Multiple Vitamins W/ Minerals) A THRU Z ADVANCED, A THRU Z ADVANCED ADULT FORMULA, A THRU Z HIGH POTENCY, A THRU Z SELECT, A THRU Z SELECT 50+ ADVANCED FORMULA, A THRU Z SELECT 50+ MENS, A THRU Z SELECT ADVANCED, A THRU Z SELECT ULTIMATEWOMENS, A THRU Z ULTIMATE MENS, ANTIOXIDANT PROTECTION FORMULA, ANTIOXIDANT VITAMINS, CENTAVITE A-Z COMPLETE MULTIVITAMIN/MINERALS, CENTRAVITES, CENTRAVITES 50 PLUS, CENTURY, CENTURY MATURE, CEROVITE SENIOR, CERTA PLUS, CERTAVITE/ANTIOXIDANTS, COMPANION, COMPETE, CVS DAILY MULTIPLE FOR MEN, CVS DAILY MULTIPLE FOR WOMEN 50+, CVS EYE HEALTH & LUTEIN, CVS ONE DAILY ESSENTIAL, CVS ONE DAILY MENS HEALTH FORMULA, CVS ONE DAILY WOMENS FORMULA, CVS SPECTRAVITE ADVANCEDFORMULA, CVS SPECTRAVITE MEN, CVS SPECTRAVITE MEN 50+, CVS SPECTRAVITE SENIOR, CVS SPECTRAVITE ULTRA HEALTH MENS, CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR, CVS SPECTRAVITE WOMEN, CVS SPECTRAVITE WOMEN 50+, CVS WOMENS ACTIVE DAILY, DAILY BETIC, DAILY COMBO MULTI VITAMIN, DAILY MENS HEALTH FORMULA, DAILY MULTIPLE VITAMINS/MINERALS, DAILY VITAMIN FORMULA+MINERALS, DAILY WOMENS HEALTH FORMULA, DAILY-VITAMIN MAXIMUM FORMULA, DIABETES HEALTH FORMULA, DIALYVITE 800/ULTRA D, EQ COMPLETE MULTIVITAMINADULTS 50+, EQ ONE DAILY WOMENS HEALTH, EQL CENTURY, EQL CENTURY MATURE, EQL CENTURY MATURE MEN 50+, EQL CENTURY MATURE WOMEN50+, EQL ONE DAILY MENS 50+ ADVANCED, EQL ONE DAILY MENS HEALTH FORMULA, EQL ONE DAILY WOMENS 50+ADVANCED, EQL VISION FORMULA, ESSENTIA, ESSENTIAL BALANCE, EYE-VITES, EYEPROTECT, GERIVITE COMPLETE, GNP CENTURY MATURE FORMULA/WOMEN'S 50+, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE DAILY MENS HEALTH 50+, GNP ONE DAILY MENS HEALTH/LYCOPENE, GNP ONE DAILY WOMENS HEALTH 50+, GNP ONE DAILY WOMENS METABOLISM SUPPORT, GNP THERAPEUTIC-M, HAIR FORMULA EXTRA STRENGTH, HAIR SKIN AND NAILS FORMULA, HAIR/SKIN/NAILS, HEALTHY EYES, HI-KOVITE 2-PART FORMULA, HI-POTENCY MULTI-VITAMIN/MINERAL SUPPLEMENT, HM COMPLETE WOMEN, HM WOMENS 50+ ADVANCED ONE DAILY, I-VITE, ICAPS MV, KP ADULTS 50+ DAILY FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION FORMULA W/LUTEIN, KP WOMENS 50+ DAILY FORMULA, KP WOMENS DAILY FORMULA, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MEIJER ADVANCED FORMULA, MEIJER ADVANCED FORMULA FOR ADULTS 50+, MENS LIFE PACK, MILLTRIUM ADVANCED FORMULA WITH BETA CAROTENE, MILLTRIUM CARDIO, MILLTRIUM SENIOR, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR HER 50+, MULTI FOR HIM, MULTI FOR HIM 50+, MULTI-LEAN, MULTI-VITAMIN/MENOPAUSALFORMULA, MULTI-VITAMIN/MINERALS, MULTIPLE VITAMIN/MINERALS/NO IRON, MULTIPLE VITAMINS/WOMENS, MULTIVITAMIN ADULTS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN MEN 50+ ONEDAILY, MULTIVITAMIN WOMEN, MULTIVITAMIN WOMEN 50+, MULTIVITAMIN WOMENS 50+ ADVANCED, MYAMULTI, NUTRITIONAL SUPPORT FOR YOUR SKIN/HAIR/NAILS, OCUTABS, OCUTABS VISION

FORMULA, OCUTABS/LUTEIN, OCUVITE EXTRA, OCUVITE EYE + MULTI, OCUVITE/LUTEIN, ONE DAILY 50 PLUS, ONE DAILY COMPLETE, ONE DAILY COMPLETE FOR MEN, ONE DAILY FOR MEN 50+ ADVANCED, ONE DAILY FOR MEN/LYCOPENE, ONE DAILY FOR WOMEN, ONE DAILY FOR WOMEN 50+ADVANCED, ONE DAILY HEALTHY WEIGHT, ONE DAILY HEALTHY WEIGHTADVANCED, ONE DAILY MAXIMUM, ONE DAILY MENS, ONE DAILY MENS 50+ MULTIVITAMIN, ONE DAILY MENS HEALTH/LYCOPENE, ONE DAILY MENS MULTIVITAMIN, ONE DAILY MULTIVITAMIN MEN, ONE DAILY MULTIVITAMIN MENS 50+/LYCOPENE, ONE DAILY MULTIVITAMIN WOMEN, ONE DAILY MULTIVITAMIN/IRON-FREE, ONE DAILY WOMENS, ONE DAILY WOMENS 50 PLUS, ONE DAILY WOMENS 50+, ONE DAILY/IRON/CALCIUM, ONE DAILY/MINERALS, ONE-A-DAY TEEN ADVANTAGEFOR HER, ONE-DAILY MULTI-VITAMIN/MINERALS, OPTIC-VITES, OPTIC-VITES WITH LUTEIN, OPTIMUM PMS, OSTEOPRIME ULTRA, PROSIGHT, PX ADVANCED FORMULA MULTIVITAMINS/LYCOPENE, PX COMPLETE SENIOR MULTIVITAMINS, PX MENS MULTIVITAMINS, QC HAIR SKIN & NAILS, QC MAXIMUM DAILY MULTIVITAMIN/MULTIMINERAL, QC MENS DAILY MULTIVITAMIN, ...(65) TABS 90

(Multiple Vitamins W/ Minerals) A THRU Z ADVANCED, A THRU Z ADVANCED ADULT FORMULA, A THRU Z HIGH POTENCY, A THRU Z SELECT, A THRU Z SELECT 50+ ADVANCED FORMULA, A THRU Z SELECT 50+ MENS, A THRU Z SELECT ADVANCED, A THRU Z SELECT ULTIMATEWOMENS, A THRU Z ULTIMATE MENS, ANTIOXIDANT PROTECTION FORMULA, ANTIOXIDANT VITAMINS, CENTAVITE A-Z COMPLETE MULTIVITAMIN/MINERALS, CENTRAVITES, CENTRAVITES 50 PLUS, CENTURY, CENTURY MATURE, CEROVITE SENIOR, CERTA PLUS, CERTAVITE/ANTIOXIDANTS, COMPANION, COMPETE, CVS DAILY MULTIPLE FOR MEN, CVS DAILY MULTIPLE FOR WOMEN 50+, CVS EYE HEALTH & LUTEIN, CVS ONE DAILY ESSENTIAL, CVS ONE DAILY MENS HEALTH FORMULA, CVS ONE DAILY WOMENS FORMULA, CVS SPECTRAVITE ADVANCEDFORMULA, CVS SPECTRAVITE MEN, CVS SPECTRAVITE MEN 50+, CVS SPECTRAVITE SENIOR, CVS SPECTRAVITE ULTRA HEALTH MENS, CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR, CVS SPECTRAVITE WOMEN, CVS SPECTRAVITE WOMEN 50+, CVS WOMENS ACTIVE DAILY, DAILY BETIC, DAILY COMBO MULTI VITAMIN, DAILY MENS HEALTH FORMULA, DAILY MULTIPLE VITAMINS/MINERALS, DAILY VITAMIN FORMULA+MINERALS, DAILY WOMENS HEALTH FORMULA, DAILY-VITAMIN MAXIMUM FORMULA, DIABETES HEALTH FORMULA, DIALYVITE 800/ULTRA D, EQ COMPLETE MULTIVITAMINADULTS 50+, EQ ONE DAILY WOMENS HEALTH, EQL CENTURY, EQL CENTURY MATURE, EQL CENTURY MATURE MEN 50+, EQL CENTURY MATURE WOMEN50+, EQL ONE DAILY MENS 50+ ADVANCED, EQL ONE DAILY MENS HEALTH FORMULA, EQL ONE DAILY WOMENS 50+ADVANCED, EQL VISION FORMULA, ESSENTIA, ESSENTIAL BALANCE, EYE-VITES, EYEPROTECT, GERIVITE COMPLETE, GNP CENTURY MATURE FORMULA/WOMEN'S 50+, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE DAILY MENS HEALTH 50+, GNP ONE DAILY MENS HEALTH/LYCOPENE, GNP ONE DAILY WOMENS HEALTH 50+, GNP ONE DAILY WOMENS METABOLISM SUPPORT, GNP THERAPEUTIC-M, HAIR FORMULA EXTRA STRENGTH, HAIR SKIN AND NAILS FORMULA, HAIR/SKIN/NAILS, HEALTHY EYES, HI-KOVITE 2-PART FORMULA, HI-POTENCY MULTI-VITAMIN/MINERAL SUPPLEMENT, HM COMPLETE WOMEN, HM WOMENS 50+ ADVANCED ONE DAILY, I-VITE, ICAPS MV, KP ADULTS 50+ DAILY FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION FORMULA W/LUTEIN, KP WOMENS 50+ DAILY FORMULA, KP WOMENS DAILY FORMULA, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MEIJER

ADVANCED FORMULA, MEIJER ADVANCED FORMULA FOR ADULTS 50+, MENS LIFE PACK, MILLTRIUM ADVANCED FORMULA WITH BETA CAROTENE, MILLTRIUM CARDIO, MILLTRIUM SENIOR, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR HER 50+, MULTI FOR HIM, MULTI FOR HIM 50+, MULTI-LEAN, MULTI-VITAMIN/MENOPAUSALFORMULA, MULTI-VITAMIN/MINERALS, MULTIPLE VITAMIN/MINERALS/NO IRON, MULTIPLE VITAMINS/WOMENS, MULTIVITAMIN ADULTS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN MEN 50+ ONEDAILY, MULTIVITAMIN WOMEN, MULTIVITAMIN WOMEN 50+, MULTIVITAMIN WOMENS 50+ ADVANCED, MYAMULTI, NUTRITIONAL SUPPORT FOR YOUR SKIN/HAIR/NAILS, OCUTABS, OCUTABS VISION FORMULA, OCUTABS/LUTEIN, OCUVITE EXTRA, OCUVITE EYE + MULTI, OCUVITE/LUTEIN, ONE DAILY 50 PLUS, ONE DAILY COMPLETE, ONE DAILY COMPLETE FOR MEN, ONE DAILY FOR MEN 50+ ADVANCED, ONE DAILY FOR MEN/LYCOPENE, ONE DAILY FOR WOMEN, ONE DAILY FOR WOMEN 50+ADVANCED, ONE DAILY HEALTHY WEIGHT, ONE DAILY HEALTHY WEIGHTADVANCED, ONE DAILY MAXIMUM, ONE DAILY MENS, ONE DAILY MENS 50+ MULTIVITAMIN, ONE DAILY MENS HEALTH/LYCOPENE, ONE DAILY MENS MULTIVITAMIN, ONE DAILY MULTIVITAMIN MEN, ONE DAILY MULTIVITAMIN MENS 50+/LYCOPENE, ONE DAILY MULTIVITAMIN WOMEN, ONE DAILY MULTIVITAMIN/IRON-FREE, ONE DAILY WOMENS, ONE DAILY WOMENS 50 PLUS, ONE DAILY WOMENS 50+, ONE DAILY/IRON/CALCIUM, ONE DAILY/MINERALS, ONE-A-DAY TEEN ADVANTAGEFOR HER, ONE-DAILY MULTI-VITAMIN/MINERALS, OPTIC-VITES, OPTIC-VITES WITH LUTEIN, OPTIMUM PMS, OSTEOPRIME ULTRA, PROSIGHT, PX ADVANCED FORMULA MULTIVITAMINS/LYCOPENE, PX COMPLETE SENIOR MULTIVITAMINS, PX MENS MULTIVITAMINS, QC HAIR SKIN & NAILS, QC MAXIMUM DAILY MULTIVITAMIN/MULTIMINERAL, QC MENS DAILY MULTIVITAMIN, ...(65) TABS 91

(Multiple Vitamins W/ Minerals) A THRU Z ADVANCED, A THRU Z ADVANCED ADULT FORMULA, A THRU Z HIGH POTENCY, A THRU Z SELECT, A THRU Z SELECT 50+ ADVANCED FORMULA, A THRU Z SELECT 50+ MENS, A THRU Z SELECT ADVANCED, A THRU Z SELECT ULTIMATEWOMENS, A THRU Z ULTIMATE MENS, ANTIOXIDANT PROTECTION FORMULA, ANTIOXIDANT VITAMINS, CENTAVITE A-Z COMPLETE MULTIVITAMIN/MINERALS, CENTRAVITES, CENTRAVITES 50 PLUS, CENTURY, CENTURY MATURE, CEROVITE SENIOR, CERTA PLUS, CERTAVITE/ANTIOXIDANTS, COMPANION, COMPETE, CVS DAILY MULTIPLE FOR MEN, CVS DAILY MULTIPLE FOR WOMEN 50+, CVS EYE HEALTH & LUTEIN, CVS ONE DAILY ESSENTIAL, CVS ONE DAILY MENS HEALTH FORMULA, CVS ONE DAILY WOMENS FORMULA, CVS SPECTRAVITE ADVANCEDFORMULA, CVS SPECTRAVITE MEN, CVS SPECTRAVITE MEN 50+, CVS SPECTRAVITE SENIOR, CVS SPECTRAVITE ULTRA HEALTH MENS, CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR, CVS SPECTRAVITE WOMEN, CVS SPECTRAVITE WOMEN 50+, CVS WOMENS ACTIVE DAILY, DAILY BETIC, DAILY COMBO MULTI VITAMIN, DAILY MENS HEALTH FORMULA, DAILY MULTIPLE VITAMINS/MINERALS, DAILY VITAMIN FORMULA+MINERALS, DAILY WOMENS HEALTH FORMULA, DAILY-VITAMIN MAXIMUM FORMULA, DIABETES HEALTH FORMULA, DIALYVITE 800/ULTRA D, EQ COMPLETE MULTIVITAMINADULTS 50+, EQ ONE DAILY WOMENS HEALTH, EQL CENTURY, EQL CENTURY MATURE, EQL CENTURY MATURE MEN 50+, EQL CENTURY MATURE WOMEN50+, EQL ONE DAILY MENS 50+ ADVANCED, EQL ONE DAILY MENS HEALTH FORMULA, EQL ONE DAILY WOMENS 50+ADVANCED, EQL VISION FORMULA, ESSENTIA, ESSENTIAL BALANCE, EYE-VITES, EYEPROTECT, GERIVITE COMPLETE, GNP CENTURY MATURE FORMULA/WOMEN'S 50+, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE DAILY MENS HEALTH 50+, GNP

ONE DAILY MENS HEALTH/LYCOPENE, GNP ONE DAILY WOMENS HEALTH 50+, GNP ONE DAILY WOMENS METABOLISM SUPPORT, GNP THERAPEUTIC-M, HAIR FORMULA EXTRA STRENGTH, HAIR SKIN AND NAILS FORMULA, HAIR/SKIN/NAILS, HEALTHY EYES, HI-KOVITE 2-PART FORMULA, HI-POTENCY MULTI-VITAMIN/MINERAL SUPPLEMENT, HM COMPLETE WOMEN, HM WOMENS 50+ ADVANCED ONE DAILY, I-VITE, ICAPS MV, KP ADULTS 50+ DAILY FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION FORMULA W/LUTEIN, KP WOMENS 50+ DAILY FORMULA, KP WOMENS DAILY FORMULA, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MEIJER ADVANCED FORMULA, MEIJER ADVANCED FORMULA FOR ADULTS 50+, MENS LIFE PACK, MILLTRIUM ADVANCED FORMULA WITH BETA CAROTENE, MILLTRIUM CARDIO, MILLTRIUM SENIOR, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR HER 50+, MULTI FOR HIM, MULTI FOR HIM 50+, MULTI-LEAN, MULTI-VITAMIN/MENOPAUSALFORMULA, MULTI-VITAMIN/MINERALS, MULTIPLE VITAMIN/MINERALS/NO IRON, MULTIPLE VITAMINS/WOMENS, MULTIVITAMIN ADULTS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN MEN 50+ ONEDAILY, MULTIVITAMIN WOMEN, MULTIVITAMIN WOMEN 50+, MULTIVITAMIN WOMENS 50+ ADVANCED, MYAMULTI, NUTRITIONAL SUPPORT FOR YOUR SKIN/HAIR/NAILS, OCUTABS, OCUTABS VISION FORMULA, OCUTABS/LUTEIN, OCUVITE EXTRA, OCUVITE EYE + MULTI, OCUVITE/LUTEIN, ONE DAILY 50 PLUS, ONE DAILY COMPLETE, ONE DAILY COMPLETE FOR MEN, ONE DAILY FOR MEN 50+ ADVANCED, ONE DAILY FOR MEN/LYCOPENE, ONE DAILY FOR WOMEN, ONE DAILY FOR WOMEN 50+ADVANCED, ONE DAILY HEALTHY WEIGHT, ONE DAILY HEALTHY WEIGHTADVANCED, ONE DAILY MAXIMUM, ONE DAILY MENS, ONE DAILY MENS 50+ MULTIVITAMIN, ONE DAILY MENS HEALTH/LYCOPENE, ONE DAILY MENS MULTIVITAMIN, ONE DAILY MULTIVITAMIN MEN, ONE DAILY MULTIVITAMIN MENS 50+/LYCOPENE, ONE DAILY MULTIVITAMIN WOMEN, ONE DAILY MULTIVITAMIN/IRON-FREE, ONE DAILY WOMENS, ONE DAILY WOMENS 50 PLUS, ONE DAILY WOMENS 50+, ONE DAILY/IRON/CALCIUM, ONE DAILY/MINERALS, ONE-A-DAY TEEN ADVANTAGEFOR HER, ONE-DAILY MULTI-VITAMIN/MINERALS, OPTIC-VITES, OPTIC-VITES WITH LUTEIN, OPTIMUM PMS, OSTEOPRIME ULTRA, PROSIGHT, PX ADVANCED FORMULA MULTIVITAMINS/LYCOPENE, PX COMPLETE SENIOR MULTIVITAMINS, PX MENS MULTIVITAMINS, QC HAIR SKIN & NAILS, QC MAXIMUM DAILY MULTIVITAMIN/MULTIMINERAL, QC MENS DAILY MULTIVITAMIN, ...(65) TABS 92

(Nabumetone) RELAFEN 500 MG ..5

(Nabumetone) RELAFEN 750 MG ..5

(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN 103

(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG 110

(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE

POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG 111

(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG .110

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 111

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG 111

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 112

(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR 112

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

SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR 113

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

(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR 115

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

SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR 116

(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR 117

(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR 113

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

2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR 114

(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR .. 115

(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR .. 116

(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY 53

(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG 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, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 51

(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 51

(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS 51

(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH,

PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG 51

(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG 51

(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG 51

(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG 51

(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG 51

(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA 54

(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1 MG-20 MCG 52

(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG-30 MCG 52

(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 70

(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG 70

(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE 52

(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 52

(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO 52

(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA 52

(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG 52

(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 58

(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 % 105

(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 % 105

(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG 120

(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG 120

(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 120

(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG 9

(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG .. 9

(Oxycodone W/ Acetaminophen)

ENDOCET TABS 325 MG-5 MG 9

(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 97

(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML ...97

(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 97

(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW 97

(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN 97

(Pediatric Multivitamins W/Fl) MULTI-VITAMIN/FLUORIDE DROPS SOLN . 98

(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML 98

(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN 98

(PEG 3350-Kcl-Nacl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBATE 76

(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM 76

(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 103

(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG 19

(Phenytoin) PHENYTOIN INFATABS CHEW 19

(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX POWD 77

(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP 73

(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES-PHOS 250 NEUTRAL 87

(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ 88

(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 87

(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ 87

(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ 88

(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ 88

(Potassium Chloride) KLOR-CON PACK OR 20 MEQ 88

(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK 73

(Potassium Citrate-Citric Acid) CYTRA-K SOLN 73

(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS 87

(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F 104

(Prednisolone) MILLIPRED TABS .54

(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS 98

(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS 98

(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW .98

(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT 98

(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 98

(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA 98

(Prochlorperazine) COMPRO 41

(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG 26

(Promethazine Hcl) PROMETHEGAN SUPP 50 MG 26

(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 55

(Salicylic Acid) KERALYT SHAM 6 % 64

(Sapropterin Dihydrochloride) JAVYGTOR PACK 68

(Sapropterin Dihydrochloride) JAVYGTOR TABS 68

(Silver Sulfadiazine) SSD 61

(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 55

(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 55

(Sodium Citrate & Citric Acid) CYTRA-2 73

(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP 87

(Sodium Fluoride) NAFRINSE CHEW 2.2 MG 87

(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML 89

(Sotalol Hcl) SORINE TABS 45

(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 % 56

(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM 56

(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 % 56

(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ..31

(Tadalafil (Pulmonary Hypertension)) ALYQ TABS 48

(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM 11

(Tetracaine Hcl (Ophth)) ALTACAINE 104

(Theophylline) ELIXOPHYLLIN ELIX . 15

(Tretinoin) AVITA CREA 0.025 % . 56

(Tretinoin) AVITA GEL 0.025 % ... 56

(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE 89

(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGYSPRAY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPTOM, RA NASAL ALLERGY SPRAY AERO 102

(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 % 61

(Urea In Lactic Acid Vehicle) UREA HYDRATING 64

(Urea) CEROVEL LOTN 40 % 64

(Urea) UREA NAIL GEL 45 % 64

(Vigabatrin) VIGADRONE TABS .. 19

(Vigabatrin) VIGADRONE, VIGPODER PACK 19

(Warfarin Sodium) JANTOVEN TABS 15

abacavir sulfate TABS 42

abacavir sulfate-lamivudine 42

ABC COMPLETE SENIOR 50+ TABS 92

ABC COMPLETE SENIOR MEN'S50+ TABS 92

ABC COMPLETE SENIOR WOMENS 50+ TABS 92

ABILIFY TABS 15 MG (aripiprazole) . 41

ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole) 41

ABILIFY TABS 20 MG (aripiprazole) . 41

abiraterone acetate 35

ABSORICA 10 MG, 25 MG (isotretinoin) 56

ABSORICA 20 MG (isotretinoin) ...56

ABSORICA 30 MG (isotretinoin) ...56

ABSORICA 35 MG, 40 MG (isotretinoin) 56

acamprosate calcium 108

acarbose 22

ACCOLATE 10 MG (zafirlukast) ...14

ACCOLATE 20 MG (zafirlukast) ...14

ACCUPRIL (quinapril hcl) 28

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