

Plan for your best health

2019 Aetna Pharmacy Drug Guide
Aetna Small Group ACA: CT, MD



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2019 Aetna Small Group ACA Plan: CT, MD

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How to use this guide

Your guide includes a list of commonly used drugs covered on your pharmacy plan. The amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the prescription's price after you meet your deductible, if applicable. Preferred generic drugs cost less. Preferred brand drugs will have a higher cost.

Your plan includes

- Brand and generic drugs that are hand-picked for their quality and effectiveness
- A specialty pharmacy fills specialty drug prescriptions (ones that are injected, infused or taken by mouth) — and provides services that include personal support, helpful resources and training, and free secure home delivery
- A home delivery pharmacy that delivers maintenance drugs to your home or wherever you choose (for drugs that are taken regularly to treat conditions like diabetes or asthma)

What you can expect to pay

With your pharmacy plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the drug's/medicine's price.

Each drug is grouped as a generic, a brand or a specialty drug. The preferred drugs within these groups will generally save you money compared to a non-preferred drug. Generic drugs are less expensive than brands.

Specialty prescription drugs typically include higher-cost drugs that require special handling, special storage or monitoring. These types of drugs may include, but are not limited to, drugs that are injected, infused, inhaled or taken by mouth.

You're covered for all types of medicine — some more expensive, and some less.

- **Generic:** the lowest cost
- **Preferred brand:** a slightly higher cost
- **Non-preferred brand:** a higher cost
- **Preferred Specialty:** lower cost for specialty drugs
- **Non-preferred specialty:** higher cost for non-preferred specialty drugs

Your pharmacy plan may not have all the coverage levels listed above so check your plan documents to see how much you will pay.

For your exact coverage and cost, and to learn more about your plan

Visit the website that's on your member ID card. Then log in to your account, where you can:

- Find out the coverage and estimate of cost for specific drugs
- View your deductibles and plan limits
- Order medications
- Check your pharmacy order status
- Get a member ID card
- View your claims, Explanation of Benefits and more

Have more questions about your pharmacy benefits?

We're here to help. There are several ways you can learn more about your benefits:

- Check your Plan Design and Benefits Summary in your enrollment kit.
- Call the toll-free number on your member ID card.
- Review our pharmacy frequently asked questions (FAQs) and answers. Just visit the website that's on your member ID card to search for the "Pharmacy FAQ."

Specialty Pharmacy Network

An in-network specialty pharmacy can fill your prescriptions for specialty drugs. These are the types of drugs that may be injected, infused or taken by mouth. They often need special storage and handling. And they need to be delivered quickly. A nurse or pharmacist may monitor you during your treatment, if needed. With this type of pharmacy, you can get this medicine sent right to your mailbox.

How to get started with a specialty pharmacy

Ordering your prescriptions through our specialty pharmacy is easy. And we typically offer a 30-day medicine supply.

- **To transfer your prescription**, just call us toll-free at **1-866-353-1892**.
- **For a new prescription**, your doctor can send it to us in one of four ways:
 - 1. Electronically:** Through e-prescribe
 - 2. Fax: 1-866-FAX-ASRX (1-866-329-2779)**
 - 3. Phone: 1-866-782-ASRX (1-866-782-2779),**
option 2

If you mail in your own prescription, please send it with a completed Patient Profile Form. To find this form, just visit the website that's on your member ID card, to search for the "Patient Profile Form."

CVS Caremark Mail Service Pharmacy®

You can have maintenance drugs sent right to your home or anywhere else you choose CVS Caremark Mail Service Pharmacy. These are drugs that are taken regularly for chronic conditions like diabetes or asthma. Depending on your plan, you can get up to a 90-day supply of medicine for less cost. It's fast and convenient, and standard shipping is always free.

Get started right away

You can submit your order using one of these options:

- 1. Online** — Visit your secure member website and sign in to your account. There you can add or remove your prescriptions.
- 2. Phone** — Call us toll-free, 24/7 at **1-888-792-3862**. If you need the help of a telephone device for the deaf, call **1-877-833-2779**.
- 3. Mail** — Get a new prescription from your doctor. Then mail it to us with a completed order form. You can find the form on your secure member website. The mailing address is on the form.

Your doctor can submit your order using one of these options:

- 1. Online** — They can submit your prescriptions using the e-prescribe services on our provider website.
- 2. Fax** — They can fax your prescription to **1-877-270-3317**. Make sure they include your member ID number, date of birth and mailing address on the fax cover sheet. Only a doctor may fax a prescription.

Frequently asked questions

How can I save on prescriptions?

Here are some tips to pay less out of pocket for your prescription drugs:

- Ask your doctor to consider prescribing drugs that are on the Pharmacy Drug Guide (formulary).
- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Check to see if your plan includes our home delivery pharmacy service. Depending upon your plan, our home delivery service may save you money. For more information, visit the website on your member ID card and log in to your account.
- Remind your doctor to check your plan to make sure you get maximum coverage.

What are generic drugs?

Generic drugs are proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name drugs and work the same way. So they have the same risks and benefits as brand-name drugs. However, they typically cost less.

When appropriate, your doctor may decide to prescribe a generic drug or allow the pharmacist to substitute a generic drug.

What is precertification?

Precertification is one way that we can help you and your doctor find safe, appropriate drugs and keep costs down. Precertification means that you or your doctor need to get approval from the plan before certain drugs will be covered. Generally, precertification applies to drugs that:

- Are often taken in the wrong way
- Should only be used for certain conditions
- Often cost more than other drugs that are proven to be just as effective

Keep in mind that your doctor must contact us to request approval of coverage for these drugs.

What is step therapy?

Some drugs require step therapy. This means that you must try one or more prerequisite drug(s) before a step therapy drug is covered.

The prerequisite drugs are equally effective, have U.S. Food and Drug Administration (FDA) approval and may cost less. They treat the same condition as the step therapy drug.

If you don't try the appropriate alternative drug first, you may need to pay full cost for the brand-name version.

What are quantity limits?

Quantity limits help your doctor and pharmacist make sure that you use your drug correctly and safely. We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limit program includes:

- **Dose efficiency edits** — Limits prescription coverage to one dose per day for drugs that have approval for once-daily dosing
- **Maximum daily dose** — If a prescription is lower than the minimum or higher than the maximum allowed dose, a message is sent to the pharmacy
- **Quantity limits over time** — Limits prescription coverage to a specific number of units over a specific amount of time

What if I need a drug that requires an exception to the precertification, step therapy or quantity limits requirements? Or what if I need a drug that's not covered under my plan?

In certain cases, you or your prescriber can request a medical exception to the precertification, step therapy or quantity limits requirements. And also for a drug that's not covered in your plan. If you ask for your request to be expedited, a coverage determination will be made within 24 hours of receiving it.

We'll then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

How can your provider request a medical exception?

- Submit their request through our secure provider website on NaviNet®.
- Call the Aetna Pharmacy Precertification Unit at **1-855-240-0535**.
- Fax the completed request form to **1-877-269-9916**.
- Mail the completed request form to:
Aetna Pharmacy Management
1300 East Campbell Road
Richardson, TX 75081

How is the formulary (drug list) developed?

Our Pharmacy and Therapeutics Committee meets regularly to review new drugs and new information about current drugs. We review them for their safety, effectiveness and current use in therapy.

This committee includes licensed pharmacists and doctors. They are currently in practice or are Aetna employees.

Once we complete our clinical review, we also consider overall value before adding or removing a drug from the formulary. We may recommend moving a drug to a different coverage level. Or that it be placed on our Formulary Exclusions List and no longer be covered.

Can the formulary change during the year?

The formulary can change throughout the year. Some reasons why they can change include:

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the brand-name drug is likely to be covered at a higher cost. And the generic versions cost less. See the “What are generic drugs?” section above for more information.

Commercial 1557 Nondiscrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705),

CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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TTY: 711

To access language services at no cost to you, call the number on your ID card.

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

T'áá ni nizaad k'ehjí bee níká a' doowól doo bááh ílínígóó naaltsos bee atah nííígo nanitinígíí bee néého' dólzinígíí béésh bee hane'í bikáá' áají' hólne'. (Navajo)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit. (Albanian)

የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

(Arabic) للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقتك الشخصية.

Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք ձեր ինքնուրույն (ID) քարտի վրա նշված հեռախոսահամարով: (Armenian)

Kugira uronke serivisi z'indimi atakiguzi, Hamagara inumero iri kuri karangamuntu kawe. (Bantu)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন। (Bengali)

Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa numero sa nimong ID card. (Bisayan-Visayan)

သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။ (Burmese)

Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al número indicat a la seva targeta d'identificació. (Catalan)

Para un hago' i setbision lengguâhi ni dibâtde para hâgu, âgang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

M̄ dyi wuḍu-dù kà kò dò bě dyi móuñ nì pídyi ní, nìí, dǎ nòbà nìà nì ID káàò kǝ. (Kru-Bassa)

یۆ دەسپێز اگەشتن بە خزمەتگوزاری زمان بەی تێچوون یۆ تو، پەڕیوەندی بکە بە ژمارە ی سەر ئای دی (ID) کارتی خۆت.
(Kurdish)

ເພື່ອຂໍໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, तुमच्या ID कार्डावरील क्रमांकावर फोन करा. (Marathi)

Nan etal nan jikin jiban ko ikijen kajin ilo an ejelok onen nan kwe, kirlok nomba eo ilo ID kaat eo am.
(Marshallese)

Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
(Micronesian-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

निःशुल्क भाषा सेवा प्राप्त गर्न आफ्नो परिचयपत्रमा भएको नम्बरमा टेलिफोन गर्नुहोस् । (Nepali)

Të kɔɔr yin wëër de thokic ke cïn wëu kɔr keek tənɔŋ yin. Ke cɔl kɔc ye kɔc kuɔny në nɔmba de abac tɔ
në ID kard du kɔu. (Nilotic-Dinka)

For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt. (Norwegian)

Um Schprooch Services zu griegie mitaus Koscht, ruff die Nummer uff dei ID Kaart. (Pennsylvania Dutch)

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić numer telefonu na Twojej
Karcie Identykującej (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta na sua
identidade. (Portuguese)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਫ਼ੋਨ
ਕਰੋ। (Punjabi)

Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul dvs. de identificare.
(Romanian)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному
на вашей карточке участника плана. (Russian)

Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala’au le numera l luga o lau pepa ID. (Samoan)

Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici. (Serbo-Croatian)

Heeba a nasta jangirde djey wolde, apelou lamba djey do windi ha dereji Maada. (Sudanic-Fulfulde)

Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho. (Swahili)

Syriac-) ܩܘܨܬܐܢܐ ܕܩܘܨܬܐܢܐ ܕܩܘܨܬܐܢܐ ܕܩܘܨܬܐܢܐ ܕܩܘܨܬܐܢܐ ܕܩܘܨܬܐܢܐ ܕܩܘܨܬܐܢܐ ܕܩܘܨܬܐܢܐ ܕܩܘܨܬܐܢܐ ܕܩܘܨܬܐܢܐ (Assyrian)

మీరు భాష సేవలను ఉచితంగా అందుకునేందుకు, మీ ID కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి. (Telugu)

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน (Thai)

Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho' o ID kaati. (Tongan)

Ren omw kopwe angei anininis eman chon awewei (ese kamo), kopwe kori ewe nampa mei mak won noum ena katen ID (Trukese)

Sizin için ücretsiz dil hizmetlerine erişebilmek için, kartınızdaki numarayı arayın. (Turkish)

Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером, вказаним на Вашій ідентифікаційній картці. (Ukrainian)

بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، اپنے شناختی کارڈ پر درج نمبر پر بات کریں۔ (Urdu)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số điện thoại ghi trên thẻ ID (Nhận dạng) của quý vị. (Vietnamese)

צוטריט שפראך באדינונגען אין קיין פרייז צו איר, רופן די נומער אויף דין שיקן קאטא. (Yiddish)

Lati wonú awon isẹ èdè l’ọfẹ fun ọ, pe nomba ori káádi idánimọ rẹ. (Yoruba)

Remember to visit the website on your member ID card. Then sign in to your account for the most up-to-date information.

Please note that if your prescription drug benefits plan changes, the information here may no longer apply.

A copayment is a flat fee. Coinsurance is a percentage of the rate that Aetna negotiates with the plan sponsor for covered prescriptions except as required by law to be otherwise. Some drugs on the Aetna Drug List may be subject to manufacturer rebates. Coinsurance is calculated before any rebates are subtracted. That means it may be possible for your cost of a preferred drug to be higher than your cost of a non-preferred drug. Louisiana members: depending on your specific plan and the prescription medication in question, you may in some instances be subject to an excess consumer cost burden for prescription drugs as defined by your state.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through specialty pharmacy prescription fulfillment.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna may receive rebates from certain drug manufacturers. Generally, such rebates do not directly reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. The drugs on the Pharmacy Drug (formulary) Guide, Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change. The quantity limits and drug coverage review programs are not available in all service areas.

The drugs on the Pharmacy Drug (formulary) Guide, Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. For example, step therapy programs do not apply to fully insured members in Indiana. Step therapy does not apply to fully-insured members in New Jersey. However, these programs are available to self-funded plans.

In accordance with state law, commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Pharmacy Drug (formulary) Guide, Precertification, Quantity Limits or Step-Therapy Lists during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, precertification approval is known as "pre-service utilization review." It is not "verification" as defined by Texas law.

In accordance with state law, fully insured Commercial California health maintenance organization (HMO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added to the Precertification or Step-Therapy Lists will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. In accordance with state law, fully insured Commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added to the Precertification or Step-Therapy Lists will continue to have those medications covered for as long as the treating physician prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. Aetna and CVS Caremark Mail Service Pharmacy are part of the CVS Health family of companies.



[aetna.com](https://www.aetna.com)

2019 Aetna Small Group ACA Plan: CT, MD

CURRENT AS OF 12/1/2019

Coverage Requirements and Limits

= Brand-name drug expected to become available generically in the near future. After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy.

AL = Age Limit

LGC = Lowest Generic Copay Applies

MPG = PG tier applies to members residing in Massachusetts.

N2 = Drug tier when CE does not apply

NPL = (National Precertification List) – Prior authorization, also called preauthorization or precertification, is required for all plans. Your doctor must contact us to request approval for coverage.

OTC = Covered OTC

PA = Prior Authorization

QL = Quantity Limit

SP Pharmacy = You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.

ST = Step Therapy

Drug Tier

CE = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.

G = Generic

NC = Not Covered

NPB = Non Preferred Brand

NPS = Non Preferred Specialty

PB = Preferred Brand

PS = Preferred Specialty

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*5-HT4 RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	NC	
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	NC	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	NC	
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG (<i>methylphenidate hcl</i>)	NC	
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML (<i>amphetamine</i>)	NC	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	NC	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	QL (4 tablets per 1 day)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	G	PA; ST; QL (2 capsules per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	G	QL (4 tablets per 1 day)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NC	#
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	G	PA; QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	G	PA; QL (2 tablets per 1 day)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	G	QL (2 capsules per 1 day)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	G	QL (1 capsule per 1 day)
BELVIQ ORAL TABLET 10 MG (<i>lorcaserin hcl</i>)	NPB	PA; ST; QL (2 tablets per 1 day)
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	NC	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	G	QL (4 tabs per 1 day)

2019 Aetna Small Group ACA Plan: CT, MD

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (<i>methylphenidate hcl</i>)	NC	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NC	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	NPB	PA; ST; #; QL (1 patch per 1 day)
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	NC	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (<i>dextroamphetamine sulfate</i>)	NC	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	G	PA; ST; QL (2 capsules per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 35 mg</i>	G	PA; ST; QL (2 capsules per 1 Day)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	QL (4 tablets per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	G	QL (3 caps per 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	G	PA; QL (40 ML per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	QL (4 tabs per 1 day)
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	NC	
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine sulfate</i>)	NC	
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	NC	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NC	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NC	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	G	QL (1 tablet per 1 day)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (<i>guanfacine hcl</i>)	NC	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	NC	

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12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (<i>clonidine hcl</i>)	NC	
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release 20 Mg)	G	QL (3 tabs per 1 day)
<i>methamphetamine hcl oral tablet 5 mg</i>	G	PA; ST; QL (4 tabs per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML (<i>methylphenidate hcl</i>)	NC	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	G	QL (1 cap per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 60 mg</i>	G	QL (1 capsule per 1 Day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>	G	QL (1 cap per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	G	QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg</i>	G	QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	G	QL (3 tabs per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	G	QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	G	QL (4 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	G	QL (4 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	G	QL (1 tablet per 1 Day)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	G	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	G	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	G	QL (6 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	G	QL (6 tablets per 1 Day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	G	PA; ST; QL (2 tabs per 1 day)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	NC	#
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (<i>armodafinil</i>)	NC	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	G	QL (6 tablets per 1 day)
<i>phentermine hcl oral capsule 15 mg</i>	G	QL (2 tablets per 1 day)

2019 Aetna Small Group ACA Plan: CT, MD

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>phentermine hcl oral capsule 30 mg, 37.5 mg</i>	G	QL (1 tablet per 1 day)
PROCENTRA ORAL SOLUTION 5 MG/5ML (<i>dextroamphetamine sulfate</i>)	NC	
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	NC	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	NC	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>methylphenidate hcl</i>)	NPB	PA; ST; #; QL (1 bottle per 1 fill)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (<i>methylphenidate hcl</i>)	NPB	QL (1 tablet per 1 Day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	NC	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (<i>methylphenidate hcl</i>)	NC	
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	NC	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	NPB	PA; ST; QL (2 capsules per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	NPB	PA; ST; QL (2 tablets per 1 day)
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 10 Mg, 5 Mg)	G	QL (4 tablets per 1 day)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>)	NC	
*AGENTS FOR NARCOTIC WITHDRAWAL*** - DRUGS FOR ADDICTION		
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	NPB	QL (192 tablets per 3 courses in 1 years)
*AGENTS FOR OPIOID WITHDRAWAL*** - DRUGS FOR ADDICTION		
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	NPB	QL (192 tablets per 3 courses in 1 years)
ALTERNATIVE MEDICINES - VITAMINS AND MINERALS		
<i>hm green tea complex oral tablet 150 mg</i>	NC	
<i>hm melatonin-lemon balm oral tablet 5-500 mg-mcg</i>	NC	

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QUINZYME ORAL TABLET DISPERSIBLE 90 MG (<i>coenzyme q10</i>)	NC	
AMEBICIDES - DRUGS FOR INFECTIONS		
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	NC	
*AMINO ACIDS*** - DRUGS FOR NUTRITION		
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	NC	
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	NC	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	NC	
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NC	
<i>neomycin sulfate oral tablet 500 mg</i>	G	
<i>paromomycin sulfate oral capsule 250 mg</i>	G	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NC	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	NC	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	G	SP Pharmacy; QL (56 vials per 1 fill)
*AMINOMETHYLCYCLINES*** - DRUGS FOR INFECTIONS		
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	NC	
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	NPS	PA; ST; NPL; SP Pharmacy; QL (4 pens per 1 month)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	NPS	PA; ST; SP Pharmacy; QL (1 syringe per 1 month)
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	NC	
ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	NC	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	NPS	PA; SP Pharmacy
ARTHROTEC ORAL TABLET DELAYED RELEASE 50- 0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	NC	

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CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (<i>celecoxib</i>)	NC	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	G	ST; QL (2 capsules per 1 day)
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	NC	
<i>diclofenac potassium oral tablet 50 mg</i>	G	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	G	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg</i>	G	
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	G	LGC
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	G	
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	NC	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	NC	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	PS	PA; ST; SP Pharmacy; QL (8 injections per 1 month)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	PS	PA; ST; SP Pharmacy; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	PS	PA; ST; SP Pharmacy; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG (<i>etanercept</i>)	PS	PA; ST; SP Pharmacy; QL (8 injections per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	PS	PA; ST; SP Pharmacy; QL (4 syringes per 28 days)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	G	
<i>etodolac oral capsule 200 mg, 300 mg</i>	G	
<i>etodolac oral tablet 400 mg, 500 mg</i>	G	
FELDENE ORAL CAPSULE 10 MG, 20 MG (<i>piroxicam</i>)	NC	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	G	
<i>fenoprofen calcium oral tablet 600 mg</i>	G	
FENORTHO ORAL CAPSULE 200 MG, 400 MG (<i>fenoprofen calcium</i>)	NC	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	G	

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HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	NPS	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	NPS	PA; ST; SP Pharmacy; QL (3 syringes per 1 month)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	NPS	PA; ST; SP Pharmacy; QL (2 syringes per 1 month)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab</i>)	NPS	PA; ST; SP Pharmacy; QL (6 syringes per 1 month)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	NPS	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	NPS	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	NPS	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	NPS	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	NPS	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML (<i>adalimumab</i>)	NPS	PA; ST; SP Pharmacy; QL (2 syringes per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML (<i>adalimumab</i>)	NPS	PA; ST; SP Pharmacy; QL (2 injections per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (<i>adalimumab</i>)	NPS	PA; ST; SP Pharmacy; QL (6 syringes per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	NPS	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	G	LGC
ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED 180 MG (<i>canakinumab</i>)	NPS	PA; SP Pharmacy
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	NPS	PA; SP Pharmacy
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	NPB	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	NPB	

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<i>indomethacin er oral capsule extended release 75 mg</i>	G	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	G	QL (3 capsules per 1 day)
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NC	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	G	
<i>ketorolac tromethamine oral tablet 10 mg</i>	G	QL (20 tablets per 5 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	NC	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	NC	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	NPS	PA; ST; SP Pharmacy; QL (1 syringe per 1 day)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	G	QL (1 tab per 1 day)
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	NC	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	G	
<i>mefenamic acid oral capsule 250 mg</i>	G	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	G	LGC
MOBIC ORAL TABLET 15 MG, 7.5 MG (<i>meloxicam</i>)	NC	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	G	
NALFON ORAL CAPSULE 400 MG (<i>fenoprofen calcium</i>)	NC	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	NC	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	NC	
NAPROSYN ORAL TABLET 500 MG (<i>naproxen</i>)	NC	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	G	
<i>naproxen oral suspension 125 mg/5ml</i>	G	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	G	LGC
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg</i>	NC	
<i>naproxen sodium oral tablet 275 mg</i>	G	
<i>naproxen sodium oral tablet 550 mg</i>	G	LGC
OLUMIANT ORAL TABLET 2 MG (<i>baricitinib</i>)	NPS	PA; ST; SP Pharmacy; QL (1 tablet per 1 Day)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	NPS	PA; ST; SP Pharmacy; QL (4 syringes per 1 month)

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ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	NPS	PA; ST; SP Pharmacy; QL (4 syringes per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	NPS	PA; ST; SP Pharmacy; QL (4 syringes per 1 month)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (<i>methotrexate (anti-rheumatic)</i>)	NC	
<i>oxaprozin oral tablet 600 mg</i>	G	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	G	
PONSTEL ORAL CAPSULE 250 MG (<i>mefenamic acid</i>)	NC	
QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG (<i>meloxicam</i>)	NC	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	NC	
RELAFEN DS ORAL TABLET 1000 MG (<i>nabumetone</i>)	NC	
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	NPB	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	PS	PA; ST; SP Pharmacy; QL (1 pen per 1 fill)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	PS	PA; ST; SP Pharmacy; QL (1 pen per 1 fill)
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NC	#
<i>sulindac oral tablet 150 mg, 200 mg</i>	G	
TIVORBEX ORAL CAPSULE 20 MG, 40 MG (<i>indomethacin</i>)	NC	
<i>tolmetin sodium oral capsule 400 mg</i>	G	
<i>tolmetin sodium oral tablet 200 mg, 600 mg</i>	G	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	NC	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG (<i>meloxicam</i>)	NC	#
XELJANZ ORAL TABLET 10 MG (<i>tofacitinib citrate</i>)	PS	PA; ST; SP Pharmacy; QL (2 tablets per 1 Day)
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	PS	PA; ST; SP Pharmacy; QL (2 tabs per 1 day)

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XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (<i>tofacitinib citrate</i>)	PS	PA; ST; SP Pharmacy; QL (1 tablet per 1 day)
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	NC	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (<i>diclofenac</i>)	NC	
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	NC	
<i>aspirin low dose oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); AL
<i>aspirin oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); AL
<i>aspirin oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); AL
<i>aspirin rectal suppository 120 mg, 200 mg</i>	CE	N2 (Not Covered); AL
<i>bayer low dose oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); AL
<i>bayer low dose oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); AL
BUFFERIN LOW DOSE ORAL TABLET 81 MG (<i>aspirin buf(cacarb-mgcarb-mgo)</i>)	CE	N2 (Not Covered); AL
<i>butalbital-acetaminophen (Bupap Oral Tablet 50-300 Mg)</i>	G	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	NC	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	G	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	G	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	G	
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>	G	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	G	
<i>butalbital-apap-caffeine (Capacet Oral Capsule 50-325-40 Mg)</i>	G	
<i>childrens aspirin oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); AL
<i>choline-mag trisalicylate oral liquid 500 mg/5ml</i>	G	
<i>diflunisal oral tablet 500 mg</i>	G	
<i>duraxin oral capsule 300-200-20 mg</i>	NPB	
<i>ecotrin low strength oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); AL
<i>butalbital-apap-caffeine (Esgic Oral Capsule 50-325-40 Mg)</i>	G	
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	NC	
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	NC	

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FIORINAL ORAL CAPSULE 50-325-40 MG (<i>butalbital-aspirin-caffeine</i>)	NC	
<i>marten-tab oral tablet 50-325 mg</i>	G	
<i>salsalate oral tablet 500 mg</i>	G	
<i>st joseph aspirin oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); AL
<i>tencon oral tablet 50-325 mg</i>	NC	
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15ML (<i>butalbital-apap-caffeine</i>)	NC	
<i>butalbital-apap-caffeine (Zebutal Oral Capsule 50-325-40 Mg)</i>	G	
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NC	#
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	G	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	G	PA; QL (12 tablets per 1 day)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	G	PA; QL (10 tablets per 1 day)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	G	PA; QL (150 MLS per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	G	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	G	PA; QL (10 tablets per 1 day)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NC	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	NC	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	G	PA; QL (10 capsules per 1 day)
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	NC	
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NC	

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<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	G	PA; QL (6 capsules per 1 day)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	NC	
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	G	PA; QL (12 tablets daily per 7 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	ST; QL (6 films per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	ST; QL (3 films per 1 day)
BUNAVAIL BUCCAL FILM 6.3-1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	ST; QL (2 films per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	G	QL (3 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	G	QL (3 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	G	QL (3 tabs per 1 day)
<i>buprenorphine transdermal patch weekly 10 mcglhr, 15 mcglhr, 20 mcglhr, 5 mcglhr, 7.5 mcglhr</i>	G	PA; QL (4 patches per 28 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	G	PA; QL (6 capsules per 1 day)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	G	PA; QL (6 capsules per 1 day)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	G	PA; QL (2 bottles per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	NC	
<i>codeine sulfate oral tablet 15 mg</i>	G	PA; QL (24 tablets per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	G	PA; QL (12 tablets per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	G	PA; QL (6 tablets per 1 day)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>tramadol hcl</i>)	NC	
DEMEROL ORAL TABLET 100 MG (<i>meperidine hcl</i>)	NC	
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	NC	

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DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (<i>hydromorphone hcl</i>)	NC	
DOLOPHINE ORAL TABLET 10 MG, 5 MG (<i>methadone hcl</i>)	NC	
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR (<i>fentanyl</i>)	NC	
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR (<i>fentanyl</i>)	NC	
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR (<i>fentanyl</i>)	NC	
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR (<i>fentanyl</i>)	NC	
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR (<i>fentanyl</i>)	NC	
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG (<i>morphine-naltrexone</i>)	PB	PA; QL (1 capsule per 1 day)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 20- 0.8 MG, 30-1.2 MG (<i>morphine-naltrexone</i>)	PB	PA; QL (2 capsules per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 10-325 Mg)	G	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 2.5-325 Mg)	G	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 5-325 Mg)	G	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 7.5-325 Mg)	G	PA; QL (8 tablets per 1 day)
EXALGO ORAL TABLET ER 24 HOUR ABUSE- DETERRENT 12 MG, 16 MG, 32 MG, 8 MG (<i>hydromorphone hcl</i>)	NC	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	G	PA; ST; QL (120 lozenges per 30 days)
<i>fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	G	PA; QL (120 tablets per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	G	PA; QL (10 patches per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NC	#
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	NC	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG (<i>butalbital-asa-caff-codeine</i>)	NC	
HYCET ORAL SOLUTION 7.5-325 MG/15ML (<i>hydrocodone-acetaminophen</i>)	NC	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	G	PA; QL (180 MLS per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	G	PA; QL (9 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	G	PA; QL (12 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	G	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg</i>	G	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	NC	
<i>hydromorphone hcl oral tablet 2 mg</i>	G	PA; QL (11 tablets per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	G	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	G	PA; QL (2 tablets per 1 day)
<i>hydromorphone hcl rectal suppository 3 mg</i>	G	PA; QL (4 suppositories per 1 day)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	PB	PA; #; QL (1 tablet per 1 day)
IBUDONE ORAL TABLET 10-200 MG (<i>hydrocodone-ibuprofen</i>)	NC	
<i>hydrocodone-ibuprofen (Ibudone Oral Tablet 5-200 Mg)</i>	G	PA; QL (5 tablets per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG (<i>morphine sulfate</i>)	NC	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 40 MG (<i>morphine sulfate</i>)	NPB	PA; ST; QL (1 capsule per 1 day)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT (<i>fentanyl citrate</i>)	NC	
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	G	PA; QL (4 tablets per 1 day)
<i>hydrocodone-acetaminophen (Lorcet Hd Oral Tablet 10-325 Mg)</i>	G	PA; QL (9 tablets per 1 day)
<i>hydrocodone-acetaminophen (Lorcet Oral Tablet 5-325 Mg)</i>	G	PA; QL (12 tablets per 1 day)

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<i>hydrocodone-acetaminophen</i> (Lorcet Plus Oral Tablet 7.5-325 Mg)	G	PA; QL (12 tablets per 1 day)
LORTAB ORAL ELIXIR 10-300 MG/15ML (<i>hydrocodone-acetaminophen</i>)	NC	
<i>meperidine hcl oral solution 50 mg/5ml</i>	NC	
<i>meperidine hcl oral tablet 100 mg</i>	G	PA; QL (9 tablets per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>	G	PA; QL (18 tablets per 1 day)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	G	PA; QL (3 MLS per 1 day)
<i>methadone hcl oral concentrate 10 mg/ml</i>	G	PA; QL (3 MLS per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>	G	PA; QL (15 MLS per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>	G	PA; QL (30 MLS per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	G	PA; QL (3 tablets per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	G	PA; QL (6 tablets per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NC	
<i>methadone hcl</i> (Methadose Oral Tablet Soluble 40 Mg)	G	PA
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NC	
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NC	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	G	PA; QL (4.5 MLS per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	G	PA; ST; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	G	PA; ST; QL (1 capsule per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	G	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	G	PA; QL (3 tablets per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>	G	PA; QL (45 MLS per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>	G	PA; QL (22.5 MLS per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>	G	PA; QL (6 tablets per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>	G	PA; QL (3 tablets per 1 day)

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<i>morphine sulfate rectal suppository 10 mg, 5 mg</i>	G	PA; QL (6 suppositories per 1 day)
<i>morphine sulfate rectal suppository 20 mg</i>	G	PA; QL (4 suppositories per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>	G	PA; QL (3 suppositories per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NC	
<i>nalocet oral tablet 2.5-300 mg</i>	NC	
NORCO ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG (<i>hydrocodone-acetaminophen</i>)	NC	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<i>tapentadol hcl</i>)	NPB	PA; ST; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>)	NPB	PA; ST; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>)	NPB	PA; ST; QL (4 tablets per 1 day)
NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>)	NPB	PA; ST; QL (3 tablets per 1 day)
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG (<i>oxymorphone hcl</i>)	NPB	PA; ST; QL (2 tablets per 1 day)
OPANA ORAL TABLET 10 MG, 5 MG (<i>oxymorphone hcl</i>)	NC	
OXAYDO ORAL TABLET ABUSE-DETERRENT 5 MG (<i>oxycodone hcl</i>)	NPB	PA; MPG; QL (6 tablets per 1 day)
OXAYDO ORAL TABLET ABUSE-DETERRENT 7.5 MG (<i>oxycodone hcl</i>)	NPB	PA; MPG; QL (8 tablets per 1 day)
<i>oxycodone hcl oral capsule 5 mg</i>	G	PA; QL (6 capsules per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	G	PA; QL (3 MLS per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	G	PA; QL (60 MLS per 1 day)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	G	PA; QL (6 tablets per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	G	PA; QL (4 tablets per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>	G	PA; QL (3 tablets per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	G	PA; QL (2 tablets per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	NC	

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<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	G	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	G	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	G	PA; QL (8 tablets per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	G	PA; QL (12 tablets per 1 day)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	G	PA; QL (12 tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	NC	
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	G	PA; ST; QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	G	PA; ST; QL (3 tablets per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	G	PA; ST; QL (6 tablets per 1 day)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	G	PA; QL (5 tablets per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	NC	
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NC	
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	NC	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	NC	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	NC	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	QL (3 films per 1 day)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl</i>)	NC	
SYNALGOS-DC ORAL CAPSULE 356.4-30-16 MG (<i>dihydrocodeine compound</i>)	NC	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	G	PA; ST; QL (1 tablet per 1 day)

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<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 150 mg, 200 mg, 300 mg</i>	NC	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	G	PA; ST; QL (1 tablet per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	G	PA; QL (8 tablets per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	G	PA; QL (8 tablets per 1 day)
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	NC	
TYLENOL WITH CODEINE #3 ORAL TABLET 300-30 MG (<i>acetaminophen-codeine</i>)	NC	
TYLENOL WITH CODEINE #4 ORAL TABLET 300-60 MG (<i>acetaminophen-codeine</i>)	NC	
ULTRACET ORAL TABLET 37.5-325 MG (<i>tramadol-acetaminophen</i>)	NC	
ULTRAM ORAL TABLET 50 MG (<i>tramadol hcl</i>)	NC	
VERDROCET ORAL TABLET 2.5-325 MG (<i>hydrocodone-acetaminophen</i>)	NPB	PA; QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Es Oral Tablet 7.5-300 Mg)	G	PA; QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Hp Oral Tablet 10-300 Mg)	G	PA; QL (9 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Oral Tablet 5-300 Mg)	G	PA; QL (12 tablets per 1 day)
XODOL ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>hydrocodone-acetaminophen</i>)	NC	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (<i>oxycodone</i>)	PB	PA; QL (2 tablets per 1 day)
<i>hydrocodone-ibuprofen</i> (Xylon Oral Tablet 10-200 Mg)	G	PA; QL (5 tablets per 1 day)
ZAMICET ORAL SOLUTION 10-325 MG/15ML (<i>hydrocodone-acetaminophen</i>)	NC	
ZOXYDOL ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>hydrocodone bitartrate</i>)	NC	#
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NC	#

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ANDROGENS-ANABOLIC - HORMONES		
ANADROL-50 ORAL TABLET 50 MG (<i>oxymetholone</i>)	NPB	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (<i>testosterone</i>)	NC	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	NC	
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%) (<i>testosterone</i>)	NC	
ANDROID ORAL CAPSULE 10 MG (<i>methyltestosterone</i>)	NC	
ANDROXY ORAL TABLET 10 MG (<i>fluoxymesterone</i>)	NPB	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	G	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (<i>testosterone cypionate</i>)	NC	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (<i>testosterone</i>)	NC	
METHITEST ORAL TABLET 10 MG	NPB	
<i>methyltestosterone oral capsule 10 mg</i>	G	
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	NC	
OXANDRIN ORAL TABLET 10 MG, 2.5 MG (<i>oxandrolone</i>)	NC	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	G	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NC	
TESTOPEL IMPLANT PELLETT 75 MG (<i>testosterone</i>)	NPB	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	G	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	G	
<i>testosterone transdermal gel 10 mg/lact (2%)</i>	G	PA; QL (60 grams per 1 fill)
<i>testosterone transdermal gel 12.5 mg/lact (1%), 50 mg/5gm (1%)</i>	G	PA; QL (10 grams per 1 day)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 40.5 mg/2.5gm (1.62%)</i>	G	QL (5 grams per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	G	PA; QL (2.5 grams per 1 Day)

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<i>testosterone transdermal solution 30 mg/lact</i>	G	PA; QL (6 milliliters per 1 Day)
TESTRED ORAL CAPSULE 10 MG (<i>methyltestosterone</i>)	NC	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	NC	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NC	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>)	NC	
ANORECTAL AGENTS - RECTAL PREPARATIONS		
ANALPRAM-HC RECTAL CREAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	NC	
ANALPRAM-HC RECTAL LOTION 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	NC	
ANUSOL-HC RECTAL CREAM 2.5 % (<i>hydrocortisone</i>)	NC	
<i>hydrocortisone</i> (Colocort Rectal Enema 100 Mg/60Ml)	G	
CORTENEMA RECTAL ENEMA 100 MG/60ML (<i>hydrocortisone</i>)	NC	
CORTIFOAM RECTAL FOAM 10 % (<i>hydrocortisone acetate</i>)	NPB	QL (30 grams per 30 days)
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>	G	
<i>hydrocortisone rectal cream 1 %, 2.5 %</i>	G	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	G	
<i>pramcort rectal cream 1-1 %</i>	G	
PROCTOCORT RECTAL CREAM 1 % (<i>hydrocortisone</i>)	NC	
PROCTOFOAM HC RECTAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	NPB	QL (20 grams per 30 days)
<i>hydrocortisone</i> (Procto-Med Hc Rectal Cream 2.5 %)	G	
<i>hydrocortisone</i> (Procto-Pak Rectal Cream 1 %)	G	
<i>hydrocortisone</i> (Proctosol Hc Rectal Cream 2.5 %)	G	
<i>hydrocortisone</i> (Proctozone-Hc Rectal Cream 2.5 %)	G	
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	NPB	QL (30 grams per 1 fill)
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	NC	#
ANTHELMINTICS - DRUGS FOR INFECTIONS		
<i>albendazole oral tablet 200 mg</i>	NC	

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<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	NC	
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	NPB	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	G	QL (6 tablets per 3 days)
<i>ivermectin oral tablet 3 mg</i>	G	
<i>praziquantel oral tablet 600 mg</i>	G	
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG (<i>isosorbide dinitrate</i>)	NPB	
GONITRO SUBLINGUAL PACKET 400 MCG (<i>nitroglycerin</i>)	NC	
ISORDIL TITRADOSE ORAL TABLET 40 MG (<i>isosorbide dinitrate</i>)	NPB	
ISORDIL TITRADOSE ORAL TABLET 5 MG (<i>isosorbide dinitrate</i>)	NC	
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	G	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	G	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	G	
<i>nitroglycerin (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)</i>	G	
NITRO-BID TRANSDERMAL OINTMENT 2% (<i>nitroglycerin</i>)	NPB	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (<i>nitroglycerin</i>)	NC	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	NPB	
<i>nitroglycerin er oral capsule extended release 2.5 mg, 6.5 mg, 9 mg</i>	G	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	G	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	G	
<i>nitroglycerin translingual aerosol solution 400 mcg/spray</i>	G	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	G	

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NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (<i>nitroglycerin</i>)	NC	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY (<i>nitroglycerin</i>)	NC	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (<i>nitroglycerin</i>)	NC	
<i>nitroglycerin</i> (Nitro-Time Oral Capsule Extended Release 2.5 Mg)	G	
<i>nitro-time oral capsule extended release 6.5 mg, 9 mg</i>	G	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG (<i>ranolazine</i>)	NC	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	G	QL (2 tablets per 1 day)
ANTI-ANXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	G	QL (2 tabs per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	NPB	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	G	QL (2 tabs per 1 day)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	NC	
<i>buspirone hcl oral tablet 10 mg, 5 mg</i>	G	LGC
<i>buspirone hcl oral tablet 15 mg, 30 mg, 7.5 mg</i>	G	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	G	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	G	
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	G	
<i>diazepam oral concentrate 5 mg/ml</i>	G	
<i>diazepam oral solution 1 mg/ml</i>	G	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	G	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	G	LGC
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	G	

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<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate 2 Mg/MI)	NC	
<i>lorazepam oral concentrate 2 mg/ml</i>	NC	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	G	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	G	
TRANXENE-T ORAL TABLET 7.5 MG (<i>clorazepate dipotassium</i>)	NC	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	NC	
VISTARIL ORAL CAPSULE 25 MG, 50 MG (<i>hydroxyzine pamoate</i>)	NC	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	NC	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (<i>alprazolam</i>)	NC	
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	G	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	G	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	G	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	G	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	G	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	NPB	QL (2 tabs per 1 day)
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NPB	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NC	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	G	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	G	QL (2 caps per 1 day)
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	G	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	G	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	G	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG (<i>propafenone hcl</i>)	NC	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	NC	

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
ACCOLATE ORAL TABLET 10 MG, 20 MG (<i>zafirlukast</i>)	NC	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE (<i>fluticasone-salmeterol</i>)	NC	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/DOSE (<i>fluticasone-salmeterol</i>)	NPB	ST; QL (1 diskus per 1 month)
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/DOSE (<i>fluticasone-salmeterol</i>)	NPB	ST; QL (2 inhalers per 1 month)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	NPB	ST; QL (1 inhaler per 1 month)
AEROSPAN INHALATION AEROSOL SOLUTION 80 MCG/ACT (<i>flunisolide hfa</i>)	NC	
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NC	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NC	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NC	
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	G	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	G	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	G	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	G	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	G	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	NPB	ST; QL (1 inhaler per 1 month)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH (<i>umeclidinium-vilanterol</i>)	PB	QL (1 kit per 1 fill)

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ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG (<i>indacaterol maleate</i>)	NPB	PA; ST; QL (1 cap per 1 day)
ARMONAIR RESPICLICK 113 INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	NC	
ARMONAIR RESPICLICK 232 INHALATION AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	NC	
ARMONAIR RESPICLICK 55 INHALATION AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	NC	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	NC	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	NPB	ST; #; QL (1 inhaler per 1 month)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	NPB	ST; #; QL (1 inhaler per 1 month)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH (<i>mometasone furoate</i>)	NPB	ST; #; QL (1 inhaler per 1 month)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	NPB	ST; #; QL (1 inhaler per 1 month)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH (<i>mometasone furoate</i>)	NPB	ST; #; QL (1 inhaler per 1 month)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT (<i>mometasone furoate</i>)	NPB	ST; QL (1 inhaler per 1 month)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	NPB	QL (2 inhalers per 1 month)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	NC	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	NPB	ST; QL (2 blisters per 1 day)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (<i>arformoterol tartrate</i>)	NPB	PA; ST; QL (60 vials per 1 fill)

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<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	G	PA; QL (4 ml per 1 day)
<i>budesonide inhalation suspension 1 mg/2ml</i>	G	PA; QL (4 ml per 1 day); AL
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	NPB	QL (2 inhalers per 1 month)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	G	
DALIRESP ORAL TABLET 250 MCG (<i>roflumilast</i>)	NPB	PA; ST; #; QL (1 tablet per 1 Day)
DALIRESP ORAL TABLET 500 MCG (<i>roflumilast</i>)	NPB	PA; ST; #; QL (1 tab per 1 day)
<i>dyphylline-guaifenesin</i> (Difil-G Forte Oral Liquid 100-100 Mg/5MI)	NC	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>aclidinium br-formoterol fum</i>)	NC	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	PB	#; QL (1 inhaler per 1 fill)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML (<i>theophylline</i>)	NPB	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	NPB	ST; #; QL (2 blisters per 1 day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	NPB	ST; #; QL (1 inhaler per 1 month)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	G	QL (2 inhalations per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/lact, 232-14 mcg/lact, 55-14 mcg/lact</i>	G	QL (1 inhaler per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH (<i>umeclidinium bromide</i>)	PB	QL (1 blister per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	G	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	G	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	G	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/lact</i>	G	ST; QL (2 inhalers per 1 fill)
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML (<i>glycopyrrolate</i>)	NC	

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LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML (<i>glycopyrrolate</i>)	NC	
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	G	
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>	G	
<i>montelukast sodium oral packet 4 mg</i>	G	QL (1 pack per 1 day)
<i>montelukast sodium oral tablet 10 mg</i>	G	QL (1 tab per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	G	QL (1 tab per 1 day)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	NPB	PA; QL (60 vials per 1 fill)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 MCG/ACT (<i>albuterol sulfate</i>)	NC	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NC	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NC	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NC	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>)	NPB	PA; ST; QL (1 inhaler per 1 month)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	NC	
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone dipropionate</i>)	PB	QL (1 inhaler per 1 month)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	PB	QL (1 inhaler per 1 month)
SEEBRI NEOHALER INHALATION CAPSULE 15.6 MCG (<i>glycopyrrolate</i>)	NC	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE (<i>salmeterol xinafoate</i>)	NPB	QL (1 box per 1 fill)
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	NC	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	NC	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	NC	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	NPB	ST; QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	NPB	ST; QL (1 inhaler per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	NPB	ST; QL (1 inhaler per 1 month)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	NPB	ST; QL (1 inhaler per 1 month)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	NPB	PA; ST; QL (1 inhaler per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	NPB	ST; QL (1 inhaler per 1 fill)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	G	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	NPB	
<i>theochron oral tablet extended release 12 hour 100 mg, 200 mg</i>	G	
<i>theophylline</i> (Theochron Oral Tablet Extended Release 12 Hour 300 Mg)	G	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	G	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	G	
<i>theophylline oral solution 80 mg/15ml</i>	G	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH (<i>fluticasone-umeclidin-vilant</i>)	NC	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>aclidinium bromide</i>)	NPB	PA; ST; QL (1 inhaler per 1 fill)
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG (<i>indacaterol-glycopyrrolate</i>)	NC	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	PB	
VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 4 MG, 8 MG (<i>albuterol sulfate</i>)	NC	

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<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	G	QL (2 inhalations per 1 day)
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML (<i>levalbuterol hcl</i>)	NC	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	NC	
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML (<i>levalbuterol hcl</i>)	NC	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	NC	
<i>zafirlukast</i> oral tablet 10 mg, 20 mg	G	QL (2 tablets per 1 day)
<i>zileuton</i> er oral tablet extended release 12 hour 600 mg	G	QL (4 tablets per 1 day)
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>zileuton</i>)	NC	
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	NPB	QL (4 tablets per 1 day)
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
ANTICOAGULANT COMPOUND IN VITRO SOLUTION (<i>anticoag cit phos dex soln</i>)	NPB	
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	NC	
BEVYXXA ORAL CAPSULE 40 MG, 80 MG (<i>betrixaban maleate</i>)	NC	
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (<i>warfarin sodium</i>)	NC	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	NPB	ST
ELIQUIS STARTER PACK ORAL TABLET 5 MG (<i>apixaban</i>)	NPB	ST; QL (1 pack per 365 Days)
<i>enoxaparin sodium</i> injection solution 300 mg/3ml	G	QL (2 syringes per 1 day)
<i>enoxaparin sodium</i> subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	G	QL (2 syringes per 1 day)
<i>fondaparinux sodium</i> subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	G	QL (2 syringes per 1 day)

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FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	NPB	QL (2 syringes per 1 day)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	G	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	G	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	NC	
IPRIVASK SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG (<i>desirudin</i>)	NC	
<i>warfarin sodium</i> (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	G	LGC
LOVENOX INJECTION SOLUTION 300 MG/3ML (<i>enoxaparin sodium</i>)	NC	
LOVENOX SUBCUTANEOUS SOLUTION 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (<i>enoxaparin sodium</i>)	NC	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	NPB	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	NC	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (<i>anticoagulant sodium citrate</i>)	NPB	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	G	LGC
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	NPB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	NPB	
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
APTIOM ORAL TABLET 200 MG (<i>eslicarbazepine acetate</i>)	NPB	QL (6 tablets per 1 day)
APTIOM ORAL TABLET 400 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NPB	QL (1 tablet per 1 day)
APTIOM ORAL TABLET 600 MG (<i>eslicarbazepine acetate</i>)	NPB	QL (2 tablets per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	NPB	
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	NPB	QL (8 tabs per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	NC	

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BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	NC	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	G	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	G	
<i>carbamazepine oral suspension 100 mg/5ml</i>	G	
<i>carbamazepine oral tablet 200 mg</i>	G	LGC
<i>carbamazepine oral tablet chewable 100 mg</i>	G	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	NC	
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	NPB	
<i>clobazam oral suspension 2.5 mg/ml</i>	G	
<i>clobazam oral tablet 10 mg, 20 mg</i>	G	QL (2 tablets per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
DEPAKENE ORAL CAPSULE 250 MG (<i>valproic acid</i>)	NC	
DEPAKENE ORAL SOLUTION 250 MG/5ML (<i>valproate sodium</i>)	NC	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	NC	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	NC	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	NC	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	NPS	PA; SP Pharmacy; QL (6 capsules per 1 day)
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	NPS	PA; SP Pharmacy; QL (6 packets per 1 day)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (<i>diazepam</i>)	NC	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (<i>diazepam</i>)	NC	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	G	QL (1 pack per 1 fill)
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	NC	

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DILANTIN ORAL CAPSULE 100 MG (<i>phenytoin sodium extended</i>)	NC	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	NPB	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	NC	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	G	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	G	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	G	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	NPS	PA; ST; SP Pharmacy; QL (20 ml per 1 day)
<i>carbamazepine (Eptol Oral Tablet 200 Mg)</i>	G	LGC
<i>ethosuximide oral capsule 250 mg</i>	G	
<i>ethosuximide oral solution 250 mg/5ml</i>	G	
<i>felbamate oral suspension 600 mg/5ml</i>	G	
<i>felbamate oral tablet 400 mg, 600 mg</i>	G	
FELBATOL ORAL SUSPENSION 600 MG/5ML (<i>felbamate</i>)	NC	
FELBATOL ORAL TABLET 400 MG, 600 MG (<i>felbamate</i>)	NC	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	NPB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	NPB	QL (1 tab per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	G	QL (6 caps per 1 day)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	G	QL (40 ml per 1 day)
<i>gabapentin oral tablet 600 mg, 800 mg</i>	G	QL (6 tabs per 1 day)
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG (<i>tiagabine hcl</i>)	NC	
KEPPRA ORAL SOLUTION 100 MG/ML (<i>levetiracetam</i>)	NC	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NC	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>levetiracetam</i>)	NC	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	NC	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	NC	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	NC	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	NC	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	NC	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	NPB	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	NC	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	G	QL (1 tab per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg</i>	G	QL (3 tabs per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i>	G	QL (2 tablets per 1 day)
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	G	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	G	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	G	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	G	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 25 mg</i>	G	QL (6 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 50 mg</i>	G	QL (3 tablets per 1 day)
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	G	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	G	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	G	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	G	QL (6 tabs per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	G	QL (4 tabs per 1 day)
<i>levetiracetam oral solution 100 mg/ml</i>	G	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	G	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	NC	#
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	NC	#
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	NC	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	NC	

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NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	NC	
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	NC	
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	NC	
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	NC	
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	NC	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	G	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	G	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>oxcarbazepine</i>)	NPB	ST; QL (2 tabs per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG (<i>oxcarbazepine</i>)	NPB	ST; QL (4 tabs per 1 day)
PEGANONE ORAL TABLET 250 MG (<i>ethotoin</i>)	NPB	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (<i>phenytoin sodium extended</i>)	NC	
<i>phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)</i>	G	
<i>phenytoin oral suspension 125 mg/5ml</i>	G	
<i>phenytoin oral tablet chewable 50 mg</i>	G	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	G	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG (<i>ezogabine</i>)	NPB	QL (3 tablets per 1 Day)
POTIGA ORAL TABLET 50 MG (<i>ezogabine</i>)	NPB	QL (6 tablets per 1 Day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	G	PA; QL (3 capsules per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	G	PA; QL (2 capsules per 1 day)
<i>pregabalin oral solution 20 mg/ml</i>	G	PA; QL (30 ML per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	G	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NC	
<i>levetiracetam (Roweepra Oral Tablet 500 Mg)</i>	G	
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	NC	
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	NPS	PA; SP Pharmacy; QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NC	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	NC	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	NC	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	NC	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	NC	
<i>tiagabine hcl oral tablet 12 mg</i>	G	QL (4 tablets per 1 Day)
<i>tiagabine hcl oral tablet 16 mg</i>	G	QL (3 tablets per 1 Day)
<i>tiagabine hcl oral tablet 2 mg</i>	G	QL (1 tablet per 1 day)
<i>tiagabine hcl oral tablet 4 mg</i>	G	QL (4 tablets per 1 day)
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NC	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (<i>topiramate</i>)	NC	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	NC	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	G	QL (4 caps per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	NC	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	NC	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NC	#
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	G	
<i>valproate sodium oral solution 250 mg/5ml</i>	G	
<i>valproic acid oral capsule 250 mg</i>	G	
<i>valproic acid oral solution 250 mg/5ml</i>	G	
<i>vigabatrin oral packet 500 mg</i>	PS	PA; SP Pharmacy; QL (6 packets per 1 Day)
<i>vigabatrin oral tablet 500 mg</i>	PS	PA; SP Pharmacy; QL (6 tablets per 1 day)

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<i>vigabatrin</i> (Vigadrone Oral Packet 500 Mg)	PS	PA; SP Pharmacy; QL (6 packets per 1 Day)
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	NC	#
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	NPB	#; QL (2 tabs per 1 day)
ZARONTIN ORAL CAPSULE 250 MG (<i>ethosuximide</i>)	NC	
ZARONTIN ORAL SOLUTION 250 MG/5ML (<i>ethosuximide</i>)	NC	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	NC	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	G	
*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	PA
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	G	LGC
<i>amitriptyline hcl oral tablet 150 mg</i>	G	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	G	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (<i>clomipramine hcl</i>)	NC	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	NC	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	G	QL (2 tabs per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	G	QL (1 tab per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NC	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	G	QL (6 tabs per 1 day)
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (<i>citalopram hydrobromide</i>)	NC	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	G	

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<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	G	LGC; QL (1 tab per 1 day)
<i>citalopram hydrobromide oral tablet 40 mg</i>	G	LGC; QL (1 tabs per 1 day)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	G	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (<i>duloxetine hcl</i>)	NC	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	NC	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	G	PA; QL (1 tablet per 1 Day)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	G	
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	G	QL (2 tabs per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i>	G	QL (1 capsule per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	G	QL (1 tabs per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	NC	
ELAVIL ORAL TABLET 25 MG (<i>amitriptyline hcl</i>)	NC	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	NPB	PA; #; QL (1 patch per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	G	
<i>escitalopram oxalate oral tablet 10 mg</i>	G	QL (1.5 tablets per 1 day)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	G	QL (1 tab per 1 day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	NPB	ST; QL (1 cap per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	NPB	ST; QL (1 capsule per 1 Day)
<i>fluoxetine hcl oral capsule 10 mg</i>	G	QL (1 cap per 1 day)
<i>fluoxetine hcl oral capsule 20 mg</i>	G	QL (4 caps per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	G	QL (2 caps per 1 day)
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	G	QL (4 caps per 1 month)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	G	

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<i>fluoxetine hcl oral tablet 10 mg</i>	G	QL (1 tab per 1 day)
<i>fluoxetine hcl oral tablet 20 mg</i>	G	QL (4 tabs per 1 day)
<i>fluoxetine hcl oral tablet 60 mg</i>	G	QL (1 tablet per 1 day)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	NC	
<i>fluvoxamine maleate oral tablet 100 mg</i>	G	QL (3 tabs per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	G	QL (1 tab per 1 day)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (<i>bupropion hcl</i>)	NC	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	G	
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG (<i>desvenlafaxine</i>)	NC	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (<i>escitalopram oxalate</i>)	NC	
<i>maprotiline hcl oral tablet 25 mg</i>	G	QL (1 tablet per 1 day)
<i>maprotiline hcl oral tablet 50 mg</i>	G	QL (2 tablets per 1 day)
<i>maprotiline hcl oral tablet 75 mg</i>	G	QL (3 tablets per 1 day)
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	NPB	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	G	QL (1 tablet per 1 day)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	G	QL (1 tab per 1 day)
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfat</i> e)	NC	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	G	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	NC	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	G	LGC
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	G	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	G	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (<i>nortriptyline hcl</i>)	NC	
PARNATE ORAL TABLET 10 MG (<i>tranylecypromine sulfat</i> e)	NC	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	G	ST; QL (2 tabs per 1 day)

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<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	G	LGC; QL (1 tab per 1 day)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	G	LGC; QL (2 tabs per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	NC	
PAXIL ORAL SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	NC	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine hcl</i>)	NC	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine mesylate</i>)	NC	
<i>phenelzine sulfate oral tablet 15 mg</i>	G	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NC	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	G	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (<i>fluoxetine hcl</i>)	NC	
REMERON ORAL TABLET 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	NC	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	NC	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	G	
<i>sertraline hcl oral tablet 100 mg</i>	G	LGC; QL (2 tabs per 1 day)
<i>sertraline hcl oral tablet 25 mg</i>	G	LGC; QL (1 tab per 1 day)
<i>sertraline hcl oral tablet 50 mg</i>	G	LGC; QL (1.5 tag per 1 day)
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>trimipramine maleate</i>)	NC	
TOFRANIL ORAL TABLET 10 MG, 25 MG, 50 MG (<i>imipramine hcl</i>)	NC	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	G	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	G	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	G	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	NPB	PA; ST; QL (1 tablet per 1 Day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	G	QL (2 cap per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	G	QL (1 cap per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	G	QL (2 tablets per 1 day)

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<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg, 75 mg</i>	G	QL (1 tablet per 1 day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg</i>	G	QL (3 tabs per 1 day)
<i>venlafaxine hcl oral tablet 37.5 mg</i>	G	QL (4 tabs per 1 day)
<i>venlafaxine hcl oral tablet 50 mg</i>	G	QL (6 tabs per 1 day)
<i>venlafaxine hcl oral tablet 75 mg</i>	G	QL (5 tabs per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	NPB	#; QL (1 tab per 1 day)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (<i>vilazodone hcl</i>)	NPB	ST; #
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG (<i>bupropion hcl</i>)	NC	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>bupropion hcl</i>)	NC	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (<i>sertraline hcl</i>)	NC	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sertraline hcl</i>)	NC	
ANTIDIABETICS - HORMONES		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	G	
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	NC	
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 15-1000 MG, 30-1000 MG (<i>pioglitazone hcl-metformin hcl</i>)	NPB	ST; QL (1 tablet per 1 day)
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (<i>pioglitazone hcl</i>)	NC	
ADLYXIN STARTER PACK SUBCUTANEOUS PEN- INJECTOR KIT 10 & 20 MCG/0.2ML (<i>lixisenatide</i>)	NC	
ADLYXIN SUBCUTANEOUS SOLUTION PEN- INJECTOR 20 MCG/0.2ML (<i>lixisenatide</i>)	NC	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NC	
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NC	

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AFREZZA INHALATION POWDER 12 UNIT, 30 X 4 UNIT & 60X8 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 60 X 4 UNIT & 30X8 UNIT, 60 X 8 UNIT & 30X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	NC	
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	G	QL (1 tablet per 1 day)
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	G	QL (2 tablets per 1 day)
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	G	QL (1 tablet per 1 day)
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG (<i>glimepiride</i>)	NC	
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	NPB	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	NPB	ST
AVANDIA ORAL TABLET 2 MG, 4 MG (<i>rosiglitazone maleate</i>)	NPB	QL (1 tab per 1 day)
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	NC	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	NC	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NC	
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM (<i>dextrose (diabetic use)</i>)	NPB	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (<i>exenatide</i>)	NPB	PA; ST; QL (4 pens per 1 month)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG (<i>exenatide</i>)	NPB	PA; ST; QL (4 pens per 1 month)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG (<i>exenatide</i>)	NPB	PA; ST; QL (4 pens per 1 month)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (<i>exenatide</i>)	NPB	PA; ST; #; QL (1 pen per 1 fill)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (<i>exenatide</i>)	NPB	PA; ST; #; QL (1 pen per 1 fill)
<i>chlorpropamide oral tablet 100 mg</i>	G	LGC
<i>chlorpropamide oral tablet 250 mg</i>	G	

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CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	NPB	QL (6 tabs per 1 day)
DEX4 GLUCOSE GO-POUCH ORAL GEL 15 GM/33GM (<i>dextrose (diabetic use)</i>)	NPB	
DEX4 GLUCOSE ORAL LIQUID 15 GM/59ML (<i>dextrose (diabetic use)</i>)	NPB	
DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE 4 GM (<i>dextrose (diabetic use)</i>)	NPB	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	NC	
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	PB	QL (1 tablet per 1 day)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	NPB	ST
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	NPB	ST
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	NPB	ST
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	NC	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	G	LGC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
<i>glipizide oral tablet 10 mg, 5 mg</i>	G	LGC
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	G	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	NPB	QL (1 kit per 1 fill)
GLUCAGON EMERGENCY INJECTION KIT 1 MG (<i>glucagon (rdna)</i>)	NPB	QL (2 kits per 1 month)
GLUCO BURST ORAL GEL 40 % (<i>dextrose (diabetic use)</i>)	G	
GLUCOPHAGE ORAL TABLET 1000 MG, 500 MG, 850 MG (<i>metformin hcl</i>)	NC	
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>metformin hcl</i>)	NC	

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<i>glucose oral gel 40 %</i>	G	
<i>glucose oral liquid 15 gm/59ml</i>	G	
<i>glucose oral tablet chewable 4 gm</i>	G	
GLUCOTROL ORAL TABLET 10 MG, 5 MG (<i>glipizide</i>)	NC	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG (<i>glipizide</i>)	NC	
GLUCOVANCE ORAL TABLET 2.5-500 MG, 5-500 MG (<i>glyburide-metformin</i>)	NC	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	NC	
<i>glyburide micronized oral tablet 1.5 mg</i>	G	
<i>glyburide micronized oral tablet 3 mg, 6 mg</i>	G	LGC
<i>glyburide oral tablet 1.25 mg</i>	G	
<i>glyburide oral tablet 2.5 mg, 5 mg</i>	G	LGC
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	G	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG (<i>glyburide micronized</i>)	NC	
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG (<i>miglitol</i>)	NC	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	NC	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	PB	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	PB	

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HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	PB	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	PB	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	PB	
INSTA-GLUCOSE ORAL GEL 77.4 % (<i>dextrose (diabetic use)</i>)	NPB	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	G	
<i>insulin lispro subcutaneous solution pen-injector 100 unit/ml</i>	G	
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	NPB	QL (1 tab per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	QL (2 tabs per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	QL (1 tab per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG (<i>sitagliptin-metformin hcl</i>)	PB	QL (2 tabs per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	PB	QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	NPB	QL (1 tab per 1 day)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	PB	QL (2 tabs per 1 day)

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JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>linagliptin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>linagliptin-metformin hcl</i>)	PB	QL (1 tablet per 1 day)
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (<i>alogliptin-metformin hcl</i>)	NC	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>saxagliptin-metformin</i>)	NPB	ST; QL (2 tabs per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG (<i>saxagliptin-metformin</i>)	NPB	ST; QL (1 tab per 1 day)
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	NPS	PA; SP Pharmacy; QL (4 tabs per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NPB	ST
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	NPB	ST
<i>leader quick dissolve glucose oral tablet chewable 4 gm</i>	NPB	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin detemir</i>)	PB	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	PB	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NC	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>	G	ST; QL (2 tablets per 1 day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>	G	ST; QL (3 tablets per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	G	LGC
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	G	
<i>metformin hcl oral solution 500 mg/5ml</i>	NC	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	G	LGC
<i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	G	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (<i>alogliptin benzoate</i>)	NC	

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NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NC	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NC	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NC	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NC	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NC	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NC	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	NPB	ST
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	NPB	ST
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	NPB	ST
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	NPB	ST
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	NPB	ST
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (<i>saxagliptin hcl</i>)	NPB	ST; QL (1 tab per 1 day)
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG (<i>alogliptin-pioglitazone</i>)	NC	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	NC	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	NC	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	G	QL (1 tab per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	G	QL (1 tab per 1 day)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	G	QL (1 tablet per 1 day)
PRANDIN ORAL TABLET 1 MG, 2 MG (<i>repaglinide</i>)	NC	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>acarbose</i>)	NC	

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PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	NPB	
RELION GLUCOSE DRINK ORAL LIQUID 15 GM/59ML (<i>dextrose (diabetic use)</i>)	G	
RELION GLUCOSE ORAL GEL 15 GM/38GM (<i>dextrose (diabetic use)</i>)	G	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>	G	QL (2 tablets per 1 day)
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	NC	
STARLIX ORAL TABLET 120 MG, 60 MG (<i>nateglinide</i>)	NC	
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyroglutamicac</i>)	NC	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN- INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	NPB	PA; #; QL (4 pens per 1 month)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN- INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	NPB	PA; #
TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG, 50 MG (<i>albiglutide</i>)	NPB	PA; ST; QL (4 pens per 1 month)
<i>tolazamide oral tablet 250 mg, 500 mg</i>	G	
<i>tolbutamide oral tablet 500 mg</i>	G	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	NC	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	NC	
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	PB	QL (1 tab per 1 day)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	NPB	ST
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	NPB	ST
TRULICITY SUBCUTANEOUS SOLUTION PEN- INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (<i>dulaglutide</i>)	NPB	PA; ST; QL (4 injections per 30 days)
<i>value plus glucose oral gel 40 %</i>	G	
VICTOZA SUBCUTANEOUS SOLUTION PEN- INJECTOR 18 MG/3ML (<i>liraglutide</i>)	NPB	PA; ST; QL (9 ML per 1 month)

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ANTIDIARRHEALS - DRUGS FOR THE STOMACH		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	G	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	G	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	NC	
<i>loperamide hcl oral tablet 2 mg</i>	G	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	NPB	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	NPB	PA; ST; QL (2 tablets per 1 Day)
<i>opium oral tincture 10 mg/ml (1%)</i>	G	
<i>paregoric oral tincture 2 mg/5ml</i>	G	
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NC	
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	NC	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PS	QL (20 packets per 1 prescription)
ANTIDOTES - DRUGS FOR OVERDOSE OR POISONING		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	NPB	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PS	PA; SP Pharmacy
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NC	
EVZIO INJECTION SOLUTION AUTO-INJECTOR 0.4 MG/0.4ML (<i>naloxone hcl</i>)	NPB	ST
EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML (<i>naloxone hcl</i>)	NPB	ST; #
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	NPS	PA; SP Pharmacy
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	NPS	PA
FERRIPROX ORAL TABLET 1000 MG (<i>deferiprone</i>)	NPS	PA; SP Pharmacy
FERRIPROX ORAL TABLET 500 MG (<i>deferiprone</i>)	NPS	PA; #; SP Pharmacy
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NC	#

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JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NC	#
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	G	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	G	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	G	
<i>naltrexone hcl oral tablet 50 mg</i>	G	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	PB	#
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	NC	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PS	QL (20 packets per 1 prescription)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	NPB	
ANTIEMETICS - DRUGS FOR THE STOMACH		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	NPB	PA; ST; QL (2 capsules per 1 month)
ANZEMET ORAL TABLET 100 MG, 50 MG (<i>dolasetron mesylate</i>)	NPB	QL (10 tabs per 1 fill)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	G	QL (5 capsules per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	G	QL (9 capsules per 30 days)
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (<i>doxylamine-pyridoxine</i>)	NC	
CESAMET ORAL CAPSULE 1 MG (<i>nabilone</i>)	NPB	QL (2 caps per 1 day)
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (<i>doxylamine-pyridoxine</i>)	NC	#
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	NC	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG (<i>meclizine hcl</i>)	G	OTC
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	G	PA; ST; QL (2 caps per 1 day)
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG (<i>aprepitant</i>)	NC	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG (<i>aprepitant</i>)	PB	#
<i>granisetron hcl oral tablet 1 mg</i>	G	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (<i>dronabinol</i>)	NC	

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<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	G	OTC
<i>ondansetron hcl oral solution 4 mg/5ml</i>	G	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	G	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	G	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	NPB	QL (1 patch per 1 fill)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	G	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	NC	#
TIGAN ORAL CAPSULE 300 MG (<i>trimethobenzamide hcl</i>)	NC	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	NC	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	G	
VARUBI ORAL TABLET 90 MG (<i>rolapitant hcl</i>)	NC	
ZOFRAN ODT ORAL TABLET DISPERSIBLE 4 MG, 8 MG (<i>ondansetron</i>)	NC	
ZOFRAN ORAL SOLUTION 4 MG/5ML (<i>ondansetron hcl</i>)	NC	
ZOFRAN ORAL TABLET 4 MG, 8 MG (<i>ondansetron hcl</i>)	NC	
ZUPLENZ ORAL FILM 4 MG, 8 MG (<i>ondansetron</i>)	NC	
ANTIFUNGALS - DRUGS FOR INFECTIONS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (<i>flucytosine</i>)	NC	
<i>bio-statin oral capsule 1000000 unit, 500000 unit</i>	NC	
<i>bio-statin oral powder</i>	G	
CRESEMBA ORAL CAPSULE 186 MG (<i>isavuconazonium sulfate</i>)	NPB	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML (<i>fluconazole</i>)	NC	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>fluconazole</i>)	NC	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	G	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	G	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	G	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	G	
<i>griseofulvin microsize oral tablet 500 mg</i>	G	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRIS-PEG ORAL TABLET 125 MG, 250 MG (<i>griseofulvin ultramicrosize</i>)	NC	
<i>itraconazole oral capsule 100 mg</i>	G	PA; ST; QL (4 capsules per 1 day)
<i>itraconazole oral solution 10 mg/ml</i>	G	
<i>ketoconazole oral tablet 200 mg</i>	G	QL (2 tabs per 1 day)
LAMISIL ORAL TABLET 250 MG (<i>terbinafine hcl</i>)	NC	
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	NPB	PA; ST; #
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (<i>posaconazole</i>)	NC	#
<i>nystatin oral tablet 500000 unit</i>	G	
ONMEL ORAL TABLET 200 MG (<i>itraconazole</i>)	NC	
<i>posaconazole oral tablet delayed release 100 mg</i>	NC	
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	NC	
SPORANOX ORAL SOLUTION 10 MG/ML (<i>itraconazole</i>)	NC	
SPORANOX PULSEPAK ORAL CAPSULE 100 MG (<i>itraconazole</i>)	NC	
<i>terbinafine hcl oral tablet 250 mg</i>	G	
<i>tolsura oral capsule 65 mg</i>	NC	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>voriconazole</i>)	NC	
VFEND ORAL TABLET 200 MG, 50 MG (<i>voriconazole</i>)	NC	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	NC	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	G	PA
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	NC	
ANTIHISTAMINES - DRUGS FOR THE LUNGS		
<i>alavert oral tablet 10 mg</i>	G	LGC; OTC
ALAVERT ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	G	OTC
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (<i>fexofenadine hcl</i>)	G	OTC

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ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (<i>fexofenadine hcl</i>)	G	OTC
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (<i>fexofenadine hcl</i>)	G	OTC
<i>brompheniramine tannate oral tablet chewable 12 mg</i>	NC	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	G	
<i>carbinoxamine maleate oral tablet 4 mg</i>	G	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NC	
<i>cetirizine hcl oral syrup 1 mg/ml</i>	G	LGC; OTC
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	G	LGC; OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	G	OTC
CLARINEX ORAL SYRUP 0.5 MG/ML (<i>desloratadine</i>)	NC	
CLARINEX ORAL TABLET 5 MG (<i>desloratadine</i>)	NC	
CLARITIN CHILDRENS ORAL TABLET CHEWABLE 5 MG (<i>loratadine</i>)	G	OTC
CLARITIN ORAL SYRUP 5 MG/5ML (<i>loratadine</i>)	G	OTC
CLARITIN ORAL TABLET 10 MG (<i>loratadine</i>)	G	OTC
CLARITIN ORAL TABLET CHEWABLE 5 MG (<i>loratadine</i>)	G	OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>loratadine</i>)	G	OTC
<i>clemastine fumarate oral tablet 1.34 mg</i>	G	
<i>clemastine fumarate oral tablet 2.68 mg</i>	G	OTC
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	G	
<i>cyproheptadine hcl oral tablet 4 mg</i>	G	
<i>desloratadine oral tablet 5 mg</i>	G	ST; QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible 2.5 mg</i>	G	ST; QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible 5 mg</i>	G	ST
<i>fexofenadine hcl childrens oral suspension 30 mg/5ml</i>	G	OTC
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	G	OTC
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	NC	
<i>loratadine allergy relief oral tablet dispersible 10 mg</i>	G	LGC; OTC
<i>loratadine childrens oral syrup 5 mg/5ml</i>	G	LGC; OTC
<i>loratadine oral tablet 10 mg</i>	G	LGC; OTC

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<i>loratadine oral tablet chewable 5 mg</i>	G	OTC
MUCINEX ALLERGY ORAL TABLET 180 MG (<i>fexofenadine hcl</i>)	G	OTC
<i>promethazine hcl</i> (Phenadoz Rectal Suppository 12.5 Mg, 25 Mg)	G	
<i>promethazine hcl</i> (Phenergan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	G	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	G	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	G	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	G	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg</i>	G	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	G	
RYCLORA ORAL SYRUP 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	NC	
RYVENT ORAL TABLET 6 MG (<i>carbinoxamine maleate</i>)	NC	
XYZAL ALLERGY 24HR CHILDRENS ORAL SOLUTION 2.5 MG/5ML (<i>levocetirizine dihydrochloride</i>)	G	OTC
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (<i>levocetirizine dihydrochloride</i>)	G	OTC
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (<i>cetirizine hcl</i>)	G	OTC
ZYRTEC ALLERGY ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	G	OTC
ZYRTEC CHILDRENS ALLERGY ORAL SYRUP 1 MG/ML (<i>cetirizine hcl</i>)	G	OTC
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	NPB	ST; #; QL (2 tabs per 1 day)
ANTARA ORAL CAPSULE 30 MG, 90 MG (<i>fenofibrate micronized</i>)	NC	#
<i>atorvastatin calcium oral tablet 10 mg</i>	CE	N2 (G); QL (1 tab per 1 day); AL
<i>atorvastatin calcium oral tablet 20 mg</i>	CE	N2 (G); QL (1 tablet per 1 day); AL
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	G	QL (1 tab per 1 day)
<i>cholestyramine light oral packet 4 gm</i>	G	

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<i>cholestyramine light oral powder 4 gml/dose</i>	G	
<i>cholestyramine oral packet 4 gm</i>	G	
<i>cholestyramine oral powder 4 gml/dose</i>	G	
<i>colesevelam hcl oral packet 3.75 gm</i>	G	
<i>colesevelam hcl oral tablet 625 mg</i>	G	
COLESTID FLAVORED ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	NC	
COLESTID FLAVORED ORAL PACKET 5 GM (<i>colestipol hcl</i>)	NC	
COLESTID ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	NC	
COLESTID ORAL PACKET 5 GM (<i>colestipol hcl</i>)	NC	
COLESTID ORAL TABLET 1 GM (<i>colestipol hcl</i>)	NC	
<i>colestipol hcl oral granules 5 gm</i>	G	
<i>colestipol hcl oral packet 5 gm</i>	G	
<i>colestipol hcl oral tablet 1 gm</i>	G	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NC	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NC	
<i>ezetimibe oral tablet 10 mg</i>	G	QL (1 tablet per 1 Day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	G	ST; QL (1 tablet per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	G	QL (1 cap per 1 day)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	G	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NC	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	G	QL (1 tab per 1 day)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	NC	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	G	QL (1 tablet per 1 day)
FENOGLIDE ORAL TABLET 120 MG, 40 MG (<i>fenofibrate</i>)	NC	
FIBRICOR ORAL TABLET 105 MG, 35 MG (<i>fenofibric acid</i>)	NC	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	NC	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	G	QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	G	QL (2 caps per 1 day)

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<i>gemfibrozil oral tablet 600 mg</i>	G	LGC
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG (<i>lomitapide mesylate</i>)	NPS	PA; ST; SP Pharmacy; QL (1 capsule per 1 day)
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>mipomersen sodium</i>)	NC	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (<i>fluvastatin sodium</i>)	NC	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (<i>atorvastatin calcium</i>)	NC	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (<i>fenofibrate</i>)	NC	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	NPB	ST; QL (1 tab per 1 day)
LOFIBRA ORAL CAPSULE 134 MG, 67 MG (<i>fenofibrate micronized</i>)	NC	
LOFIBRA ORAL TABLET 54 MG (<i>fenofibrate</i>)	NC	
LOPID ORAL TABLET 600 MG (<i>gemfibrozil</i>)	NC	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	G	LGC; QL (2 tabs per 1 day)
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	NC	
MEVACOR ORAL TABLET 40 MG (<i>lovastatin</i>)	NC	
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	G	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	G	
NIACOR ORAL TABLET 500 MG (<i>niacin (antihyperlipidemic)</i>)	NC	
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG (<i>niacin (antihyperlipidemic)</i>)	NC	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	G	QL (4 tabs per 1 day)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG (<i>pravastatin sodium</i>)	NC	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	G	LGC; QL (1 tab per 1 day)
<i>cholestyramine light (Prevalite Oral Packet 4 Gm)</i>	G	
<i>cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)</i>	G	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (<i>cholestyramine light</i>)	NC	
QUESTRAN ORAL PACKET 4 GM (<i>cholestyramine</i>)	NC	

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QUESTRAN ORAL POWDER 4 GM/DOSE (cholestyramine)	NC	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	ST; QL (1 tablets per 1 day)
simvastatin oral tablet 10 mg, 5 mg	CE	LGC; N2 (G); QL (1 tab per 1 day); AL
simvastatin oral tablet 20 mg, 40 mg	CE	LGC; N2 (G); QL (1 tablet per 1 day); AL
simvastatin oral tablet 80 mg	G	LGC; QL (1 tab per 1 day)
TRICOR ORAL TABLET 145 MG, 48 MG (fenofibrate)	NC	
TRIGLIDE ORAL TABLET 160 MG (fenofibrate)	NC	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG (choline fenofibrate)	NC	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (icosapent ethyl)	NC	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (ezetimibe-simvastatin)	NC	
WELCHOL ORAL PACKET 3.75 GM (colesevelam hcl)	NPB	
WELCHOL ORAL TABLET 625 MG (colesevelam hcl)	NPB	
ZETIA ORAL TABLET 10 MG (ezetimibe)	NC	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG (simvastatin)	NC	
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin magnesium)	NC	
ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (quinapril hcl)	NC	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (quinapril-hydrochlorothiazide)	NC	
ACEON ORAL TABLET 4 MG, 8 MG (perindopril erbumine)	NC	
aliskiren fumarate oral tablet 150 mg, 300 mg	G	QL (1 tablet per 1 day)
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (ramipril)	NC	
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	G	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	G	QL (1 tablet per 1 day)

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<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	G	QL (1 tablet per 1 Day)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	G	QL (1 tablet per 1 Day)
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	NC	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	NC	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	G	LGC
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	NC	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (<i>irbesartan</i>)	NC	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	NC	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	LGC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	G	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	NC	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	NC	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	G	LGC
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	G	QL (1 tab per 1 day)
<i>candesartan cilexetil oral tablet 32 mg</i>	G	QL (1 tablet per 1 day)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	G	QL (1 tab per 1 day)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	G	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	G	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	NC	
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG (<i>clonidine hcl</i>)	NC	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	NC	

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CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	NC	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	NC	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	G	LGC
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	G	
CLOPRES ORAL TABLET 0.1-15 MG, 0.2-15 MG, 0.3-15 MG (<i>clonidine-chlorthalidone</i>)	NPB	
CORZIDE ORAL TABLET 40-5 MG, 80-5 MG (<i>nadolol-bendroflumethiazide</i>)	NC	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	NC	
DEMSER ORAL CAPSULE 250 MG (<i>metyrosine</i>)	NPS	ST; SP Pharmacy
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	NC	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	NC	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	NC	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	G	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	NPB	ST; QL (1 tab per 1 day)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	NPB	ST; QL (1 tab per 1 day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	LGC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	G	LGC
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	NPB	#: QL (5 ml per 1 day)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	G	
<i>eprosartan mesylate oral tablet 600 mg</i>	G	QL (1 tab per 1 day)
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	NC	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	NC	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	G	

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<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	G	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	G	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i>	G	
<i>hydralazine hcl oral tablet 25 mg</i>	G	LGC
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	NC	
INSPIRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	NC	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	G	QL (1 tab per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	G	QL (1 tab per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	LGC
<i>lisinopril oral tablet 30 mg, 40 mg</i>	G	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	LGC
LOPRESSOR HCT ORAL TABLET 50-25 MG (<i>metoprolol-hydrochlorothiazide</i>)	NC	
<i>losartan potassium oral tablet 100 mg</i>	G	LGC
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	G	LGC; QL (2 tablets per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	G	LGC
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	NC	
LOTENSIN ORAL TABLET 20 MG, 40 MG (<i>benazepril hcl</i>)	NC	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (<i>amlodipine besy-benazepril hcl</i>)	NC	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	G	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	G	
<i>metoprolol-hctz er oral tablet extended release 24 hour 100-12.5 mg, 25-12.5 mg, 50-12.5 mg</i>	NC	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	G	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	NC	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (<i>telmisartan</i>)	NC	

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MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (prazosin hcl)	NC	
minoxidil oral tablet 10 mg, 2.5 mg	G	
moexipril hcl oral tablet 15 mg, 7.5 mg	G	
moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg	G	
nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg	G	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	G	QL (1 tablet per 1 Day)
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	G	QL (1 tablet per 1 Day)
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10- 12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	G	QL (1 tablet per 1 Day)
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	G	
phenoxybenzamine hcl oral capsule 10 mg	PS	QL (12 capsules per 1 day)
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	G	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (perindopril arg-amlodipine)	NPB	#
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG (lisinopril)	NC	
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	G	
QBRELIS ORAL SOLUTION 1 MG/ML (lisinopril)	NC	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	G	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	G	
reserpine oral tablet 0.1 mg, 0.25 mg	G	
TARKA ORAL TABLET EXTENDED RELEASE 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG (trandolapril-verapamil hcl)	NC	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (aliskiren-hydrochlorothiazide)	NPB	ST; QL (1 tab per 1 day)
TEKTURNA ORAL TABLET 150 MG, 300 MG (aliskiren fumarate)	NPB	ST; QL (1 tablet per 1 day)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	G	QL (1 tab per 1 day)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	G	ST; QL (1 tab per 1 day)
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	G	QL (1 tab per 1 day)

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TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol-chlorthalidone</i>)	NC	
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol-chlorthalidone</i>)	NC	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	LGC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	G	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	G	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (<i>olmesartan-amlodipine-hctz</i>)	NC	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG (<i>telmisartan-amlodipine</i>)	NC	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	G	QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	G	QL (1 tab per 1 day)
VASERETIC ORAL TABLET 10-25 MG (<i>enalapril-hydrochlorothiazide</i>)	NC	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	NC	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	NC	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	NC	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (<i>lisinopril</i>)	NC	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol-hydrochlorothiazide</i>)	NC	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (<i>rifamycin sodium</i>)	NPB	QL (12 tablets per 1 fill)
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>nitazoxanide</i>)	NPB	#: QL (180 ml per 3 days)
ALINIA ORAL TABLET 500 MG (<i>nitazoxanide</i>)	NPB	#: QL (6 tablets per 3 days)
<i>atovaquone oral suspension 750 mg/5ml</i>	G	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	NC	

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BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	NC	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (<i>clindamycin hcl</i>)	NC	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	NC	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	G	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	G	
<i>dapsone oral tablet 100 mg, 25 mg</i>	G	
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	NC	
FLAGYL ORAL TABLET 250 MG, 500 MG (<i>metronidazole</i>)	NC	
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	NPB	PA; QL (3 capsules per 1 day)
KETEK ORAL TABLET 300 MG (<i>telithromycin</i>)	NPB	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	G	QL (150 ml per 1 fill)
<i>linezolid oral tablet 600 mg</i>	G	QL (28 tablets per 1 fill)
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	NC	
<i>metronidazole oral capsule 375 mg</i>	G	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	G	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	NPB	
PRIMSOL ORAL SOLUTION 50 MG/5ML (<i>trimethoprim hcl</i>)	NPB	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	NPB	ST; QL (6 tabs per 1 fill)
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	G	LGC
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	G	LGC
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	G	
<i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)</i>	G	
TINDAMAX ORAL TABLET 500 MG (<i>tinidazole</i>)	NC	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	G	
<i>trimethoprim oral tablet 100 mg</i>	G	
<i>trimpex oral solution 50 mg/5ml</i>	NPB	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	NPB	QL (9 tabs per 1 fill)

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XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	NPB	PA; QL (3 tablets per 1 day)
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	NC	
ZYVOX ORAL TABLET 600 MG (<i>linezolid</i>)	NC	
ANTIMALARIALS - DRUGS FOR INFECTIONS		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	NPB	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	G	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	G	
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	NPB	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	NPB	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	G	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	NPB	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (<i>atovaquone-proguanil hcl</i>)	NC	
<i>mefloquine hcl oral tablet 250 mg</i>	G	
PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	NC	
<i>primaquine phosphate oral tablet 26.3 mg</i>	G	
QUALAQUIN ORAL CAPSULE 324 MG (<i>quinine sulfate</i>)	NC	
<i>quinine sulfate oral capsule 324 mg</i>	G	
ANTIMYASTHENIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPS	PA; SP Pharmacy; QL (8 tablets per 1 day)
<i>guanidine hcl oral tablet 125 mg</i>	G	
MESTINON ORAL SYRUP 60 MG/5ML (<i>pyridostigmine bromide</i>)	NPB	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NC	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (<i>pyridostigmine bromide</i>)	NC	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	G	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	G	

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<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	G	
RUZURGI ORAL TABLET 10 MG (<i>amifampridine</i>)	NC	
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPS	PA; SP Pharmacy; QL (8 tablets per 1 day)
<i>guanidine hcl oral tablet 125 mg</i>	G	
MESTINON ORAL SYRUP 60 MG/5ML (<i>pyridostigmine bromide</i>)	NPB	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NC	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (<i>pyridostigmine bromide</i>)	NC	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	G	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	G	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	G	
RUZURGI ORAL TABLET 10 MG (<i>amifampridine</i>)	NC	
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
<i>cycloserine oral capsule 250 mg</i>	G	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	G	
<i>isoniazid oral syrup 50 mg/5ml</i>	G	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	G	
MYAMBUTOL ORAL TABLET 100 MG, 400 MG (<i>ethambutol hcl</i>)	NC	
MYCOBUTIN ORAL CAPSULE 150 MG (<i>rifabutin</i>)	NC	
PASER ORAL PACKET 4 GM (<i>aminosalicylic acid</i>)	NPB	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	NPB	
<i>pyrazinamide oral tablet 500 mg</i>	G	
<i>rifabutin oral capsule 150 mg</i>	G	
RIFADIN ORAL CAPSULE 150 MG (<i>rifampin</i>)	NC	
RIFAMATE ORAL CAPSULE 150-300 MG (<i>isoniazid-rifampin</i>)	NPB	
<i>rifampin oral capsule 150 mg, 300 mg</i>	G	
RIFAMPIN+SYRSPEND SF PH4 ORAL SUSPENSION 25 MG/ML (<i>rifampin</i>)	NC	

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RIFATER ORAL TABLET 50-120-300 MG (<i>isoniazid-rifamp-pyrazinamide</i>)	NPB	
SIRTURO ORAL TABLET 100 MG (<i>bedaquiline fumarate</i>)	NPS	PA; SP Pharmacy; QL (188 tabs per 365 days)
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	NPB	
*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (<i>venetoclax</i>)	CE	N2 (Not Covered)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	CE	N2 (Not Covered)
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** - DRUGS FOR CANCER		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (<i>erdafitinib</i>)	NC	
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (<i>larotrectinib sulfate</i>)	CE	N2 (Not Covered)
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	CE	N2 (Not Covered)
*ANTINEOPLASTIC - XPO1 INHIBITORS*** - DRUGS FOR CANCER		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP Pharmacy; N2 (NC); QL (16 tablets per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP Pharmacy; N2 (NC); QL (16 tablets per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP Pharmacy; N2 (NC); QL (16 tablets per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP Pharmacy; N2 (NC); QL (16 tablets per 28 days)
*ANTINEOPLASTIC OR PREMALIGNANT LESION AGENT - COMB*** - DRUGS FOR CANCER		
<i>hyalucil-0.5 transdermal cream 2-0.5 %</i>	NC	
<i>hyalucil-4 transdermal cream 2-4 %</i>	NC	

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; SP Pharmacy; N2 (G); QL (4 tablets per 1 day)
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (<i>interferon gamma-1b</i>)	NPS	PA; SP Pharmacy
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG (<i>everolimus</i>)	CE	N2 (Not Covered); QL (2 tablets per 1 day)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG (<i>everolimus</i>)	CE	N2 (Not Covered); QL (3 tablets per 1 day)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	CE	PA; #; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	CE	N2 (Not Covered)
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (<i>interferon alfa-n3</i>)	NC	
ALKERAN ORAL TABLET 2 MG (<i>melfhalan</i>)	CE	N2 (Not Covered)
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (<i>brigatinib</i>)	CE	N2 (Not Covered)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	CE	N2 (Not Covered)
<i>anastrozole oral tablet 1 mg</i>	CE	N2 (G)
ARIMIDEX ORAL TABLET 1 MG (<i>anastrozole</i>)	CE	N2 (Not Covered)
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	CE	N2 (Not Covered)
<i>bexarotene oral capsule 75 mg</i>	CE	PA; SP Pharmacy; N2 (G)
<i>bicalutamide oral tablet 50 mg</i>	CE	N2 (G); QL (1 tab per 1 day)
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (4 tablets per 1 day)
BOSULIF ORAL TABLET 400 MG (<i>bosutinib</i>)	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (1 tablet per 1 day)
BOSULIF ORAL TABLET 500 MG (<i>bosutinib</i>)	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG (<i>encorafenib</i>)	CE	N2 (Not Covered)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	CE	N2 (Not Covered)
CALQUENCE ORAL CAPSULE 100 MG (<i>acalabrutinib</i>)	CE	N2 (Not Covered)

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<i>capecitabine oral tablet 150 mg, 500 mg</i>	CE	PA; SP Pharmacy; N2 (G)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (2 tabs per 1 day)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
CASODEX ORAL TABLET 50 MG (<i>bicalutamide</i>)	CE	N2 (Not Covered)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (2 capsules per 1 day)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (4 capsules per 1 day)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (3 capsules per 1 day)
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	CE	N2 (Not Covered)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N2 (G)
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	CE	N2 (Not Covered)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NPS	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NPS	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NPS	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	NPS	PA; SP Pharmacy
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	CE	N2 (NPB)
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (1 cap per 1 day)
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	CE	N2 (Not Covered)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N2 (G); QL (1 tablet per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N2 (G); QL (2 tablets per 1 day)
<i>etoposide oral capsule 50 mg</i>	CE	N2 (G)
<i>exemestane oral tablet 25 mg</i>	CE	N2 (G)

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FARESTON ORAL TABLET 60 MG (<i>toremifene citrate</i>)	CE	N2 (Not Covered)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (<i>panobinostat lactate</i>)	CE	N2 (Not Covered)
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	CE	N2 (Not Covered)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG (<i>degarelix acetate</i>)	NPS	PA; SP Pharmacy
<i>flutamide oral capsule 125 mg</i>	CE	N2 (G)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
GLEEVEC ORAL TABLET 100 MG, 400 MG (<i>imatinib mesylate</i>)	CE	N2 (Not Covered)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	CE	PA; N2 (PB)
GLEOSTINE ORAL CAPSULE 5 MG (<i>lomustine</i>)	PB	PA
HEXALEN ORAL CAPSULE 50 MG (<i>altretamine</i>)	NPS	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	CE	PA; SP Pharmacy; N2 (NPS)
HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>)	CE	N2 (Not Covered)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N2 (G)
ICLUSIG ORAL TABLET 15 MG (<i>ponatinib hcl</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (2 tabs per 1 day)
ICLUSIG ORAL TABLET 45 MG (<i>ponatinib hcl</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; SP Pharmacy; N2 (G); QL (3 tablets per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; SP Pharmacy; N2 (G); QL (2 tablets per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	CE	N2 (Not Covered)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	CE	N2 (Not Covered)
INLYTA ORAL TABLET 1 MG, 5 MG (<i>axitinib</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tabs per 1 day)
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	CE	SP Pharmacy; N2 (NPS); QL (4 capsules per 1 day)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML (<i>interferon alfa-2b</i>)	NPB	PA; SP Pharmacy

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INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT (<i>interferon alfa-2b</i>)	NPB	PA; SP Pharmacy
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	CE	N2 (Not Covered)
JAKAFI ORAL TABLET 10 MG (<i>ruxolitinib phosphate</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (2 tablets per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (2 tabs per 1 day)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	N2 (Not Covered)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	N2 (Not Covered)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	N2 (Not Covered)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	CE	N2 (Not Covered)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>)	CE	N2 (Not Covered)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (<i>lenvatinib mesylate</i>)	CE	N2 (Not Covered)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	N2 (Not Covered)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (<i>lenvatinib mesylate</i>)	CE	N2 (Not Covered)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (<i>lenvatinib mesylate</i>)	CE	N2 (Not Covered)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	CE	N2 (Not Covered)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	N2 (Not Covered)
<i>letrozole oral tablet 2.5 mg</i>	CE	N2 (G)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	CE	N2 (G)
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	CE	N2 (NPS)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PS	PA; SP Pharmacy
LONSURF ORAL TABLET 15-6.14 MG (<i>trifluridine-tipiracil</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (100 tablets per 28 days)

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LONSURF ORAL TABLET 20-8.19 MG (<i>trifluridine-tipiracil</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (80 tablets per 28 days)
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	CE	N2 (Not Covered)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (<i>leuprolide acetate</i>)	NPS	PA; #; SP Pharmacy
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NPS	PA; #; SP Pharmacy
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NPS	PA; #; SP Pharmacy
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NPS	PA; #; SP Pharmacy
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	CE	N2 (NPB)
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	CE	N2 (NPS)
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	CE	N2 (G)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N2 (G)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (3 tabs per 1 day)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	CE	N2 (Not Covered)
<i>melphalan oral tablet 2 mg</i>	CE	N2 (G)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N2 (G)
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	CE	N2 (PB)
<i>methotrexate oral tablet 2.5 mg</i>	CE	N2 (G)
<i>methotrexate sodium (pf) injection solution 200 mg/8ml</i>	NC	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	G	
<i>methotrexate sodium oral tablet 2.5 mg</i>	CE	N2 (G)
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	CE	N2 (NPB)
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	CE	N2 (Not Covered)
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tabs per 1 day)
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	CE	N2 (Not Covered)
<i>nilutamide oral tablet 150 mg</i>	CE	N2 (G)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	CE	N2 (Not Covered)

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NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	CE	N2 (NPS)
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	CE	PA; N2 (NPS); QL (1 capsule per 1 day)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	CE	PA; #; SP Pharmacy; N2 (NPS); QL (1 cap per 1 day)
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	CE	PA; ST; SP Pharmacy; N2 (NPS)
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	CE	N2 (Not Covered)
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	CE	#; N2 (Not Covered)
SPRYCEL ORAL TABLET 100 MG, 140 MG (<i>dasatinib</i>)	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (2 tabs per 1 day)
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tabs per 1 day)
SUTENT ORAL CAPSULE 12.5 MG (<i>sunitinib malate</i>)	CE	PA; SP Pharmacy; N2 (PB); QL (4 capsules per 1 day)
SUTENT ORAL CAPSULE 25 MG (<i>sunitinib malate</i>)	CE	PA; SP Pharmacy; N2 (PB); QL (2 capsules per 1 day)
SUTENT ORAL CAPSULE 37.5 MG, 50 MG (<i>sunitinib malate</i>)	CE	PA; SP Pharmacy; N2 (PB); QL (1 cap per 1 day)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG (<i>peginterferon alfa-2b</i>)	NPS	PA; SP Pharmacy
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	CE	N2 (NPB)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (4 caps per 1 day)
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	CE	N2 (Not Covered)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N2 (G); AL
TARCEVA ORAL TABLET 100 MG, 150 MG (<i>erlotinib hcl</i>)	CE	SP Pharmacy; N2 (Not Covered)
TARCEVA ORAL TABLET 25 MG (<i>erlotinib hcl</i>)	CE	SP Pharmacy; N2 (Not Covered); QL (2 tablets per 1 day)
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	CE	N2 (Not Covered)

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TASIGNA ORAL CAPSULE 150 MG, 200 MG (<i>nilotinib hcl</i>)	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (4 caps per 1 day)
TASIGNA ORAL CAPSULE 50 MG (<i>nilotinib hcl</i>)	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (4 capsules per 1 Day)
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (<i>temozolomide</i>)	CE	N2 (Not Covered)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; SP Pharmacy; N2 (G)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N2 (G)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	NPS	PA; #; SP Pharmacy
<i>tretinoin oral capsule 10 mg</i>	CE	SP Pharmacy; N2 (G)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	CE	N2 (NPB)
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	CE	PA; #; SP Pharmacy; N2 (NPS)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	CE	N2 (Not Covered)
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tabs per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (2 caps per 1 day)
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	CE	PA; N2 (NPB)
XELODA ORAL TABLET 150 MG, 500 MG (<i>capecitabine</i>)	CE	N2 (Not Covered)
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	CE	N2 (Not Covered)
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (4 caps per 1 day)
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate</i>)	CE	N2 (Not Covered)
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (8 tabs per 1 day)
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (4 caps per 1 day)

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ZYKADIA ORAL CAPSULE 150 MG (<i>ceritinib</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (5 capsules per 1 day)
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (3 tablets per 1 day)
ZYTIGA ORAL TABLET 250 MG (<i>abiraterone acetate</i>)	CE	N2 (Not Covered)
ZYTIGA ORAL TABLET 500 MG (<i>abiraterone acetate</i>)	CE	PA; #; N2 (PB); QL (2 tablets per 1 day)
ANTIPARKINSON AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>amantadine hcl oral capsule 100 mg</i>	G	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	G	
<i>amantadine hcl oral tablet 100 mg</i>	G	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	NPS	
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	NC	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	LGC
<i>bromocriptine mesylate oral capsule 5 mg</i>	G	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	G	
<i>carbidopa oral tablet 25 mg</i>	G	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	G	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	G	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	G	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	G	
COMTAN ORAL TABLET 200 MG (<i>entacapone</i>)	NC	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	NC	
ELDEPRYL ORAL CAPSULE 5 MG (<i>selegiline hcl</i>)	NC	
<i>entacapone oral tablet 200 mg</i>	G	

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GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	NC	
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	NC	
LODOSYN ORAL TABLET 25 MG (<i>carbidopa</i>)	NC	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (<i>pramipexole dihydrochloride</i>)	NC	
MIRAPEX ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (<i>pramipexole dihydrochloride</i>)	NC	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	NPB	ST; #; QL (1 patch per 1 day)
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG (<i>amantadine hcl</i>)	NC	
PARLODEL ORAL CAPSULE 5 MG (<i>bromocriptine mesylate</i>)	NC	
PARLODEL ORAL TABLET 2.5 MG (<i>bromocriptine mesylate</i>)	NC	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	G	QL (1 tablet per 1 day)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	G	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	G	QL (1 tablet per 1 Day)
REQUIP ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG (<i>ropinirole hcl</i>)	NC	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>ropinirole hcl</i>)	NC	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	G	QL (2 tabs per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg, 8 mg</i>	G	QL (1 tab per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	G	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa-levodopa</i>)	NC	#
<i>selegiline hcl oral capsule 5 mg</i>	G	
<i>selegiline hcl oral tablet 5 mg</i>	G	

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SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG (<i>carbidopa-levodopa</i>)	NC	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG (<i>carbidopa-levodopa</i>)	NC	
STALEVO 100 ORAL TABLET 25-100-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NC	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NC	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NC	
STALEVO 200 ORAL TABLET 50-200-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NC	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NC	
STALEVO 75 ORAL TABLET 18.75-75-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NC	
TASMAR ORAL TABLET 100 MG (<i>tolcapone</i>)	NC	
<i>tolcapone oral tablet 100 mg</i>	G	
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	G	
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	G	LGC
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	G	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	NC	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	NPB	ST; QL (2 tabs per 1 day)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	NPB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	NPB	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	NC	
<i>aripiprazole oral solution 1 mg/ml</i>	G	QL (30 ml per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	G	QL (1 tablet per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	G	QL (1 tablet per 1 day)

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ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	PB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	NPB	
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	G	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>clozapine oral tablet 100 mg</i>	G	QL (9 tabs per 1 day)
<i>clozapine oral tablet 200 mg</i>	G	QL (4 tabs per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	G	QL (3 tabs per 1 day)
<i>clozapine oral tablet dispersible 100 mg</i>	G	QL (9 tabs per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg</i>	G	QL (1 tab per 1 day)
<i>clozapine oral tablet dispersible 150 mg</i>	G	QL (6 tablets per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	G	QL (4 tablets per 1 day)
<i>clozapine oral tablet dispersible 25 mg</i>	G	QL (3 tabs per 1 day)
CLOZARIL ORAL TABLET 100 MG, 25 MG (<i>clozapine</i>)	NC	
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	G	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	NPB	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	NPB	ST; QL (2 tabs per 1 day)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	NPB	ST
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG (<i>clozapine</i>)	NC	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	G	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	G	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	G	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	G	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	G	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	NC	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NC	

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HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (<i>haloperidol decanoate</i>)	NPB	
HALDOL INJECTION SOLUTION 5 MG/ML (<i>haloperidol lactate</i>)	NPB	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	G	
<i>haloperidol lactate injection solution 5 mg/ml</i>	G	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	NC	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	G	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 6 MG, 9 MG (<i>paliperidone</i>)	NC	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (<i>paliperidone palmitate</i>)	NPB	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML (<i>paliperidone palmitate</i>)	NC	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG (<i>lurasidone hcl</i>)	NPB	ST; #; QL (1 tab per 1 day)
LATUDA ORAL TABLET 60 MG (<i>lurasidone hcl</i>)	NPB	ST; #
LATUDA ORAL TABLET 80 MG (<i>lurasidone hcl</i>)	NPB	ST; #; QL (2 tablets per 1 day)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	G	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	G	
<i>lithium carbonate oral tablet 300 mg</i>	G	
<i>lithium oral solution 8 meq/5ml</i>	G	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	NC	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	NC	
NUPLAZID ORAL TABLET 10 MG, 17 MG (<i>pimavanserin tartrate</i>)	NC	
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	G	

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<i>olanzapine oral tablet 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	G	QL (1 tab per 1 day)
<i>olanzapine oral tablet 2.5 mg</i>	G	QL (2 tabs per 1 day)
<i>olanzapine oral tablet dispersible 10 mg</i>	G	QL (1 tablet per 1 day)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	G	QL (1 tab per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg</i>	G	QL (2 tablets per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	G	QL (1 tablets per 1 day)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	G	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	NC	
<i>prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml</i>	G	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	G	
<i>prochlorperazine rectal suppository 25 mg</i>	G	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	G	QL (1 tablet per 1 Day)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	G	QL (2 tablets per 1 Day)
<i>quetiapine fumarate oral tablet 100 mg, 50 mg</i>	G	QL (3 tabs per 1 day)
<i>quetiapine fumarate oral tablet 200 mg</i>	G	QL (4 tabs per 1 day)
<i>quetiapine fumarate oral tablet 25 mg</i>	G	QL (6 tabs per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	G	QL (2 tabs per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	NPB	PA; ST; QL (1 tablet per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	NPB	
RISPERDAL M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 3 MG, 4 MG (<i>risperidone</i>)	NC	
RISPERDAL ORAL SOLUTION 1 MG/ML (<i>risperidone</i>)	NC	
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	NC	
<i>risperidone (Risperidone M-Tab Oral Tablet Dispersible 0.5 Mg, 1 Mg, 2 Mg)</i>	G	QL (2 tabs per 1 day)
<i>risperidone (Risperidone M-Tab Oral Tablet Dispersible 3 Mg)</i>	G	QL (3 tabs per 1 day)
<i>risperidone (Risperidone M-Tab Oral Tablet Dispersible 4 Mg)</i>	G	QL (4 tabs per 1 day)

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<i>risperidone oral solution 1 mg/ml</i>	G	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	QL (2 tabs per 1 day)
<i>risperidone oral tablet 3 mg</i>	G	QL (3 tabs per 1 day)
<i>risperidone oral tablet 4 mg</i>	G	QL (4 tabs per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg</i>	G	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg</i>	G	QL (2 tabs per 1 day)
<i>risperidone oral tablet dispersible 3 mg</i>	G	QL (3 tabs per 1 day)
<i>risperidone oral tablet dispersible 4 mg</i>	G	QL (4 tabs per 1 day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	NPB	ST; #; QL (2 tablets per 1 day)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	NC	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	NC	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	G	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	NC	
VRAYLAR ORAL CAPSULE 1.5 MG (<i>cariprazine hcl</i>)	NPB	PA; ST; QL (4 capsule per 1 day)
VRAYLAR ORAL CAPSULE 3 MG (<i>cariprazine hcl</i>)	NPB	PA; ST; QL (2 capsule per 1 day)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	NPB	PA; ST; QL (1 capsule per 1 day)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (<i>cariprazine hcl</i>)	NPB	PA; ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	G	QL (2 caps per 1 day)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (<i>olanzapine</i>)	NPB	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	NC	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (<i>olanzapine pamoate</i>)	NPB	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	NC	

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*ANTIRETROVIRALS ADJUVANTS*** - DRUGS THAT ALTER METABOLISM		
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	NPB	QL (1 tablet per 1 day)
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** - HORMONES		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inotersen sodium</i>)	NPS	PA; NPL; SP Pharmacy; QL (4 injections per 1 month)
ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS		
BUCALSEP EXTERNAL SOLUTION (<i>antiseptic products, misc.</i>)	NC	
<i>chlorhexidine gluconate solution 20 %</i>	NC	
<i>hydrogen peroxide solution 30 %</i>	NC	
ANTIVIRALS - DRUGS FOR INFECTIONS		
<i>abacavir sulfate oral solution 20 mg/ml</i>	G	
<i>abacavir sulfate oral tablet 300 mg</i>	G	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	G	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	G	
<i>acyclovir oral capsule 200 mg</i>	G	LGC
<i>acyclovir oral suspension 200 mg/5ml</i>	G	
<i>acyclovir oral tablet 400 mg</i>	G	LGC
<i>acyclovir oral tablet 800 mg</i>	G	
<i>adefovir dipivoxil oral tablet 10 mg</i>	G	QL (1 tablet per 1 day)
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	NPB	#
APTIVUS ORAL SOLUTION 100 MG/ML (<i>tipranavir</i>)	NPB	#
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	G	QL (1 capsule per 1 day)
<i>atazanavir sulfate oral capsule 200 mg</i>	G	QL (2 capsules per 1 day)
ATRIPLA ORAL TABLET 600-200-300 MG (<i>efavirenz-emtricitab-tenofovir</i>)	NPB	#: QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	NPS	SP Pharmacy
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	NC	
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofovir</i>)	NPB	PA
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	NPB	QL (1 tablet per 1 Day)

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COMBIVIR ORAL TABLET 150-300 MG (<i>lamivudine-zidovudine</i>)	NC	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitabine-rilpivir-tenofovir</i>)	NPB	QL (1 tab per 1 day)
COPEGUS ORAL TABLET 200 MG (<i>ribavirin</i>)	NC	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG (<i>indinavir sulfate</i>)	NPB	
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG (<i>daclatasvir dihydrochloride</i>)	NPS	PA; ST; SP Pharmacy; QL (1 tablet per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirine-lamivudine-tenofovir df</i>)	NPB	PA; QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	PB	QL (1 tablet per 1 day)
<i>didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg</i>	G	
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	NPB	QL (2 tablets per 1 day)
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	NPB	QL (1 tab per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	G	
<i>efavirenz oral tablet 600 mg</i>	G	
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	NPB	QL (1 cap per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	NPB	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PS	QL (1 tablet per 1 day)
EPIVIR HBV ORAL SOLUTION 5 MG/ML (<i>lamivudine</i>)	PB	#, SP Pharmacy
EPIVIR HBV ORAL TABLET 100 MG (<i>lamivudine</i>)	NC	
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	NC	
EPIVIR ORAL TABLET 150 MG, 300 MG (<i>lamivudine</i>)	NC	
EPZICOM ORAL TABLET 600-300 MG (<i>abacavir sulfate-lamivudine</i>)	NC	
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	NPB	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	G	QL (21 tabs per 1 fill)
FLUMADINE ORAL TABLET 100 MG (<i>rimantadine hcl</i>)	NC	
<i>fosamprenavir calcium oral tablet 700 mg</i>	G	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	NPS	#, SP Pharmacy

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GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	NPS	PA; QL (1 tablet per 1 Day)
HEPSERA ORAL TABLET 10 MG (<i>adefovir dipivoxil</i>)	NC	
INTELENCE ORAL TABLET 100 MG, 25 MG (<i>etravirine</i>)	NPB	QL (4 tabs per 1 day)
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	NPB	QL (2 tabs per 1 day)
INVIRASE ORAL CAPSULE 200 MG (<i>saquinavir mesylate</i>)	NPB	
INVIRASE ORAL TABLET 500 MG (<i>saquinavir mesylate</i>)	NPB	
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	PB	QL (2 tablets per 1 day)
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	PB	
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	PB	QL (2 tabs per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	PB	QL (6 tablets per 1 day)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	NPB	ST; QL (1 tablet per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	NC	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (<i>lopinavir-ritonavir</i>)	NPB	#
<i>lamivudine oral solution 10 mg/ml</i>	G	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	G	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	G	
LEXIVA ORAL SUSPENSION 50 MG/ML (<i>fosamprenavir calcium</i>)	NPB	#
LEXIVA ORAL TABLET 700 MG (<i>fosamprenavir calcium</i>)	NC	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	G	
MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG (<i>ribavirin</i>)	NPB	SP Pharmacy
MODERIBA 800 DOSE PACK ORAL TABLET 400 MG (<i>ribavirin</i>)	NPB	SP Pharmacy
<i>ribavirin (Moderiba Oral Tablet 200 Mg)</i>	G	SP Pharmacy
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	G	QL (3 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	G	QL (1 tab per 1 day)
<i>nevirapine oral tablet 200 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORVIR ORAL CAPSULE 100 MG (<i>ritonavir</i>)	NC	#
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	NPB	
NORVIR ORAL SOLUTION 80 MG/ML (<i>ritonavir</i>)	NPB	#
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	NC	
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine-rilpivir-tenofovir af</i>)	NPB	QL (1 tablet per 1 day)
OLYSIO ORAL CAPSULE 150 MG (<i>simeprevir sodium</i>)	NPS	PA; ST; SP Pharmacy; QL (1 capsule per 1 day)
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	G	QL (20 capsules per 365 Days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	G	QL (480 MLS per 365 Days)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	PB	PA; SP Pharmacy
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML (<i>peginterferon alfa-2a</i>)	PB	PA; SP Pharmacy
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	NPB	
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	NC	
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	NPB	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir ethanolate</i>)	NPB	QL (2 bottles per 30 days)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG (<i>darunavir ethanolate</i>)	NPB	QL (2 tabs per 1 day)
PREZISTA ORAL TABLET 800 MG (<i>darunavir ethanolate</i>)	NPB	QL (1 tab per 1 day)
REBETOL ORAL CAPSULE 200 MG (<i>ribavirin</i>)	NC	
REBETOL ORAL SOLUTION 40 MG/ML (<i>ribavirin</i>)	PB	SP Pharmacy
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER (<i>zanamivir</i>)	NPB	QL (20 inhalations per 1 fill)
RESCRIPTOR ORAL TABLET 100 MG, 200 MG (<i>delavirdine mesylate</i>)	NPB	
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	NC	
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	NC	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NC	
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	NPB	#
<i>ribavirin</i> (Ribasphere Oral Capsule 200 Mg)	G	SP Pharmacy

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<i>ribavirin</i> (Ribasphere Oral Tablet 200 Mg)	G	SP Pharmacy
<i>ribasphere oral tablet 400 mg</i>	G	SP Pharmacy
<i>ribasphere oral tablet 600 mg</i>	NPB	SP Pharmacy
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG (<i>ribavirin</i>)	G	SP Pharmacy
<i>ribavirin oral capsule 200 mg</i>	G	SP Pharmacy
<i>ribavirin oral tablet 200 mg</i>	G	SP Pharmacy
<i>rimantadine hcl oral tablet 100 mg</i>	G	
<i>ritonavir oral tablet 100 mg</i>	G	
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	NPB	QL (8 bottles per 1 month)
SELZENTRY ORAL TABLET 150 MG (<i>maraviroc</i>)	NPB	QL (2 tabs per 1 day)
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	NPB	QL (8 tablets per 1 Day)
SELZENTRY ORAL TABLET 300 MG (<i>maraviroc</i>)	NPB	
SELZENTRY ORAL TABLET 75 MG (<i>maraviroc</i>)	NPB	QL (2 tablets per 1 Day)
SITAVIG BUCCAL TABLET 50 MG (<i>acyclovir</i>)	NC	
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	PS	PA; SP Pharmacy; QL (1 tab per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	G	
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	NPS	PA; QL (1 tab per 1 day)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (<i>efavirenz</i>)	NC	
SUSTIVA ORAL TABLET 600 MG (<i>efavirenz</i>)	NC	
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	NPB	#
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	NPB	#
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	NPB	PA
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	NC	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (<i>oseltamivir phosphate</i>)	NC	
TEMIXYS ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	NPB	QL (1 tablet per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	G	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIVICAY ORAL TABLET 10 MG, 25 MG (<i>dolutegravir sodium</i>)	PB	QL (2 tablets per 1 day)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	PB	QL (2 tabs per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivudine</i>)	PB	QL (1 tablet per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG (<i>abacavir-lamivudine-zidovudine</i>)	NC	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (<i>emtricitabine-tenofovir df</i>)	NPB	
TRUVADA ORAL TABLET 200-300 MG (<i>emtricitabine-tenofovir df</i>)	NPB	#
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	G	
VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>)	NC	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PS	PA; SP Pharmacy; QL (1000 milliliters per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	PS	PA; SP Pharmacy; QL (102 tablets per 30 days)
VALTREX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	NC	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	NPS	PA; SP Pharmacy; QL (1 tablet per 1 day)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG, 200 MG, 250 MG, 400 MG (<i>didanosine</i>)	NC	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM (<i>didanosine</i>)	NPB	
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	NPB	
VIRAMUNE ORAL SUSPENSION 50 MG/5ML (<i>nevirapine</i>)	NC	
VIRAMUNE ORAL TABLET 200 MG (<i>nevirapine</i>)	NC	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 400 MG (<i>nevirapine</i>)	NC	
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	NPB	#
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	NPB	#; QL (1 tab per 1 day)
VIREAD ORAL TABLET 300 MG (<i>tenofovir disoproxil fumarate</i>)	NC	

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ZERIT ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG (stavudine)	NC	
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML (stavudine)	NC	
ZIAGEN ORAL SOLUTION 20 MG/ML (abacavir sulfate)	NC	
ZIAGEN ORAL TABLET 300 MG (abacavir sulfate)	NC	
zidovudine oral capsule 100 mg	G	
zidovudine oral syrup 50 mg/5ml	G	
zidovudine oral tablet 300 mg	G	
ZOVIRAX ORAL CAPSULE 200 MG (acyclovir)	NC	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML (acyclovir)	NC	
ZOVIRAX ORAL TABLET 400 MG, 800 MG (acyclovir)	NC	
*ANTI-VON WILLEBRAND FACTOR AGENTS*** - DRUGS FOR THE BLOOD		
CABLIVI INJECTION KIT 11 MG (caplacizumab-yhdp)	NPS	PA; NPL; SP Pharmacy; QL (1 vial per day, 2 courses (58 day supply) per 1 lifetime)
ASSORTED CLASSES - VITAMINS AND MINERALS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (tacrolimus)	NC	#
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	NPS	
azathioprine oral tablet 50 mg	G	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (belimumab)	NPS	PA; ST; SP Pharmacy
BENLYSTA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 200 MG/ML (belimumab)	NPS	PA; ST; SP Pharmacy; QL (4 injections per 1 month)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (belimumab)	NPS	PA; ST; SP Pharmacy; QL (4 injections per 1 month)
CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)	NC	
CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)	NC	
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	NC	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	G	
cyclosporine modified oral solution 100 mg/ml	G	SP Pharmacy
cyclosporine oral capsule 100 mg, 25 mg	G	

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DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	PS	PA; SP Pharmacy
<i>d-penaminate oral tablet 125 mg</i>	PS	PA; SP Pharmacy
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	NC	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	G	SP Pharmacy
<i>cyclosporine modified</i> (Gengraf Oral Capsule 50 Mg)	G	SP Pharmacy
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	G	SP Pharmacy
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	NC	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Powder)	G	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension 15 Gm/60ML)	G	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	NC	
<i>mycophenolate mofetil oral capsule 250 mg</i>	G	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	G	
<i>mycophenolate mofetil oral tablet 500 mg</i>	G	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	G	SP Pharmacy
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (<i>mycophenolate sodium</i>)	NC	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	NC	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	NC	
<i>penicillamine oral capsule 250 mg</i>	PS	PA; SP Pharmacy
<i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)	G	
<i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)	G	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NC	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	NC	
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	NPS	SP Pharmacy
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	NPS	PA; #; SP Pharmacy; QL (1 cap per 1 day)
<i>ringers irrigation irrigation solution</i>	G	

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SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	NC	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	NC	
sirolimus oral solution 1 mg/ml	PS	SP Pharmacy
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	G	
skin tag remover external liquid	NC	
sodium polystyrene sulfonate oral powder	G	
sodium polystyrene sulfonate oral suspension 15 gm/60ml	G	
sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml	G	
sodium polystyrene sulfonate (Sps Oral Suspension 15 Gm/60MI)	G	
SYPRINE ORAL CAPSULE 250 MG (trientine hcl)	NC	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	G	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (thalidomide)	PB	PA; #; SP Pharmacy
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (anti-thymocyte glob (rabbit))	NPS	SP Pharmacy
ringers irrigation (Tis-U-Sol Irrigation Solution)	G	
trientine hcl oral capsule 250 mg	G	PA; SP Pharmacy
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (patiromer sorbitex calcium)	NPB	PA; QL (1 packet per 1 day)
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (collagenase clostrid histolyt)	NPS	PA; SP Pharmacy
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG (everolimus)	NPS	#
ZORTRESS ORAL TABLET 1 MG (everolimus)	NPS	#; SP Pharmacy
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE LUNGS		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (dupilumab)	NC	
*BETA BLOCKER & ANGIOTENSIN II RECEPTOR ANTAGONIST COMB*** - DRUGS FOR THE HEART		
BYVALSON ORAL TABLET 5-80 MG (nebivolol-valsartan)	NC	
BETA BLOCKERS - DRUGS FOR THE HEART		
acebutolol hcl oral capsule 200 mg, 400 mg	G	

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<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
ATENOLOL+SYRSPEND SF PH4 ORAL SUSPENSION 1 MG/ML (<i>atenolol</i>)	NC	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	NC	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	NC	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	G	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	G	LGC
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>nebivolol hcl</i>)	NPB	QL (1 tab per 1 day)
BYSTOLIC ORAL TABLET 20 MG (<i>nebivolol hcl</i>)	NPB	QL (2 tabs per 1 day)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	G	LGC
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	G	ST; QL (1 capsule per 1 day)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	NC	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	NC	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	NC	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	NPB	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	NC	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NC	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NC	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NPB	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	G	
LEVATOL ORAL TABLET 20 MG (<i>penbutolol sulfate</i>)	NPB	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	NC	

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<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	G	QL (1.5 tabs per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	G	QL (2 tabs per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	G	QL (1 tab per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	G	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>pindolol oral tablet 10 mg, 5 mg</i>	G	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	G	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	G	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>propranolol hcl oral tablet 60 mg</i>	G	
<i>sotalol hcl (Sorine Oral Tablet 120 Mg, 80 Mg)</i>	G	LGC
<i>sotalol hcl (Sorine Oral Tablet 160 Mg, 240 Mg)</i>	G	
<i>sotalol hcl (af) oral tablet 120 mg</i>	G	LGC
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	G	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	G	LGC
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	G	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	NC	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	NC	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NC	
*BIGUANIDE-DIABETIC SUPPLIES COMBINATIONS*** - HORMONES		
D-CARE DM2 COMBINATION KIT 500 MG (<i>metformin hcl-diagnostic test</i>)	NC	
*BILE ACID SYNTHESIS DISORDER AGENTS*** - DRUGS FOR THE STOMACH		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	NC	

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BIOLOGICALS MISC - BIOLOGICAL AGENTS		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML (<i>pegademase bovine</i>)	NPS	PA; SP Pharmacy
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	NPB	PA; ST
*BULK CHEMICALS - NY*** - DRUGS FOR INFECTIONS		
<i>nystatin powder</i>	G	
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM		
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	NPB	PA; ST; QL (2 pens per 1 month)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>erenumab-aooe</i>)	NPB	PA; ST; QL (1 pen per 1 month)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	NPB	PA; ST; QL (2 pens per 1 month)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	NPB	PA; ST; QL (1 injection per 1 month)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	NC	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	NPB	PA; ST; QL (1 injection per 1 month)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	NPB	PA; ST; QL (1 injection per 1 month)
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	NC	
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg)	G	QL (1 tab per 1 day)
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 60 Mg)	G	QL (2 tabs per 1 day)
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>amlodipine besylate</i>)	NC	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	LGC

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CALAN ORAL TABLET 120 MG, 80 MG (<i>verapamil hcl</i>)	NC	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (<i>verapamil hcl</i>)	NC	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	NC	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl coated beads</i>)	NC	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	NC	
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 300 Mg)	G	QL (1 cap per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	G	QL (2 caps per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg</i>	G	QL (1 capsule per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 240 mg</i>	G	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg</i>	G	QL (1 cap per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	G	QL (2 caps per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	G	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg</i>	G	QL (1 cap per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	G	QL (2 cap per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 300 mg, 360 mg</i>	G	QL (1 tablet per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg</i>	G	QL (2 tablets per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 420 mg</i>	G	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	G	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	G	

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<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	G	QL (2 cap per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	G	LGC
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg</i>	G	
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	G	QL (2 capsules per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	QL (1 tab per 1 day)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	G	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	NC	
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 300 Mg, 360 Mg)</i>	G	QL (1 tab per 1 day)
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg)</i>	G	QL (2 tab per 1 day)
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 420 Mg)</i>	G	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	G	
<i>nifedipine (Nifediac Cc Oral Tablet Extended Release 24 Hour 30 Mg)</i>	G	QL (1 tablet per 1 day)
<i>nifedipine (Nifedical XI Oral Tablet Extended Release 24 Hour 60 Mg)</i>	G	QL (2 tabs per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg</i>	G	QL (1 tab per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 60 mg</i>	G	QL (2 tabs per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg</i>	G	QL (1 tab per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	G	QL (2 tabs per 1 day)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	G	
<i>nimodipine oral capsule 30 mg</i>	G	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg</i>	G	QL (1 tab per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg</i>	G	
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>	G	QL (2 tabs per 1 day)
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	NC	
NYMALIZE ORAL SOLUTION 60 MG/20ML (<i>nimodipine</i>)	NC	#
PROCARDIA ORAL CAPSULE 10 MG (<i>nifedipine</i>)	NC	

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PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	NC	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	NC	
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 300 Mg, 360 Mg)	G	QL (1 cap per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	G	QL (2 caps per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	NC	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 300 mg</i>	G	QL (1 cap per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	G	
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg</i>	G	QL (2 caps per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg</i>	G	LGC
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	G	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	G	LGC
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	NC	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	NC	
CARDIOTONICS - DRUGS FOR THE HEART		
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg, 250 Mcg)	G	
<i>digoxin</i> (Digox Oral Tablet 125 Mcg, 250 Mcg)	G	
<i>digoxin oral solution 0.05 mg/ml</i>	G	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	G	
LANOXIN ORAL TABLET 125 MCG, 187.5 MCG, 250 MCG, 62.5 MCG (<i>digoxin</i>)	NC	
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	NPS	PA; ST; SP Pharmacy; QL (2 tabs per 1 day)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	NPS	PA; ST; SP Pharmacy; QL (3 tabs per 1 day)

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<i>tadalafil (pah) (Alyq Oral Tablet 20 Mg)</i>	PS	PA; NPL; SP Pharmacy; QL (2 tablets per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PS	PA; NPL; SP Pharmacy
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	NC	
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	NPB	#
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PS	PA; NPL; SP Pharmacy
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (<i>amlodipine-atorvastatin</i>)	NC	
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	G	PA; SP Pharmacy
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NC	
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	PS	PA; SP Pharmacy
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	PS	PA; SP Pharmacy; QL (2 tablets per 1 day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	NPS	PA; SP Pharmacy
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (<i>treprostinil sodium</i>)	NPS	PA; #; SP Pharmacy
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	NC	#
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	NC	
<i>sildenafil citrate oral tablet 20 mg</i>	G	PA; SP Pharmacy; QL (3 tabs per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	PS	PA; SP Pharmacy; QL (2 tablets per 1 day)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	G	PA; QL (1 tablet per 1 day)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	NC	
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	NC	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PS	PA; NPL; SP Pharmacy
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NC	

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TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NC	
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NC	
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NC	#
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	NPS	PA; SP Pharmacy
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
CEDAX ORAL CAPSULE 400 MG (<i>ceftibuten</i>)	NC	
CEDAX ORAL SUSPENSION RECONSTITUTED 180 MG/5ML (<i>ceftibuten</i>)	NC	
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	G	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	G	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	G	
<i>cefadroxil oral capsule 500 mg</i>	G	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	G	
<i>cefadroxil oral tablet 1 gm</i>	G	
<i>cefdinir oral capsule 300 mg</i>	G	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	G	
<i>cefixime oral capsule 400 mg</i>	G	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	G	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	G	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	G	
<i>ceftibuten oral capsule 400 mg</i>	G	
<i>ceftibuten oral suspension reconstituted 180 mg/5ml</i>	G	
CEFTIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML (<i>cefuroxime axetil</i>)	NC	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	G	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	G	

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<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	G	
DAXBIA ORAL CAPSULE 333 MG (<i>cephalexin</i>)	NC	
KEFLEX ORAL CAPSULE 250 MG, 500 MG, 750 MG (<i>cephalexin</i>)	NC	
SPECTRACEF ORAL TABLET 400 MG (<i>cefditoren pivoxil</i>)	NC	
SUPRAX ORAL CAPSULE 400 MG (<i>cefixime</i>)	NPB	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML, 500 MG/5ML (<i>cefixime</i>)	NC	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (<i>cefixime</i>)	NPB	#
CHEMICALS		
<i>arnica liquid</i>	NC	
<i>thioguanine powder</i>	G	
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR THE STOMACH		
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	NC	
CONTRACEPTIVES - DRUGS FOR WOMEN		
<i>levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N2 (G)
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (Not Covered)
<i>levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N2 (G)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N2 (G)
<i>alyacen 7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N2 (G)
<i>levonorgest-eth estrad 91-day (Amethia Lo Oral Tablet 0.1-0.02 & 0.01 Mg)</i>	CE	N2 (G)
<i>levonorgest-eth estrad 91-day (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg)</i>	CE	N2 (G)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	CE	N2 (NC); QL (1 ring per 365 days)
<i>desogestrel-ethinyl estradiol (Aprri Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N2 (G)
<i>norethin-eth estrad triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)</i>	CE	N2 (G)

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<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (G)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (G)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (G)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (G)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	NPB	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (G)
<i>desogestrel-ethinyl estradiol</i> (Bekyree Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (G)
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NPB	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (G)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (G)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	N2 (G)
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	N2 (G)
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N2 (G)

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<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N2 (G)
<i>desogestrel-ethinyl estradiol</i> (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N2 (G)
<i>desogestrel-ethinyl estradiol</i> (Cesia Oral Tablet 0.1/0.125/0.15 - 0.025 Mg)	CE	N2 (G)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (G)
<i>norethindrone-eth estradiol</i> (Cyclafem 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (G)
<i>norethin-eth estrad triphasic</i> (Cyclafem 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (G)
<i>desogestrel-ethinyl estradiol</i> (Cyred Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (G)
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (G)
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N2 (G)
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	CE	N2 (G)
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	CE	N2 (G)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	CE	N2 (G)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N2 (G)
ECONTRA EZ ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (Not Covered)
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (G)
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	#; N2 (NPB)
<i>desogestrel-ethinyl estradiol</i> (Emoquette Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)

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<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (G)
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	CE	N2 (G)
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (G)
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	CE	N2 (G)
FALESSA ORAL KIT 20-1-0.1 MCG-MG (<i>levonorgestrel-eth estrad & fa</i>)	NPB	
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet 42-21-21-7 Days)	CE	N2 (G)
<i>norgestimate-eth estradiol</i> (Femynor Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (G)
<i>drospirenone-ethinyl estradiol</i> (Gianvi Oral Tablet 3-0.02 Mg)	CE	N2 (G)
<i>norethindrone-eth estradiol</i> (Gildagia Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (G)
<i>norethin ace-eth estrad-fe</i> (Gildess Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (G)
<i>norethin ace-eth estrad-fe</i> (Gildess Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (G)
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	N2 (G)
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N2 (G)
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	N2 (G)
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	N2 (G)
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	N2 (G)
<i>norethindrone</i> (Jolivette Oral Tablet 0.35 Mg)	CE	N2 (G)
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)

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<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (G)
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (G)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (G)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (G)
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (G)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (G)
<i>desogestrel-ethinyl estradiol</i> (Kimidess Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (G)
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	N2 (NPB)
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (G)
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (G)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (G)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
<i>levonorgestrel-ethinyl estrad</i> (Larissia Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (G)
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N2 (G)

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<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (G)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	CE	N2 (G)
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	CE	N2 (G)
<i>levonorg-eth estrad triphasic oral tablet</i>	CE	N2 (G)
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY (<i>levonorgestrel</i>)	CE	N2 (NPB)
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	NPB	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	NPB	
<i>norethin ace-eth estrad-fe</i> (Lomedia 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (G)
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	N2 (G)
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (G)
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	N2 (G)
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	CE	N2 (G)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	N2 (G)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N2 (G)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N2 (G); QL (1 syringe per 90 days)
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N2 (G)
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (G)

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<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (G)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	NPB	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR (<i>levonorgestrel</i>)	CE	#, N2 (NPB)
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (G)
<i>norgestimate-eth estradiol</i> (Mononessa Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (G)
<i>my way oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<i>levonorg-eth estrad triphasic</i> (Myzilra Oral Tablet 50-30/75-40/125-30 Mcg)	CE	N2 (G)
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N2 (G)
<i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (G)
<i>necon 1/50 (28) oral tablet 1-50 mg-mcg</i>	CE	N2 (G)
<i>norethin-eth estrad triphasic</i> (Necon 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (G)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	N2 (NPB)
<i>next choice one dose oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	N2 (G)
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	N2 (G)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24)</i>	CE	N2 (G)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	N2 (G)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	CE	N2 (G)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N2 (G)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	N2 (G)

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<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	N2 (G)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	N2 (G)
<i>norethindrone (Norlyroc Oral Tablet 0.35 Mg)</i>	CE	N2 (G)
<i>norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)</i>	CE	N2 (G)
<i>norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)</i>	CE	N2 (G)
<i>norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)</i>	CE	N2 (G)
<i>norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	CE	N2 (G)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	CE	#; N2 (NPB)
<i>drospirenone-ethinyl estradiol (Ocella Oral Tablet 3-0.03 Mg)</i>	CE	N2 (G)
<i>ogestrel oral tablet 0.5-50 mg-mcg</i>	CE	N2 (G)
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (Not Covered)
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (Not Covered)
<i>levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N2 (G)
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	NPB	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	N2 (NPB)
<i>norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)</i>	CE	N2 (G)
<i>desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	CE	N2 (G)
<i>norethindrone-eth estradiol (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg)</i>	CE	N2 (G)
<i>norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	CE	N2 (G)
<i>levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N2 (G)
<i>norgestimate-eth estradiol (Previfem Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	N2 (G)

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QUARTETTE ORAL TABLET 42-21-21-7 DAYS (<i>levonorgest-eth estrad 91-day</i>)	NPB	
<i>levonorgest-eth estrad 91-day</i> (Quasense Oral Tablet 0.15-0.03 Mg)	CE	N2 (G)
<i>drospiren-eth estrad-levomefol</i> (Rajani Oral Tablet 3-0.02-0.451 Mg)	CE	N2 (G)
REACT ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (Not Covered)
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N2 (G)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NPB	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	N2 (G)
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	CE	N2 (G)
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (G)
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (G)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	CE	N2 (NPB)
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	CE	N2 (NC)
<i>desogestrel-ethinyl estradiol</i> (Solia Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (G)
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	N2 (G)
<i>take action oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (G)
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N2 (G)

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<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (G)
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N2 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (G)
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (G)
<i>norgestim-eth estrad triphasic</i> (Trinessa Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (G)
TRI-NORINYL (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	NPB	
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (G)
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (G)
<i>norethindrone</i> (Tulana Oral Tablet 0.35 Mg)	CE	N2 (G)
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	N2 (G)
<i>desogestrel-ethinyl estradiol</i> (Velivet Oral Tablet 0.1/0.125/0.15-0.025 Mg)	CE	N2 (G)
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	CE	N2 (G)
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (G)

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<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N2 (G)
<i>norethindrone-eth estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)</i>	CE	N2 (G)
<i>norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)</i>	CE	N2 (G)
<i>norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)</i>	CE	N2 (G)
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	CE	N2 (G)
<i>drospirenone-ethinyl estradiol (Zarah Oral Tablet 3-0.03 Mg)</i>	CE	N2 (G)
<i>norethindrone-eth estradiol (Zenchent Oral Tablet 0.4-35 Mg-Mcg)</i>	CE	N2 (G)
<i>ethynodiol diac-eth estradiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)</i>	CE	N2 (G)
<i>ethynodiol diac-eth estradiol (Zovia 1/50E (28) Oral Tablet 1-50 Mg-Mcg)</i>	CE	N2 (G)
<i>drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)</i>	CE	N2 (G)
CORTICOSTEROIDS - HORMONES		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	G	QL (1 tablet per 1 day)
<i>budesonide oral capsule delayed release particles 3 mg</i>	G	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	NC	
<i>cortisone acetate oral tablet 25 mg</i>	G	
<i>prednisone (Deltasone Oral Tablet 20 Mg)</i>	G	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>dexamethasone</i>)	NPB	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	G	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	G	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	G	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	G	
<i>dexamethasone (Dexpak 10 Day Oral Tablet Therapy Pack 1.5 Mg (35))</i>	NC	
<i>dexamethasone (Dexpak 13 Day Oral Tablet Therapy Pack 1.5 Mg (51))</i>	NC	
<i>dexamethasone (Dexpak 6 Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	NC	

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DMT SUIK COMBINATION KIT 10 MG/ML (<i>dexamethasone sodium phosphate & anesthetic</i>)	NC	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (<i>dexamethasone</i>)	NC	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>)	NC	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (<i>deflazacort</i>)	NC	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG (<i>budesonide</i>)	NC	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	G	
<i>dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	G	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	G	
LOCORT 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (41) (<i>dexamethasone</i>)	NC	
LOCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NC	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>methylprednisolone</i>)	NC	
MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	NPB	
MEDROL ORAL TABLET THERAPY PACK 4 MG (<i>methylprednisolone</i>)	NC	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	G	
MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK 5 MG (48) (<i>prednisolone</i>)	NPB	
MILLIPRED DP ORAL TABLET THERAPY PACK 5 MG (21), 5 MG (48) (<i>prednisolone</i>)	NPB	
MILLIPRED ORAL SOLUTION 10 MG/5ML (<i>prednisolone sodium phosphate</i>)	NC	
MILLIPRED ORAL TABLET 5 MG (<i>prednisolone</i>)	PB	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	NC	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML (<i>prednisolone sodium phosphate</i>)	NC	
<i>prednisolone oral solution 15 mg/5ml</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone oral syrup 15 mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	G	
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	NPB	
<i>prednisone oral solution 5 mg/5ml</i>	G	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	LGC
<i>prednisone oral tablet 50 mg</i>	G	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	G	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	NC	
<i>dexamethasone (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	NC	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NC	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	NC	
VERIPRED 20 ORAL SOLUTION 20 MG/5ML (<i>prednisolone sodium phosphate</i>)	NC	
ZODEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	NC	
ZONACORT 11 DAY ORAL TABLET THERAPY PACK 1.5 MG (41) (<i>dexamethasone</i>)	NC	
ZONACORT 7 DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NC	
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	G	
<i>alavert allergy/sinus oral tablet extended release 12 hour 5-120 mg</i>	G	OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (<i>fexofenadine-pseudoephedrine</i>)	G	OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (<i>fexofenadine-pseudoephedrine</i>)	G	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	G	
<i>pseudoeph-bromphen-dm (Bromfed Dm Oral Syrup 30-2-10 Mg/5MI)</i>	NPB	
CARBAPHEN 12 ORAL LIQUID 10-4-27.5 MG/5ML (<i>phenyleph-chlorphen-carbetapen</i>)	NC	
CARBAPHEN 12 PED ORAL SUSPENSION 2.5-1.25-7.5 MG/ML (<i>phenyleph-chlorphen-carbetapen</i>)	NC	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	G	OTC
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (<i>desloratadine-pseudoephedrine</i>)	NC	
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	G	OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	G	OTC
CODAR AR ORAL LIQUID 2-8 MG/5ML (<i>chlorpheniramine-codeine</i>)	NC	
DECON-A ORAL ELIXIR 2-5 MG/5ML (<i>brompheniramine-phenylephrine</i>)	NC	
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	G	OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	G	OTC
HYCOFENIX ORAL SOLUTION 30-2.5-200 MG/5ML (<i>pseudoeph-hydrocodone-gg</i>)	NC	
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	G	QL (120 mls per 1 fill)
<i>hydrocodone-guaifenesin oral solution 2.5-200 mg/5ml</i>	G	PA; QL (60 ml per 1 day over 5 days in a 30 day period)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	G	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	G	
<i>hydromet oral syrup 5-1.5 mg/5ml</i>	G	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % (<i>sodium chloride</i>)	NC	
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	G	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	G	OTC
<i>sodium chloride (Nebusal Inhalation Nebulization Solution 3 %)</i>	G	OTC
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % (<i>sodium chloride</i>)	NC	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	NC	
NORTUSS-DE ORAL LIQUID 2.5-5-50 MG/ML (<i>phenylephrine-dm-gg</i>)	NC	
<i>nortuss-ex oral liquid 20-200 mg/5ml</i>	NC	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	NC	
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>	G	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	G	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	NC	
<i>pseudoeph-chlorphen-hydrocod oral solution 60-4-5 mg/5ml</i>	G	
<i>sodium chloride (Pulmosal Inhalation Nebulization Solution 7 %)</i>	G	
RELHIST ORAL TABLET CHEWABLE 6-15 MG (<i>bromphen tann-phenyleph tann</i>)	NC	
SEMPREX-D ORAL CAPSULE 8-60 MG (<i>acrivastine-pseudoephedrine</i>)	NPB	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 7 %</i>	G	
<i>sodium chloride inhalation nebulization solution 3 %</i>	G	OTC
SSKI ORAL SOLUTION 1 GM/ML (<i>potassium iodide (expectorant)</i>)	NPB	
TESSALON PERLES ORAL CAPSULE 100 MG (<i>benzonatate</i>)	NC	
<i>tgq 15dm/5pehl/2cpm oral syrup 15-5-2 mg/5ml</i>	NC	
<i>tgq 30psel/150gfn/15dm oral syrup 30-150-15 mg/5ml</i>	NC	
<i>tgq 30psel/3brml/15dm oral syrup 30-3-15 mg/5ml</i>	NC	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG, 5-4 MG (<i>hydrocod polst-chlorphen polst</i>)	NPB	QL (20 caps per 1 fill)
<i>hydrocodone-homatropine (Tussigon Oral Tablet 5-1.5 Mg)</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE 10-8 MG/5ML (<i>hydrocod polst-chlorphen polst</i>)	NC	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	NPB	PA; QL (2 tablets per day max 20 tablets per 30 days)
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML (<i>codeine polst-chlorphen polst</i>)	NC	
ZUTRIPRO ORAL SOLUTION 60-4-5 MG/5ML (<i>pseudoeph-chlorphen-hydrocod</i>)	NC	
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>cetirizine-pseudoephedrine</i>)	G	OTC
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (21 capsules per 28 days)
KISQALI 200 DOSE ORAL TABLET 200 MG (<i>ribociclib succinate</i>)	CE	N2 (Not Covered)
KISQALI 400 DOSE ORAL TABLET 200 MG (<i>ribociclib succinate</i>)	CE	N2 (Not Covered)
KISQALI 600 DOSE ORAL TABLET 200 MG (<i>ribociclib succinate</i>)	CE	N2 (Not Covered)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	CE	N2 (Not Covered)
*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR THE LUNGS		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	NPS	PA; SP Pharmacy; QL (2 packets per 1 day)
ORKAMBI ORAL TABLET 100-125 MG (<i>lumacaftor-ivacaftor</i>)	NPS	PA; QL (4 tablets per 1 Day)
ORKAMBI ORAL TABLET 200-125 MG (<i>lumacaftor-ivacaftor</i>)	NPS	PA; QL (4 tablets per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (<i>tezacaftor-ivacaftor</i>)	NPS	PA; SP Pharmacy; QL (2 tablets per 1 Day)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	NPS	PA; SP Pharmacy; QL (2 tablets per 1 day)
DERMATOLOGICALS - DRUGS FOR THE SKIN		
ABREVA EXTERNAL CREAM 10 % (<i>docosanol</i>)	G	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	NC	#
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	NC	
<i>acitretin oral capsule 10 mg, 25 mg</i>	G	QL (2 caps per 1 day)
<i>acitretin oral capsule 17.5 mg</i>	G	QL (2 capsules per 1 day)
<i>acyclovir external cream 5 %</i>	NC	
<i>acyclovir external ointment 5 %</i>	NC	
ACZONE EXTERNAL GEL 7.5 % (<i>dapsone</i>)	NPB	#; QL (60 grams per 30 days)
<i>adapalene external cream 0.1 %</i>	G	PA; AL
<i>adapalene external gel 0.3 %</i>	G	PA; ST; AL
<i>adapalene external lotion 0.1 %</i>	G	PA; ST; AL
<i>adapalene external pad 0.1 %</i>	NC	
<i>adapalene external solution 0.1 %</i>	G	QL (2 ml per 1 day)
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	G	PA; AL
AKTIPAK EXTERNAL PACKET 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	NPB	
ALA SCALP EXTERNAL LOTION 2 % (<i>hydrocortisone</i>)	NC	
<i>ala-cort external cream 2.5 %</i>	NC	
<i>alclometasone dipropionate external cream 0.05 %</i>	G	
<i>alclometasone dipropionate external ointment 0.05 %</i>	G	
ALDARA EXTERNAL CREAM 5 % (<i>imiquimod</i>)	NC	
ALTABAX EXTERNAL OINTMENT 1 % (<i>retapamulin</i>)	NPB	
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	NC	
<i>amcinonide external cream 0.1 %</i>	G	ST
<i>amcinonide external lotion 0.1 %</i>	G	ST
<i>amcinonide external ointment 0.1 %</i>	G	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	NPB	#
<i>ammonium lactate external lotion 12 %</i>	G	OTC
<i>isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)</i>	G	PA; ST; QL (2 capsules per 1 day)
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	NPB	
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	NC	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfacetamide sodium-sulfur</i> (Avar Cleanser External Emulsion 10-5 %)	G	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (<i>sulfacetamide sodium-sulfur</i>)	NC	
<i>sulfacetamide sodium-sulfur</i> (Avar-E Emollient External Cream 10-5 %)	G	
<i>sulfacetamide sodium-sulfur</i> (Avar-E Green External Cream 10-5 %)	G	
AVAR-E LS EXTERNAL CREAM 10-2 % (<i>sulfacetamide sodium-sulfur</i>)	NC	
<i>tretinoin</i> (Avita External Cream 0.025 %)	G	PA; AL
<i>tretinoin</i> (Avita External Gel 0.025 %)	G	PA
<i>azelaic acid external gel</i> 15 %	G	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	NPB	
BACTROBAN EXTERNAL CREAM 2 % (<i>mupirocin calcium</i>)	NC	
BENZAC AC WASH EXTERNAL LIQUID 5 % (<i>benzoyl peroxide</i>)	NC	
BENZAACLIN EXTERNAL GEL 1-5 % (<i>clindamycin phos-benzoyl perox</i>)	NC	
BENZAACLIN WITH PUMP EXTERNAL GEL 1-5 % (<i>clindamycin phos-benzoyl perox</i>)	NC	
BENZAMYCIN EXTERNAL GEL 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	NC	
BENZEFOAMULTRA EXTERNAL FOAM 9.8 % (<i>benzoyl peroxide</i>)	NC	
<i>benzoyl peroxide</i> (Benzepro Creamy Wash External Liquid 7 %)	NC	
<i>benzoyl peroxide</i> (Benzepro Foaming Cloths External 6 %)	NC	
<i>benzoyl peroxide</i> (Benzepro Short Contact External Foam 9.8 %)	NC	
BENZIQ EXTERNAL GEL 5.25 % (<i>benzoyl peroxide</i>)	NC	
BENZIQ LS EXTERNAL GEL 2.75 % (<i>benzoyl peroxide</i>)	NC	
<i>benzoyl peroxide external foam</i> 9.8 %	NC	
<i>benzoyl peroxide-erythromycin external gel</i> 5-3 %	G	
<i>betamethasone dipropionate aug external cream</i> 0.05 %	G	
<i>betamethasone dipropionate aug external gel</i> 0.05 %	G	QL (100 grams per 30 days)

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<i>betamethasone dipropionate aug external lotion 0.05 %</i>	G	QL (120 grams per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	G	QL (100 grams per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	G	
<i>betamethasone dipropionate external lotion 0.05 %</i>	G	
<i>betamethasone dipropionate external ointment 0.05 %</i>	G	
<i>betamethasone valerate external cream 0.1 %</i>	G	ST
<i>betamethasone valerate external foam 0.12 %</i>	G	
<i>betamethasone valerate external lotion 0.1 %</i>	G	ST
<i>betamethasone valerate external ointment 0.1 %</i>	G	ST
<i>bp 10-1 external emulsion 10-1 %</i>	G	
<i>bp cleansing wash external emulsion 10-4 %</i>	NC	
<i>bp foam external foam 9.8 %</i>	NC	
<i>bpo foaming cloths external 6 %</i>	NC	
BRYHALI EXTERNAL LOTION 0.01 % (halobetasol propionate)	NC	
<i>calcipotriene external cream 0.005 %</i>	G	ST
<i>calcipotriene external ointment 0.005 %</i>	G	ST
<i>calcipotriene external solution 0.005 %</i>	G	ST
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	G	ST; QL (60 grams per 30 days)
<i>calcipotriene (Calcitrene External Ointment 0.005 %)</i>	G	ST
<i>calcitriol external ointment 3 mcg/gm</i>	G	
CAPEX EXTERNAL SHAMPOO 0.01 % (fluocinolone acetonide)	NPB	QL (120 ml per 30 days)
CARAC EXTERNAL CREAM 0.5 % (fluorouracil)	NC	
CENTANY EXTERNAL OINTMENT 2 % (mupirocin)	NC	
<i>sulfacetamide sodium-sulfur (Cerisa Wash External Emulsion 10-1 %)</i>	G	
<i>ciclopirox olamine (Ciclodan External Cream 0.77 %)</i>	G	
<i>ciclopirox (Ciclodan External Solution 8 %)</i>	G	PA
<i>ciclopirox external gel 0.77 %</i>	G	
<i>ciclopirox external shampoo 1 %</i>	G	
<i>ciclopirox external solution 8 %</i>	G	PA
<i>ciclopirox olamine external cream 0.77 %</i>	G	
<i>ciclopirox olamine external suspension 0.77 %</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	PA; ST; QL (2 capsules per 1 day)
CLEOCIN-T EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NC	
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	NC	
CLEOCIN-T EXTERNAL SOLUTION 1 % (<i>clindamycin phosphate</i>)	NC	
CLEOCIN-T EXTERNAL SWAB 1 % (<i>clindamycin phosphate</i>)	NC	
<i>clindamycin phosphate</i> (Clindacin Etz External Swab 1 %)	G	
<i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)	G	
CLINDAGEL EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NC	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	G	
<i>clindamycin phosphate external foam 1 %</i>	G	
<i>clindamycin phosphate external gel 1 %</i>	G	
<i>clindamycin phosphate external lotion 1 %</i>	G	
<i>clindamycin phosphate external solution 1 %</i>	G	
<i>clindamycin phosphate external swab 1 %</i>	G	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	G	PA; AL
<i>clobetasol propionate e external cream 0.05 %</i>	G	ST; QL (120 grams per 30 days)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	G	QL (100 grams per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	G	ST; QL (120 grams per 30 days)
<i>clobetasol propionate external foam 0.05 %</i>	G	QL (100 grams per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	G	ST; QL (120 grams per 30 days)
<i>clobetasol propionate external liquid 0.05 %</i>	G	QL (125 ml per 30 days)
<i>clobetasol propionate external lotion 0.05 %</i>	G	ST; QL (236 ml per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	G	ST; QL (120 grams per 30 days)
<i>clobetasol propionate external shampoo 0.05 %</i>	G	QL (236 ml per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	G	ST; QL (100 grams per 30 days)

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CLOBEX EXTERNAL LOTION 0.05 % (<i>clobetasol propionate</i>)	NC	
CLOBEX EXTERNAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>)	NC	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>)	NC	
<i>clocortolone pivalate external cream 0.1 %</i>	G	
<i>clocortolone pivalate pump external cream 0.1 %</i>	G	
<i>clobetasol propionate</i> (Clodan External Shampoo 0.05 %)	G	QL (236 ml per 30 days)
CLODERM EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	NC	
CLODERM PUMP EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	NC	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	G	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	G	
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	NPB	
CORDRAN EXTERNAL CREAM 0.05 % (<i>flurandrenolide</i>)	NC	
CORDRAN EXTERNAL LOTION 0.05 % (<i>flurandrenolide</i>)	NC	
CORDRAN EXTERNAL OINTMENT 0.05 % (<i>flurandrenolide</i>)	NC	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	NPB	#: QL (1 roll per 1 fill)
<i>clobetasol propionate</i> (Cormax Scalp Application External Solution 0.05 %)	G	ST; QL (100 ml per 30 days)
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5 (<i>neomycin-polymyxin-hc</i>)	NPB	
CORTISPORIN EXTERNAL OINTMENT 1 % (<i>bacit-poly-neo hc</i>)	NPB	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	NC	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	NC	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	NC	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	NC	

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<i>crotamiton</i> (Crotan External Lotion 10 %)	G	
CUTIVATE EXTERNAL CREAM 0.05 % (<i>fluticasone propionate</i>)	NC	
CUTIVATE EXTERNAL LOTION 0.05 % (<i>fluticasone propionate</i>)	NC	
<i>dapsone external gel</i> 5 %	G	QL (60 grams per 30 Days)
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	NPB	ST; #
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	NC	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	NC	
DERMATOP EXTERNAL CREAM 0.1 % (<i>prednicarbate</i>)	NC	
DERMATOP EXTERNAL OINTMENT 0.1 % (<i>prednicarbate</i>)	NC	
DESONATE EXTERNAL GEL 0.05 % (<i>desonide</i>)	NC	#
<i>desonide external cream</i> 0.05 %	G	ST
<i>desonide external lotion</i> 0.05 %	G	ST
<i>desonide external ointment</i> 0.05 %	G	ST
DESOWEN EXTERNAL CREAM 0.05 % (<i>desonide</i>)	NC	
DESOWEN EXTERNAL LOTION 0.05 % (<i>desonide</i>)	NC	
<i>desoximetasone external cream</i> 0.05 %, 0.25 %	G	ST
<i>desoximetasone external gel</i> 0.05 %	G	ST
<i>desoximetasone external liquid</i> 0.25 %	NC	
<i>desoximetasone external ointment</i> 0.05 %, 0.25 %	G	ST
<i>diclofenac epolamine transdermal patch</i> 1.3 %	G	QL (2 patches per 1 day)
<i>diclofenac sodium transdermal gel</i> 1 %	G	QL (200 grams per 30 days)
<i>diclofenac sodium transdermal gel</i> 3 %	NC	
<i>diclofenac sodium transdermal solution</i> 1.5 %	NC	
DIFFERIN EXTERNAL CREAM 0.1 % (<i>adapalene</i>)	NC	
DIFFERIN EXTERNAL GEL 0.1 % (<i>adapalene</i>)	G	OTC
DIFFERIN EXTERNAL GEL 0.3 % (<i>adapalene</i>)	NC	
DIFFERIN EXTERNAL LOTION 0.1 % (<i>adapalene</i>)	NC	
<i>diflorasone diacetate external cream</i> 0.05 %	G	ST
<i>diflorasone diacetate external ointment</i> 0.05 %	G	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIPROLENE AF EXTERNAL CREAM 0.05 % (betamethasone dipropionate aug)	NC	
DIPROLENE EXTERNAL LOTION 0.05 % (betamethasone dipropionate aug)	NC	
DIPROLENE EXTERNAL OINTMENT 0.05 % (betamethasone dipropionate aug)	NC	
docosanol external cream 10 %	G	OTC
DOLOTRANZ EXTERNAL KIT 2.5-2.5 & 4 % (lidocaine-prilocaine)	NC	
DOVONEX EXTERNAL CREAM 0.005 % (calcipotriene)	NC	
doxepin hcl external cream 5 %	G	QL (1.5 grams per 1 day)
DRITHO-CREME HP EXTERNAL CREAM 1 % (anthralin)	NPB	
ds prep pak combination therapy pack 1 & 0.13 %	NC	
DUAC EXTERNAL GEL 1.2-5 % (clindamycin-benzoyl per (refr))	NC	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (halobetasol prop-tazarotene)	NPB	
DUROLANE INJECTION GEL 20 MG/ML (hyaluronic acid)	NC	
econazole nitrate external cream 1 %	G	QL (85 grams per 30 days)
ECOZA EXTERNAL FOAM 1 % (econazole nitrate)	NC	
EFUDEX EXTERNAL CREAM 5 % (fluorouracil)	NC	
ELIDEL EXTERNAL CREAM 1 % (pimecrolimus)	NC	
ELIMITE EXTERNAL CREAM 5 % (permethrin)	NC	
ELOCON EXTERNAL CREAM 0.1 % (mometasone furoate)	NC	
ELOCON EXTERNAL OINTMENT 0.1 % (mometasone furoate)	NC	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	NC	
EPIDUO EXTERNAL GEL 0.1-2.5 % (adapalene-benzoyl peroxide)	NC	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (adapalene-benzoyl peroxide)	NPB	PA; ST; #; AL
EPIFOAM EXTERNAL FOAM 1-1 % (pramoxine-hc)	NPB	
ERTACZO EXTERNAL CREAM 2 % (sertaconazole nitrate)	NPB	QL (60 grams per 30 days)
ery external pad 2 %	G	

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<i>erythromycin external gel 2 %</i>	G	
<i>erythromycin external pad 2 %</i>	G	
<i>erythromycin external solution 2 %</i>	G	
<i>ethyl chloride external aerosol</i>	G	
EURAX EXTERNAL CREAM 10 % (<i>crotamiton</i>)	NPB	
EURAX EXTERNAL LOTION 10 % (<i>crotamiton</i>)	NPB	
EVOCALIN EXTERNAL FOAM 1 % (<i>clindamycin phosphate</i>)	NC	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	NPB	QL (60 grams per 30 days)
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	NPB	QL (60 ml per 30 days)
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	NC	
EXTINA EXTERNAL FOAM 2 % (<i>ketoconazole</i>)	NC	
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	NC	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	NPB	
FINACEA EXTERNAL GEL 15 % (<i>azelaic acid</i>)	NC	
FLECTOR TRANSDERMAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	NC	
<i>fluocinolone acetonide body external oil 0.01 %</i>	G	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	G	ST
<i>fluocinolone acetonide external ointment 0.025 %</i>	G	ST
<i>fluocinolone acetonide external solution 0.01 %</i>	G	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	G	
<i>fluocinonide emulsified base external cream 0.05 %</i>	G	QL (4 grams per 1 day)
<i>fluocinonide external cream 0.05 %</i>	G	ST; LGC; QL (120 grams per 30 days)
<i>fluocinonide external cream 0.1 %</i>	G	ST; QL (120 grams per 30 days)
<i>fluocinonide external gel 0.05 %</i>	G	ST; QL (120 grams per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	G	ST; QL (120 grams per 30 days)
<i>fluocinonide external solution 0.05 %</i>	G	QL (120 grams per 30 days)
FLUOROPLEX EXTERNAL CREAM 1 % (<i>fluorouracil</i>)	NPB	
<i>fluorouracil external cream 0.5 %, 5 %</i>	G	

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<i>fluorouracil external solution 2 %, 5 %</i>	G	
<i>flurandrenolide external cream 0.05 %</i>	G	
<i>flurandrenolide external lotion 0.05 %</i>	G	
<i>flurandrenolide external ointment 0.05 %</i>	NC	
<i>fluticasone propionate external cream 0.05 %</i>	G	ST
<i>fluticasone propionate external lotion 0.05 %</i>	G	
<i>fluticasone propionate external ointment 0.005 %</i>	G	
<i>gentamicin sulfate external cream 0.1 %</i>	G	LGC
<i>gentamicin sulfate external ointment 0.1 %</i>	G	LGC
<i>halcinonide external cream 0.1 %</i>	G	
<i>halobetasol propionate external cream 0.05 %</i>	G	ST; QL (50 grams per 30 days)
<i>halobetasol propionate external foam 0.05 %</i>	NC	
<i>halobetasol propionate external ointment 0.05 %</i>	G	ST; QL (50 grams per 30 days)
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	NPB	
HALOG EXTERNAL OINTMENT 0.1 % (<i>halcinonide</i>)	NPB	
HALOTIN EXTERNAL CREAM 1 % (<i>haloprogin</i>)	NC	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	G	
<i>hydrocortisone butyrate external cream 0.1 %</i>	G	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NC	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	G	
<i>hydrocortisone butyrate external solution 0.1 %</i>	G	
<i>hydrocortisone external ointment 2.5 %</i>	G	
<i>hydrocortisone valerate external cream 0.2 %</i>	G	
<i>hydrocortisone valerate external ointment 0.2 %</i>	G	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	NC	
<i>imiquimod external cream 5 %</i>	G	QL (48 packets per 365 days)
<i>imiquimod pump external cream 3.75 %</i>	NC	
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	NC	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	G	PA; ST; QL (2 capsules per 1 day)

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JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	NPB	PA; ST
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (<i>triamcinolone acetonide</i>)	NC	
KERALYT EXTERNAL GEL 6 % (<i>salicylic acid</i>)	NC	
<i>ketoconazole external cream 2 %</i>	G	
<i>ketoconazole external foam 2 %</i>	G	QL (50 grams per 30 days)
<i>ketoconazole external shampoo 2 %</i>	G	
KLARON EXTERNAL LOTION 10 % (<i>sulfacetamide sodium (acne)</i>)	NC	
<i>diclofenac sodium (Klofensaid Ii Transdermal Solution 1.5 %)</i>	NC	
<i>lactic acid external lotion 10 %</i>	G	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	NPB	QL (1 stick per 30 days)
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	NC	
<i>lidocaine external ointment 5 %</i>	G	QL (50 grams per 30 days)
<i>lidocaine external patch 5 %</i>	NC	
<i>lidocaine hcl external solution 4 %</i>	NC	
<i>lidocaine pak external ointment 5 %</i>	G	QL (90 grams per 1 month)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	G	QL (30 grams per 30 days)
<i>lidocaine-tetracaine external cream 7-7 %</i>	NC	
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	NC	
LIDOTREX EXTERNAL GEL 2 % (<i>lidocaine-collagen-aloe vera</i>)	NC	
<i>lindane external shampoo 1 %</i>	G	
LOCOID EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyrate</i>)	NC	
LOCOID EXTERNAL LOTION 0.1 % (<i>hydrocortisone butyrate</i>)	NC	
LOCOID EXTERNAL OINTMENT 0.1 % (<i>hydrocortisone butyrate</i>)	NC	
LOCOID EXTERNAL SOLUTION 0.1 % (<i>hydrocortisone butyrate</i>)	NC	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyr lipo base</i>)	NC	
LOPROX EXTERNAL CREAM 0.77 % (<i>ciclopirox olamine</i>)	NC	

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LOPROX EXTERNAL SHAMPOO 1 % (<i>ciclopirox</i>)	NC	
LOPROX EXTERNAL SUSPENSION 0.77 % (<i>ciclopirox olamine</i>)	NC	
LOTRISONE EXTERNAL CREAM 1-0.05 % (<i>clotrimazole-betamethasone</i>)	NC	
<i>luliconazole external cream 1 %</i>	G	
LUXIQ EXTERNAL FOAM 0.12 % (<i>betamethasone valerate</i>)	NC	
LUZU EXTERNAL CREAM 1 % (<i>luliconazole</i>)	NC	
<i>malathion external lotion 0.5 %</i>	G	
MENTAX EXTERNAL CREAM 1 % (<i>butenafine hcl</i>)	NPB	
<i>methoxsalen oral capsule 10 mg</i>	G	
<i>methoxsalen rapid oral capsule 10 mg</i>	G	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	NC	
METROGEL EXTERNAL GEL 1 % (<i>metronidazole</i>)	NC	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	NC	
<i>metronidazole external cream 0.75 %</i>	G	
<i>metronidazole external gel 0.75 %, 1 %</i>	G	
<i>metronidazole external lotion 0.75 %</i>	G	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	NC	
MICORT-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone acetate</i>)	NC	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	NPB	PA; ST
<i>mometasone furoate external cream 0.1 %</i>	G	ST
<i>mometasone furoate external ointment 0.1 %</i>	G	ST
<i>mometasone furoate external solution 0.1 %</i>	G	
<i>mupirocin calcium external cream 2 %</i>	G	QL (60 grams per 30 days)
<i>mupirocin external ointment 2 %</i>	G	QL (60 grams per 30 days)
<i>isotretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 40 Mg)</i>	G	PA; ST; QL (2 capsules per 1 day)
<i>isotretinoin (Myorisan Oral Capsule 30 Mg)</i>	G	PA; ST; QL (2 capsules per 1 day)
<i>naftifine hcl external cream 1 %</i>	G	ST

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<i>naftifine hcl external cream 2 %</i>	G	ST; QL (60 grams per 30 days)
NAFTIN EXTERNAL CREAM 2 % (<i>naftifine hcl</i>)	NC	
NAFTIN EXTERNAL GEL 1 % (<i>naftifine hcl</i>)	NPB	ST; QL (60 grams per 30 days)
NAFTIN EXTERNAL GEL 2 % (<i>naftifine hcl</i>)	NPB	ST; #; QL (60 grams per 30 days)
NATROBA EXTERNAL SUSPENSION 0.9 % (<i>spinosad</i>)	NC	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	NPB	
<i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel 1.2-5 %)	G	
NIZORAL EXTERNAL SHAMPOO 2 % (<i>ketconazole</i>)	NC	
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	NC	
NUCORT EXTERNAL LOTION 2 % (<i>hydrocortisone acetate</i>)	NC	
<i>nystatin</i> (Nyamyc External Powder 100000 Unit/Gm)	G	
<i>nystatin</i> (Nyata External Powder 100000 Unit/Gm)	G	
<i>nystatin external cream 100000 unit/gm</i>	G	
<i>nystatin external ointment 100000 unit/gm</i>	G	
<i>nystatin external powder 100000 unit/gm</i>	G	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	G	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	G	
<i>nystatin</i> (Nystop External Powder 100000 Unit/Gm)	G	
OLUX EXTERNAL FOAM 0.05 % (<i>clobetasol propionate</i>)	NC	
OLUX-E EXTERNAL FOAM 0.05 % (<i>clobetasol propionate emulsion</i>)	NC	
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phos-benzoyl perox</i>)	NC	#
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	NC	
OVACE PLUS EXTERNAL CREAM 10 % (<i>sulfacetamide sodium</i>)	NPB	
OVACE PLUS EXTERNAL LOTION 9.8 % (<i>sulfacetamide sodium</i>)	NC	
OVACE PLUS EXTERNAL SHAMPOO 10 % (<i>sulfacetamide sodium</i>)	NC	

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OVACE PLUS WASH EXTERNAL GEL 10 % (<i>sulfacetamide sodium</i>)	NC	
OVACE PLUS WASH EXTERNAL LIQUID 10 % (<i>sulfacetamide sodium</i>)	NC	
OVACE WASH EXTERNAL LIQUID 10 % (<i>sulfacetamide sodium</i>)	NC	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	NC	
<i>oxiconazole nitrate external cream 1 %</i>	G	QL (60 grams per 30 days)
OXISTAT EXTERNAL CREAM 1 % (<i>oxiconazole nitrate</i>)	NC	
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	NPB	QL (60 ml per 30 days)
OXSORALEN ULTRA ORAL CAPSULE 10 MG (<i>methoxsalen rapid</i>)	NC	
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	NC	
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	NPB	
PENLAC EXTERNAL SOLUTION 8 % (<i>ciclopirox</i>)	NC	
PENNSAID TRANSDERMAL SOLUTION 2 % (<i>diclofenac sodium</i>)	NC	
<i>permethrin external cream 5 %</i>	G	
PICATO EXTERNAL GEL 0.015 %, 0.05 % (<i>ingenol mebutate</i>)	NPB	QL (1 box per 1 fill)
<i>pimecrolimus external cream 1 %</i>	G	PA; ST
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	NC	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	NC	
PLEXION EXTERNAL CREAM 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	NC	
PLEXION EXTERNAL LOTION 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	NC	
PLIXDA EXTERNAL PAD 0.1 % (<i>adapalene</i>)	NC	
<i>podocon external solution 25 %</i>	NC	
<i>podofilox external solution 0.5 %</i>	G	
PRAMOSONE EXTERNAL CREAM 1-1 % (<i>pramoxine-hc</i>)	NC	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (<i>pramoxine-hc</i>)	NPB	
<i>prednicarbate external cream 0.1 %</i>	G	

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<i>prednicarbate external ointment 0.1 %</i>	G	
<i>premium lidocaine external ointment 5 %</i>	G	QL (90 grams per 1 month)
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % (<i>tacrolimus</i>)	NC	
<i>psorcon external cream 0.05 %</i>	NC	
QBREXZA EXTERNAL PAD 2.4 % (<i>glycopyrronium tosylate</i>)	NPB	PA; ST; QL (1 pad per 1 Day)
RECURA EXTERNAL CREAM (<i>misc antifungal combo products</i>)	NC	
REGANEX EXTERNAL GEL 0.01 % (<i>becaplermin</i>)	NPB	QL (30 grams per 30 days)
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (<i>tretinoin</i>)	NC	
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (<i>tretinoin</i>)	NC	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	NC	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (<i>tretinoin microsphere</i>)	NC	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	NC	
RIAX EXTERNAL FOAM 5.5 %, 9.5 % (<i>benzoyl peroxide</i>)	NC	
<i>metronidazole (Rosadan External Cream 0.75 %)</i>	G	
<i>metronidazole (Rosadan External Gel 0.75 %)</i>	G	
<i>sulfacetamide sodium-sulfur (Rosanil Cleanser External Emulsion 10-5 %)</i>	G	
<i>salicylic acid (Salacyn External Cream 6 %)</i>	G	
<i>salicylic acid (Salacyn External Lotion 6 %)</i>	NC	
SALEX EXTERNAL SHAMPOO 6 % (<i>salicylic acid</i>)	NC	
<i>salicylic acid external cream 6 %</i>	G	
<i>salicylic acid external liquid 27.5 %</i>	NC	
<i>salicylic acid external lotion 6 %</i>	NC	
<i>salicylic acid external shampoo 6 %</i>	G	
<i>salitech forte external lotion 6 %</i>	NC	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	NPB	QL (60 grams per 30 days)
<i>sulfacetamide sodium (Seb-Prev Wash External Liquid 10 %)</i>	G	
<i>selenium sulfide external shampoo 2.25 %</i>	NC	
<i>selenium sulf-pyrithione-urea external shampoo 2.25 %</i>	G	

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SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	NC	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	NC	
SILVADENE EXTERNAL CREAM 1 % (<i>silver sulfadiazine</i>)	NC	
<i>silver nitrate external ointment 10 %</i>	G	
<i>silver nitrate external solution 0.5 %, 10 %, 25 %, 50 %</i>	G	
<i>silver sulfadiazine external cream 1 %</i>	G	
SKLICE EXTERNAL LOTION 0.5 % (<i>ivermectin</i>)	NPB	#
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (<i>risankizumab-rzaa</i>)	NC	
<i>sodium sulfacetamide external shampoo 10 %</i>	G	
SODIUM SULFACETAMIDE WASH EXTERNAL LIQUID 10 %	NPB	
SOLARAZE TRANSDERMAL GEL 3 % (<i>diclofenac sodium</i>)	NC	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	NC	#
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG (<i>acitretin</i>)	NC	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NC	
<i>spinosad external suspension 0.9 %</i>	G	
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	G	
<i>sss 10-5 external cream 10-5 %</i>	G	
<i>sss 10-5 external foam 10-5 %</i>	NC	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	PS	PA; ST; SP Pharmacy; QL (2 vials per 90 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	PS	PA; ST; SP Pharmacy; QL (2 syringes per 90 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	PS	PA; ST; SP Pharmacy; QL (2 syringes per 60 days)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	G	
<i>sulfacetamide sodium external gel 10 % (cleans)</i>	G	
<i>sulfacetamide sodium external liquid 10 %</i>	G	
<i>sulfacetamide sodium external suspension 10 %</i>	G	
<i>sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %</i>	G	

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<i>sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %</i>	G	
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>	G	
<i>sulfacetamide sodium-sulfur (Sulfacleanse 8/4 External Suspension 8-4 %)</i>	G	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	NPB	
SULFAMYLON EXTERNAL PACKET 5 % (<i>mafenide acetate</i>)	NPB	
<i>sulfurated lime external solution</i>	NC	
SUMAXIN EXTERNAL PAD 10-4 % (<i>sulfacetamide sodium-sulfur</i>)	NC	
SUMAXIN TS EXTERNAL SUSPENSION 8-4 % (<i>sulfacetamide sodium-sulfur</i>)	NC	
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	NC	
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	NC	
SYNALAR EXTERNAL SOLUTION 0.01 % (<i>fluocinolone acetonide</i>)	NC	
SYNERA EXTERNAL PATCH 70-70 MG (<i>lidocaine-tetracaine</i>)	NPB	QL (10 patches per 30 days)
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NC	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NPB	ST; #; QL (60 grams per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	G	ST
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	NC	
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	NC	
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	NPS	PA; SP Pharmacy
<i>tazarotene external cream 0.1 %</i>	G	PA; ST; AL
TAZORAC EXTERNAL CREAM 0.05 % (<i>tazarotene</i>)	NPB	PA; ST; AL
TAZORAC EXTERNAL CREAM 0.1 % (<i>tazarotene</i>)	NC	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	NPB	PA; ST; AL
TEMOVATE EXTERNAL CREAM 0.05 % (<i>clobetasol propionate</i>)	NC	

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TEMOVATE EXTERNAL GEL 0.05 % (<i>clobetasol propionate</i>)	NC	
TEMOVATE EXTERNAL OINTMENT 0.05 % (<i>clobetasol propionate</i>)	NC	
TEMOVATE EXTERNAL SOLUTION 0.05 % (<i>clobetasol propionate</i>)	NC	
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	NPB	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	NC	#
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (<i>desoximetasone</i>)	NC	
TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>)	NC	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>)	NC	
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	NC	
TRANZAREL EXTERNAL GEL 4 % (<i>lidocaine hcl</i>)	NC	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	NC	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	NC	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	G	PA; AL
<i>tretinoin external gel 0.01 %, 0.05 %</i>	G	PA; AL
<i>tretinoin external gel 0.025 %</i>	G	PA
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	NC	
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	NC	
TRETIN-X EXTERNAL CREAM 0.075 % (<i>tretinoin</i>)	NC	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	G	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	G	LGC
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	G	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	G	LGC
<i>triamcinolone acetonide (Triderm External Cream 0.1 %)</i>	G	LGC
<i>triamcinolone acetonide (Triderm External Cream 0.5 %)</i>	G	
TRIDESILON EXTERNAL CREAM 0.05 % (<i>desonide</i>)	NC	
ULESFIA EXTERNAL LOTION 5 % (<i>benzyl alcohol</i>)	NPB	#; QL (3 bottles per 1 fill)

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ULTRAVATE EXTERNAL CREAM 0.05 % (<i>halobetasol propionate</i>)	NC	
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	NC	#
ULTRAVATE EXTERNAL OINTMENT 0.05 % (<i>halobetasol propionate</i>)	NC	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	NC	#
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	NC	
<i>benzoyl perox-hydrocortisone</i> (Vanoxide-Hc External Lotion 5-0.5 %)	NC	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	NC	
VERDESO EXTERNAL FOAM 0.05 % (<i>desonide</i>)	NPB	QL (100 grams per 30 days)
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	NPB	
VIRASAL EXTERNAL LIQUID 27.5 % (<i>salicylic acid</i>)	NC	
VOLTAREN TRANSDERMAL GEL 1 % (<i>diclofenac sodium</i>)	NC	
WESTCORT EXTERNAL OINTMENT 0.2 % (<i>hydrocortisone valerate</i>)	NC	
XEPI EXTERNAL CREAM 1 % (<i>ozenoxacin</i>)	NC	
XERAC AC EXTERNAL SOLUTION 6.25 % (<i>aluminum chloride in alcohol</i>)	PB	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	NPB	
XOLEGEL EXTERNAL GEL 2 % (<i>ketoconazole</i>)	NPB	QL (50 grams per 30 days)
XYLOCAINE EXTERNAL SOLUTION 4 % (<i>lidocaine hcl</i>)	NC	
<i>zaclir cleansing external lotion 8 %</i>	NC	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	PA; ST; QL (2 capsules per 1 day)
<i>sulfacetamide sodium-sulfur</i> (Zencia External Liquid 9-4 %)	G	
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	NC	
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	NC	
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	NC	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (<i>imiquimod</i>)	NC	

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DIAGNOSTIC PRODUCTS		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ADVANCE INTUITION TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ADVOCATE REDI-CODE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ADVOCATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
AGAMATRIX AMP TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
AGAMATRIX JAZZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ASSURE 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ASSURE 4 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ASSURE PLATINUM IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ASSURE PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
BAYER BREEZE 2 TEST IN VITRO DISK (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
BAYER CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAYER CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
CARESENS N GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
CHEK-STIX CONTROL IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
CHEMSTRIP 10 MD IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
CHEMSTRIP 10/SG IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
CHEMSTRIP 2 GP IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
CHEMSTRIP 5 OB IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
CHEMSTRIP 7 IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
CHEMSTRIP 9 IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
CHEMSTRIP K IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
CHEMSTRIP UGK IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NPB	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
CLEVER CHEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
CLEVER CHOICE MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
COMBISTIX IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	NPB	PA; QL (300 strips per 1 month)
EASY STEP TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	NPB	PA; QL (300 strips per 30 days)
EASY TOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	NPB	PA; QL (300 strips per 30 days)

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EASYGLUCO IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
EASYPLUS BLOOD GLUCOSE TEST IN VITRO STRIP	NPB	PA; QL (300 strips per 30 days)
EASYPRO PLUS IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ELEMENT TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 1 month)
EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
EVENCARE G2 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
EVENCARE G3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
EVOLUTION AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
EZ SMART BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
EZ SMART PLUS GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA GD20 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
FORACARE GD40 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
FORACARE PREMIUM V10 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
FREESTYLE INSULINX TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
FREESTYLE LITE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
GE100 BLOOD GLUCOSE TEST IN VITRO STRIP	NPB	PA; QL (300 strips per 30 days)
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl rdna (diagnostic)</i>)	NPB	QL (1 kit per 1 fill)
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
GLUCOCARD X-SENSOR IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
GLUCOCOM TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
HEMA-COMBISTIX IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
KETOCARE IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NPB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
LABSTIX IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
LIBERTY TEST IN VITRO STRIP	NPB	PA; QL (300 strips per 30 days)
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (300 strips per 30 days)
MULTISTIX 10 SG IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
MULTISTIX 5 IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
MULTISTIX 7 IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
MULTISTIX 8 IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
MULTISTIX 9 IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
MULTISTIX 9 SG IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
MULTISTIX IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
MYGLUCOHEALTH TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ON CALL PLUS BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ON CALL VIVID BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ONETOUCH ULTRA BLUE IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 1 month)
POCKETCHEM EZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
PRECISION PCX IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
PRECISION PCX PLUS TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
PRECISION POINT OF CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
PRECISION QID TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION SOF-TACT TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 1 month)
RELION KETONE IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
REVEAL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 1 month)
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 1 month)
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 1 month)
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 1 month)
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
SOLUS V2 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
SURE EDGE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
TELCARE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ULTIMA TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
ULTRATRAK PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)

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ULTRATRAK ULTIMATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
URISTIX 4 IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
URISTIX IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
VICTORY AGM-4000 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 30 days)
WAVESENSE PRESTO IN VITRO STRIP (<i>glucose blood</i>)	NPB	PA; QL (300 strips per 1 month)
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION		
APPTRIM ORAL CAPSULE (<i>dietary manage prod - diet aid</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
APPTRIM-D ORAL CAPSULE (<i>dietary manage prod - diet aid</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
AVAILNEX ORAL TABLET CHEWABLE 750 MG (<i>carbocysteine</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
AXONA ORAL PACKET (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
CARDIOTEK RX ORAL TABLET (<i>fa-b6-b12-arginine-blackpepper</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
CEREFOLIN NAC ORAL TABLET 6-2-600 MG (<i>methylfol-methylcob-acetylcyst</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
CEREFOLIN NAC ORAL TABLET 6-90.314-2-600 MG (<i>methylfol-algae-b12-acetylcyst</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

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CEREFOLIN ORAL TABLET 6-1-50-5 MG (<i>l-methylfolate-b12-b6-b2</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
DEPLIN 15 ORAL CAPSULE 15-90.314 MG (<i>l-methylfolate-algae</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
DEPLIN 7.5 ORAL CAPSULE 7.5-90.314 MG (<i>l-methylfolate-algae</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
ENLYTE ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
ENTERAGAM ORAL PACKET 5 GM (<i>sbilprotein isolate</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOLBIC ORAL TABLET 2.5-25-2 MG (<i>fa-pyridoxine-cyanocobalamin</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
FOLBIC RF ORAL TABLET 1.13-25-2 MG (<i>l-methylfolate-b6-b12</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOLTANX ORAL TABLET 3-35-2 MG (<i>l-methylfolate-b6-b12</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOLTANX RF ORAL CAPSULE 3-90.314-2-35 MG (<i>l-methylfolate-algae-b12-b6</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOLTX ORAL TABLET 1.13-25-2 MG (<i>l-methylfolate-b6-b12</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

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FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT (<i>genistein-zn chelate-vit d</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOSTEUM PLUS ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOVEX ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
GABADONE ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
HYPERTENSA ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
KIDS PROTEIN ORGANIC SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	NC	
LIMBREL ORAL CAPSULE 250 MG, 500 MG (<i>flavocoxid</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
LIMBREL250 ORAL CAPSULE 250-50 MG (<i>flavocoxid-cit zn bisglcinate</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
LIMBREL500 ORAL CAPSULE 500-50 MG (<i>flavocoxid-cit zn bisglcinate</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
LIPICHOL 540 ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

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LISTER-V ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>l-methylfolate ca me-cbl nac oral tablet 6-90.314-2-600 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>l-methylfolate calcium oral tablet 15 mg, 7.5 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
<i>l-methylfolate formula 15 oral capsule 15-90.314 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>l-methylfolate formula 7.5 oral capsule 7.5-90.314 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>l-methylfolate forte oral capsule 15-90.314 mg, 7.5-90.314 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>l-methylfolate oral tablet 15 mg, 7.5 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
<i>l-methylfolate-algae-b12-b6 oral capsule 3-90.314-2-35 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
<i>l-methylfolate-b6-b12 oral tablet 1.13-25-2 mg, 3-35-2 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
<i>l-methyl-mc nac oral tablet 6-2-600 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

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<i>l-methyl-mc oral tablet 6-1-50-5 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
LUKAID GLA ORAL EMULSION (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
MACUTEK ORAL TABLET DISPERSIBLE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
METAFOLBIC ORAL TABLET 6-1-50-5 MG (<i>l-methylfolate-b12-b6-b2</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG (<i>methylfol-methylcob-acetylcyst</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG (<i>methylfol-algae-b12-acetylcyst</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
METANX ORAL CAPSULE 3-90.314-2-35 MG (<i>l-methylfolate-algae-b12-b6</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
ORGANIC NUTRITION SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	NC	
PERCURA ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
PROTEOLIN DS ORAL TABLET (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

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PROTEOLIN ORAL TABLET (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
PULMONA ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
SENTRA AM ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
SENTRA PM ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
THERAMINE ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
THERAMINE PLUS ORAL PACKET (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
TREPADONE ORAL CAPSULE (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VASCAZEN ORAL CAPSULE 1 GM (<i>omega-3-acid eth est (dietary)</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VASCULERA ORAL TABLET (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VAYACOG ORAL CAPSULE 100-19.5-6.5 MG (<i>phosphatidylserine-dha-epa</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

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VAYARIN ORAL CAPSULE 75-21.5-8.5 MG (<i>phosphatidylserine-dha-epa</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VAYAROL ORAL CAPSULE 630-232.5-92.5 MG (<i>phytosterol esters-dha-epa</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>virt-vite forte oral tablet 2.5-25-2 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
VITAL HP 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>)	NC	
<i>vp-gstn oral capsule 27-20-200 mg-mg-unit</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VSL#3 JUNIOR ORAL PACKET (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VSL#3 ORAL PACKET (<i>dietary management product</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; Tier 3
ZYTAZE ORAL CAPSULE 25-500 MG (<i>zinc citrate-phytase</i>)	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NPB	PA; ST
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 2600 UNIT, 4200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NPB	PA; ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 24000-86250 UNIT, 4000 UNIT, 8000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NPB	PA; ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	NPS	SP Pharmacy
VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NPB	PA; ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 10000-32000 UNIT, 15000-47000 UNIT, 15000-51000 UNIT, 20000-63000 UNIT, 20000-68000 UNIT, 25000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 40000-136000 UNIT, 5000 UNIT, 5000-24000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD		
BRILINTA ORAL TABLET 60 MG (<i>ticagrelor</i>)	NPB	QL (2 tablets per 1 day)
BRILINTA ORAL TABLET 90 MG (<i>ticagrelor</i>)	NPB	QL (2 tabs per 1 day)
DIURETICS - DRUGS FOR THE HEART		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	G	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	G	
ALDACTAZIDE ORAL TABLET 25-25 MG (<i>spironolactone-hctz</i>)	NC	
ALDACTAZIDE ORAL TABLET 50-50 MG (<i>spironolactone-hctz</i>)	NPB	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	NC	
<i>amiloride hcl oral tablet 5 mg</i>	G	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	G	LGC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
BUMEX ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>bumetanide</i>)	NC	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	NC	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	G	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	G	
DEMADEX ORAL TABLET 10 MG, 20 MG (<i>torseamide</i>)	NC	
DIAMOX SEQUELS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 500 MG (<i>acetazolamide</i>)	NC	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	NPB	
DYAZIDE ORAL CAPSULE 37.5-25 MG (<i>triamterene-hctz</i>)	NC	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (triamterene)	NPB	
EDECIN ORAL TABLET 25 MG (ethacrynic acid)	NC	
ethacrynic acid oral tablet 25 mg	G	
furosemide oral solution 10 mg/ml, 8 mg/ml	G	
furosemide oral tablet 20 mg, 40 mg, 80 mg	G	LGC
hydrochlorothiazide oral capsule 12.5 mg	G	LGC
hydrochlorothiazide oral tablet 12.5 mg	G	
hydrochlorothiazide oral tablet 25 mg, 50 mg	G	LGC
indapamide oral tablet 1.25 mg, 2.5 mg	G	
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	NC	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (furosemide)	NC	
MAXZIDE ORAL TABLET 75-50 MG (triamterene-hctz)	NC	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (triamterene-hctz)	NC	
methazolamide oral tablet 25 mg, 50 mg	G	
methyclothiazide oral tablet 5 mg	G	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	G	
MICROZIDE ORAL CAPSULE 12.5 MG (hydrochlorothiazide)	NC	
NEPTAZANE ORAL TABLET 25 MG, 50 MG (methazolamide)	NC	
spironolactone oral tablet 100 mg, 50 mg	G	
spironolactone oral tablet 25 mg	G	LGC
spironolactone-hctz oral tablet 25-25 mg	G	
toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	G	
triamterene oral capsule 100 mg, 50 mg	G	
triamterene-hctz oral capsule 37.5-25 mg	G	LGC
triamterene-hctz oral capsule 50-25 mg	G	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	G	LGC
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** - DRUGS FOR THE NERVOUS SYSTEM		
SUNOSI ORAL TABLET 150 MG, 75 MG (solriamfetol hcl)	NC	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NC	
ACTONEL ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG (<i>risedronate sodium</i>)	NC	
<i>alendronate sodium oral solution 70 mg/75ml</i>	NC	
<i>alendronate sodium oral tablet 10 mg</i>	G	QL (1 tablets per 1 day)
<i>alendronate sodium oral tablet 35 mg</i>	G	QL (8 tablets per 1 month)
<i>alendronate sodium oral tablet 40 mg, 5 mg</i>	G	QL (1 tab per 1 day)
<i>alendronate sodium oral tablet 70 mg</i>	G	QL (4 tabs per 1 month)
AELVIA ORAL TABLET DELAYED RELEASE 35 MG (<i>risedronate sodium</i>)	NC	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	NC	
BONIVA ORAL TABLET 150 MG (<i>ibandronate sodium</i>)	NC	
BRAVELLE INJECTION SOLUTION RECONSTITUTED 75 UNIT (<i>urofollitropin purified</i>)	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	NC	
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	NC	SP Pharmacy
<i>cabergoline oral tablet 0.5 mg</i>	G	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	G	ST; QL (1 bottle per 1 fill)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	G	
<i>calcitriol oral solution 1 mcg/ml</i>	G	
CARBAGLU ORAL TABLET 200 MG (<i>carglumic acid</i>)	NPS	PA; #; SP Pharmacy
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NC	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NC	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>)	NC	PA; #; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	PS	PA; SP Pharmacy
<i>clomiphene citrate oral tablet 50 mg</i>	NC	Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 3
CYSTADANE ORAL POWDER (<i>betaine</i>)	NPS	PA; SP Pharmacy
DDAVP NASAL SOLUTION 0.01 % (<i>desmopressin acetate spray</i>)	NC	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	NC	
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 % (<i>desmopressin ace refrigerated</i>)	NC	
<i>desmopressin ace rhinal tube nasal solution 0.01 %</i>	NC	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	G	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	G	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	G	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	G	SP Pharmacy; QL (1 capsule per 1 day)
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	G	
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	NC	
FOLLISTIM AQ INJECTION SOLUTION 75 UNT/0.5ML (<i>follitropin beta</i>)	NC	PA; ST; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (<i>follitropin beta</i>)	NC	PA; ST; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	NPS	PA; ST; #; SP Pharmacy
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	NC	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	NPB	ST; QL (4 tabs per 1 month)
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	NPS	PA; SP Pharmacy; QL (14 capsules per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ganirelix acetate subcutaneous solution 250 mcg/0.5ml</i>	NC	PA; #; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	NPS	PA; ST; SP Pharmacy
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG (<i>somatropin</i>)	NPS	PA; ST; SP Pharmacy
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (<i>follitropin alfa</i>)	PS	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (<i>follitropin alfa</i>)	PS	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>follitropin alfa</i>)	PS	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
HECTOROL ORAL CAPSULE 0.5 MCG, 1 MCG, 2.5 MCG (<i>doxercalciferol</i>)	NC	
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG (<i>somatropin</i>)	NPS	PA; ST; SP Pharmacy
<i>ibandronate sodium oral tablet 150 mg</i>	G	PA; ST; QL (1 tab per 1 month)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	NPS	PA; SP Pharmacy
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	PS	PA; SP Pharmacy
KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	NPS	PA; #; SP Pharmacy
KUVAN ORAL TABLET SOLUBLE 100 MG (<i>sapropterin dihydrochloride</i>)	NPS	PA; #; SP Pharmacy
<i>levocarnitine oral solution 1 gml/10ml</i>	G	

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LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	NPS	PA; #; SP Pharmacy
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) (<i>leuprolide acetate (3 month)</i>)	NPS	PA; #; SP Pharmacy
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>menotropins</i>)	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
MIACALCIN NASAL SOLUTION 200 UNIT/ACT (<i>calcitonin (salmon)</i>)	NC	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (<i>parathyroid hormone (recomb)</i>)	NC	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	PS	PA; SP Pharmacy
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NC	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	NPB	PA; QL (1 tablet per 1 Day)
NOCTIVA NASAL EMULSION 0.83 MCG/0.1ML, 1.66 MCG/0.1ML (<i>desmopressin acetate</i>)	PB	QL (1 bottle per 30 Days); AL
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	NPS	PA; ST; SP Pharmacy
<i>novarel intramuscular solution reconstituted 10000 unit</i>	PS	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML (<i>somatropin</i>)	NPS	PA; ST; SP Pharmacy
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML (<i>somatropin</i>)	NPS	PA; ST; SP Pharmacy
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML (<i>somatropin</i>)	NPS	PA; ST; SP Pharmacy
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PS	PA; SP Pharmacy
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	PS	PA; SP Pharmacy
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	PS	PA; SP Pharmacy

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ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NPS	PA; SP Pharmacy
ORFADIN ORAL CAPSULE 20 MG (<i>nitisinone</i>)	NPS	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	NPS	PA; SP Pharmacy
ORLISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	NPS	PA; SP Pharmacy; QL (1 tablet/day per 730 lifetime days)
ORLISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	NPS	PA; SP Pharmacy; QL (2 tablets/day per 180 lifetime days)
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	NPB	PA; ST; QL (1 tablet per 1 day)
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>)	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	NPS	PA; SP Pharmacy; QL (1 syringe per 1 Day)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	G	SP Pharmacy; QL (1 capsule per 1 day)
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	PS	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML (<i>denosumab</i>)	NPS	PA; ST; SP Pharmacy
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N2 (G)
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	NPS	PA; ST; SP Pharmacy; QL (20 bottles per 30 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	NPB	QL (1 capsule per 1 day)
<i>risedronate sodium oral tablet 150 mg</i>	G	ST; QL (1 tablet per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	G	ST; QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	G	ST; QL (4 tablets per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	G	ST; QL (4 tablets per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (<i>calcitriol</i>)	NC	
ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>)	NC	
SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NPS	PA; ST; SP Pharmacy
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NPS	PA; ST; SP Pharmacy
SAMSCA ORAL TABLET 15 MG (<i>tolvaptan</i>)	NPS	PA; #; SP Pharmacy; QL (1 tab per 1 day)
SAMSCA ORAL TABLET 30 MG (<i>tolvaptan</i>)	NPS	PA; #; SP Pharmacy; QL (2 tabs per 1 day)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NC	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	NC	#
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (<i>cinacalcet hcl</i>)	NPB	PA; SP Pharmacy; QL (2 tablets per 1 day)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non- refrigerated)</i>)	NPS	PA; ST; SP Pharmacy
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	NC	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspartate</i>)	NPS	PA; SP Pharmacy; QL (2 amps per 1 day)
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	PS	PA; SP Pharmacy; QL (20 grams per 1 day)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PS	PA; SP Pharmacy; QL (40 tablets per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	NPS	PA; #; SP Pharmacy
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	NPS	PA; #; SP Pharmacy
STIMATE NASAL SOLUTION 1.5 MG/ML (<i>desmopressin acetate</i>)	NPB	PA

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SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (<i>histrelin acetate (cpp)</i>)	NC	PA; SP Pharmacy
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	NPS	PA; SP Pharmacy
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	NPS	PA; SP Pharmacy
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	PS	PA; ST; SP Pharmacy; QL (1 injection per 1 month)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	NPS	PA; ST; SP Pharmacy
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (<i>paricalcitol</i>)	NC	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	NPS	PA; ST; SP Pharmacy
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NPS	PA; ST; SP Pharmacy
ESTROGENS - HORMONES		
ACTIVELLA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	NC	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NC	
<i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	G	QL (1 tablet per 1 day)
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	NPB	
BIEST/PROGESTERONE TRANSDERMAL CREAM (<i>estradiol-estriol-progesterone</i>)	NC	
BIJUVA ORAL CAPSULE 1-100 MG (<i>estradiol-progesterone</i>)	NC	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	NPB	#; QL (1 box per 1 fill)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NC	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	NPB	QL (8 patch per 1 month)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (<i>estradiol valerate</i>)	NC	

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DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	NC	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM (<i>estradiol</i>)	NPB	QL (1 packet per 1 day)
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	NPB	QL (52 gm per 30 days)
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>estradiol</i>)	NC	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	LGC
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	G	QL (8 patches per 1 month)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	G	QL (4 patches per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	NC	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	G	QL (1 tab per 1 day)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	G	QL (1 EA per 1 day)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	NPB	QL (50 grams per 1 fill)
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	G	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	NPB	QL (2 bottles per 1 month)
<i>norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)</i>	G	
<i>jevantage lo oral tablet 0.5-2.5 mg-mcg</i>	G	
<i>norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)</i>	G	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (<i>esterified estrogens</i>)	NPB	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	NPB	#; QL (4 patches per 28 days)
<i>estradiol-norethindrone acet (Mimvey Lo Oral Tablet 0.5-0.1 Mg)</i>	G	QL (1 tablet per 1 day)
<i>estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)</i>	G	QL (1 tab per 1 day)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NC	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	G	

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PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (<i>estradiol-norgestimate</i>)	NPB	QL (1 tab per 1 day)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	NPB	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrogen-medroxyprogesterone</i>)	NPB	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrogen-medroxyprogesterone</i>)	NPB	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NC	
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - HORMONES		
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	NPB	PA; ST; QL (1 tab per 1 day)
*FARNESOID X RECEPTOR (FXR) AGONISTS*** - DRUGS FOR THE LIVER		
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	NC	
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
AVELOX ORAL TABLET 400 MG (<i>moxifloxacin hcl</i>)	NC	
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	NC	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	NC	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NC	
CIPRO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>ciprofloxacin-ciproflox hcl</i>)	NC	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	G	
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	G	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg</i>	G	
FACTIVE ORAL TABLET 320 MG (<i>gemifloxacin mesylate</i>)	NPB	#
LEVAQUIN ORAL TABLET 250 MG, 500 MG, 750 MG (<i>levofloxacin</i>)	NC	
<i>levofloxacin oral solution 25 mg/ml</i>	G	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>moxifloxacin hcl oral tablet 400 mg</i>	G	
<i>ofloxacin oral tablet 300 mg</i>	G	QL (28 tablets per 1 fill)
<i>ofloxacin oral tablet 400 mg</i>	G	
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
ACTIGALL ORAL CAPSULE 300 MG (<i>ursodiol</i>)	NC	
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	G	ST
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	NPB	ST; QL (2 caps per 1 day)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	PB	#; QL (4 caps per 1 day)
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG (<i>mesalamine</i>)	NC	
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) (<i>ferric citrate</i>)	NC	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	NC	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	NC	
<i>balsalazide disodium oral capsule 750 mg</i>	G	QL (9 caps per 1 day)
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	G	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	G	
CALPHRON ORAL TABLET 667 MG (<i>calcium acetate (phos binder)</i>)	G	
CANASA RECTAL SUPPOSITORY 1000 MG (<i>mesalamine</i>)	NPB	ST; QL (1 suppository per 1 day)
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	NPS	PA
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML (<i>certolizumab pegol</i>)	NPS	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	NPS	PA; ST; SP Pharmacy; QL (1 kit per 1 year)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	NPS	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	NC	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	G	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (<i>mesalamine</i>)	NC	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	NPB	ST; QL (4 caps per 1 day)

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<i>enulose oral solution 10 gm/15ml</i>	G	LGC
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	NPB	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	NC	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (<i>cromolyn sodium</i>)	NC	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	NPS	PA; SP Pharmacy; QL (1 box per 30 fillss)
<i>generlac oral solution 10 gm/15ml</i>	G	LGC
GIAZO ORAL TABLET 1.1 GM (<i>balsalazide disodium</i>)	NPB	ST; #; QL (6 tabs per 1 day)
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	G	LGC
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	G	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	NC	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG (<i>linaclotide</i>)	NPB	ST; QL (1 cap per 1 day)
LINZESS ORAL CAPSULE 72 MCG (<i>linaclotide</i>)	NPB	ST
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	NC	
<i>mesalamine oral capsule delayed release 400 mg</i>	G	QL (12 capsules per 1 Day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	G	QL (4 tablets per 1 Day)
<i>mesalamine oral tablet delayed release 800 mg</i>	G	QL (6 tablets per 1 day)
<i>mesalamine rectal suppository 1000 mg</i>	G	QL (1 suppository per 1 day)
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	G	LGC
<i>metoclopramide hcl oral tablet 10 mg</i>	G	LGC
<i>metoclopramide hcl oral tablet 5 mg</i>	G	
<i>metoclopramide hcl oral tablet dispersible 10 mg, 5 mg</i>	G	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	NC	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	NPB	ST; QL (16 caps per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (<i>mesalamine</i>)	NPB	ST; QL (8 caps per 1 day)
PHOSLYRA ORAL SOLUTION 667 MG/5ML (<i>calcium acetate (phos binder)</i>)	NPB	

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REGLAN ORAL TABLET 10 MG, 5 MG (<i>metoclopramide hcl</i>)	NC	
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	NC	#
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	NPB	PA; QL (0.6 ml per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	NPB	PA; QL (0.4 ml per 1 day)
RENAGEL ORAL TABLET 400 MG (<i>sevelamer hcl</i>)	NPB	#
RENAGEL ORAL TABLET 800 MG (<i>sevelamer hcl</i>)	NC	
REVELA ORAL PACKET 0.8 GM, 2.4 GM (<i>sevelamer carbonate</i>)	NC	
REVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	NPB	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	G	
<i>sevelamer carbonate oral tablet 800 mg</i>	G	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	G	
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	NC	
<i>sulfasalazine oral tablet 500 mg</i>	G	QL (8 tabs per 1 day)
<i>sulfasalazine oral tablet delayed release 500 mg</i>	G	QL (8 tabs per 1 day)
<i>sulfasalazine (Sulfazine Oral Tablet 500 Mg)</i>	G	QL (8 tabs per 1 day)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	NC	
URSO 250 ORAL TABLET 250 MG (<i>ursodiol</i>)	NC	
URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>)	NC	
<i>ursodiol oral capsule 300 mg</i>	G	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	G	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	NPB	#
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
<i>acetic acid irrigation solution 0.25 %</i>	G	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	G	QL (1 tab per 1 day)
<i>sodium chloride (gu irrigant) (Argyle Sterile Saline Irrigation Solution 0.9 %)</i>	G	
AVODART ORAL CAPSULE 0.5 MG (<i>dutasteride</i>)	NC	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	NPB	QL (1 tab per 1 day)

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<i>sodium chloride (gu irrigant)</i> (Curity Sterile Saline Irrigation Solution 0.9 %)	G	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	PS	PA; SP Pharmacy
<i>cytra k crystals oral packet 3300-1002 mg</i>	G	
<i>dutasteride oral capsule 0.5 mg</i>	G	ST; QL (1 capsule per 1 day)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	NC	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	NPB	QL (3 capsules per 1 day)
<i>finasteride oral tablet 5 mg</i>	G	
FLOMAX ORAL CAPSULE 0.4 MG (<i>tamsulosin hcl</i>)	NC	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	NC	
K-PHOS NO 2 ORAL TABLET 305-700 MG (<i>pot & sod ac phosphates</i>)	NPB	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	NPB	
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	G	
ORACIT ORAL SOLUTION 490-640 MG/5ML (<i>sod citrate-citric acid</i>)	NPB	
<i>phenazopyridine hcl</i> (Phenazo Oral Tablet 200 Mg)	G	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	G	
<i>potassium citrate-citric acid oral packet 3300-1002 mg</i>	G	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	G	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	NC	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	NC	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	NPB	
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	NPB	
<i>silodosin oral capsule 4 mg, 8 mg</i>	G	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	G	
<i>sodium chloride irrigation solution 0.9 %</i>	G	
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gml/100ml</i>	G	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	G	

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<i>potassium citrate-citric acid</i> (Taron-Crystals Oral Packet 3300-1002 Mg)	G	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	NPS	PA; SP Pharmacy
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	NPS	PA; ST
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	G	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (<i>potassium citrate</i>)	NC	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (<i>potassium citrate</i>)	NC	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (<i>potassium citrate</i>)	NC	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	NC	
<i>virtrate-2 oral solution 500-334 mg/5ml</i>	G	
<i>virtrate-3 oral solution 550-500-334 mg/5ml</i>	G	
<i>virtrate-k oral solution 1100-334 mg/5ml</i>	G	
*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML (<i>vancomycin hcl</i>)	NPB	
VANCOCIN HCL ORAL CAPSULE 125 MG, 250 MG (<i>vancomycin hcl</i>)	NC	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	G	
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	G	LGC
<i>colchicine oral capsule 0.6 mg</i>	NC	
<i>colchicine oral tablet 0.6 mg</i>	G	QL (2 tablets per 1 day)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	G	
COLCRYS ORAL TABLET 0.6 MG (<i>colchicine</i>)	NC	
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG (<i>lesinurad-allopurinol</i>)	NC	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	G	ST; QL (1 tablet per 1 day)
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	NC	
<i>probenecid oral tablet 500 mg</i>	G	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	NC	#
ZURAMPIC ORAL TABLET 200 MG (<i>lesinurad</i>)	NC	

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ZYLOPRIM ORAL TABLET 100 MG, 300 MG (<i>allopurinol</i>)	NC	
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophilic factor rahf-pfm</i>)	NPS	PA; SP Pharmacy
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	NC	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	NC	
AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG (<i>aspirin-dipyridamole</i>)	NC	
AGRYLIN ORAL CAPSULE 0.5 MG (<i>anagrelide hcl</i>)	NC	
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	NC	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	NPS	PA; SP Pharmacy
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	NC	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	G	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	G	
<i>aspirin-omeprazole oral tablet delayed release 325-40 mg, 81-40 mg</i>	NC	
BEBULIN INTRAVENOUS SOLUTION RECONSTITUTED 200-1200 UNIT (<i>factor ix complex</i>)	NC	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NC	
BRILINTA ORAL TABLET 60 MG (<i>ticagrelor</i>)	NPB	QL (2 tablets per 1 day)
BRILINTA ORAL TABLET 90 MG (<i>ticagrelor</i>)	NPB	QL (2 tabs per 1 day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	G	

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<i>clopidogrel bisulfate oral tablet 300 mg</i>	G	QL (1 tab per 1 fill)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	G	QL (1 tab per 1 day)
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	NC	
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	NC	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	G	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG (<i>aspirin</i>)	NC	
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	NC	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihemophilic factor rfviiiifc</i>)	NC	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED (<i>antiinhibitor coagulant cmplx</i>)	NC	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	NC	
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML (<i>icatibant acetate</i>)	NC	#
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	PS	PA; ST; SP Pharmacy; QL (16 kits per 1 month)
HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor (recomb)</i>)	NPS	PA; SP Pharmacy
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NC	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	NC	
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	PS	PA; NPL; SP Pharmacy; QL (6 syringes per 1 month)
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	NC	

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IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NC	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemoph fact rcm b peg-aucl</i>)	NC	
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	NC	
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (<i>prothrombin complex conc human</i>)	NC	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NC	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NC	
KOGENATE FS BIO-SET INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor (recomb)</i>)	NPS	PA; SP Pharmacy
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor (recomb)</i>)	NPS	PA; SP Pharmacy
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor (recomb)</i>)	NC	
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT, 1500 UNIT (<i>antihemophilic factor</i>)	NC	
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>coagulation factor ix</i>)	NC	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor (recomb)</i>)	NC	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	NC	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil fact (bdd-rfviii)</i>)	NC	

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NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophilic factor (bdd-rfviii)</i>)	NC	
<i>obizur intravenous solution reconstituted 500 unit</i>	NC	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	G	
PLAVIX ORAL TABLET 300 MG, 75 MG (<i>clopidogrel bisulfate</i>)	NC	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	G	PA; QL (1 tablet per 1 Day)
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	NC	
PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	NC	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	NC	
RECOMBIMATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihemophilic factor (recomb)</i>)	NC	
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	NC	
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	NC	
<i>ticlopidine hcl oral tablet 250 mg</i>	G	
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT (<i>coagulation factor xiii a-sub</i>)	NC	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	NC	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwvf</i>)	NPS	PA; SP Pharmacy
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor rahf-paf</i>)	NC	

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XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor rahf-paf</i>)	NC	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	NC	
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	PS	PA; SP Pharmacy
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	PS	PA; SP Pharmacy
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	PS	PA; SP Pharmacy; QL (2 caps per 1 day)
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	G	
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	NPS	PA; SP Pharmacy; QL (3 /day for 5 days per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	NPB	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	NPS	PA; SP Pharmacy
<i>folic acid oral capsule 0.8 mg, 20 mg, 5 mg</i>	CE	N2 (Not Covered)
<i>folic acid oral tablet 1 mg</i>	CE	LGC; N2 (Not Covered)
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	CE	N2 (Not Covered)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	PS	PA; SP Pharmacy
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>tbo-filgrastim</i>)	NC	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	NC	
HEMOCYTE-F ORAL ELIXIR (<i>iron combinations</i>)	NC	
<i>miglustat oral capsule 100 mg</i>	PS	PA; ST; SP Pharmacy; QL (3 capsules per 1 Day)

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MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	NPS	PA
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 30 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	NPS	PA; SP Pharmacy
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (<i>plerixafor</i>)	NPS	PA
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	NPS	PA; SP Pharmacy; QL (1 /day for 7 days per 30 days)
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	NC	
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	PS	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	PS	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	NPS	PA; ST; SP Pharmacy
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	NPS	PA; ST
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	PS	PA; NPL; SP Pharmacy
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	PS	PA; SP Pharmacy
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG (<i>romiplostim</i>)	NPS	PA; SP Pharmacy
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	PS	PA; SP Pharmacy
PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>)	NPS	PA; SP Pharmacy; QL (1 packet per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG (<i>eltrombopag olamine</i>)	NPS	PA; SP Pharmacy; QL (1 tab per 1 day)
PROMACTA ORAL TABLET 75 MG (<i>eltrombopag olamine</i>)	NPS	PA; SP Pharmacy; QL (1 tablet per 1 day)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	PS	PA; SP Pharmacy

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SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	NPB	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	PS	PA; NPL; SP Pharmacy
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	PS	PA
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	NPS	PA; ST; SP Pharmacy; QL (3 caps per 1 day)
HEMOSTATICS - DRUGS FOR THE BLOOD		
AMICAR ORAL SOLUTION 0.25 GM/ML (<i>aminocaproic acid</i>)	NC	
AMICAR ORAL TABLET 1000 MG (<i>aminocaproic acid</i>)	PB	
AMICAR ORAL TABLET 500 MG (<i>aminocaproic acid</i>)	NC	
<i>aminocaproic acid oral solution 0.25 g/ml</i>	NC	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	G	
EVITHROM EXTERNAL SOLUTION 800-1200 UNIT/ML (<i>thrombin (human)</i>)	NC	
LYSTEDA ORAL TABLET 650 MG (<i>tranexamic acid</i>)	NC	
<i>monsels ferric subsulfate external solution</i>	NC	
<i>tranexamic acid oral tablet 650 mg</i>	G	QL (30 tablet per 1 fill)
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS		
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	PS	PA; NPL; SP Pharmacy; QL (1 tablet per 1 day)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	PS	PA; NPL; SP Pharmacy
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	NC	
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	NPS	PA; ST; SP Pharmacy; QL (3 tablets per 1 Day)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NC	
TECHNIVIE ORAL TABLET 12.5-75-50 MG (<i>ombitasvir-paritaprev-ritonavir</i>)	NPS	PA; ST; QL (2 tablets per 1 day)
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG (<i>ombitas-paritapre-ritona-dasab</i>)	NPS	PA; ST; SP Pharmacy; QL (1 Pak per 28 days)
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200-8.33-50- 33.33 MG (<i>ombitas-paritapre-ritona-dasab</i>)	NPS	PA; ST; QL (3 tablets per 1 day)

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VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	PS	PA; SP Pharmacy; QL (1 tablet per 1 Day)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	PS	PA; SP Pharmacy; QL (1 tablet per 1 day)
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS THAT ALTER METABOLISM		
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	NPS	PA; SP Pharmacy; QL (4 packets per 1 day)
HYPNOTICS - DRUGS FOR THE NERVOUS SYSTEM		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (<i>zolpidem tartrate</i>)	NC	
AMBIEN ORAL TABLET 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NC	
BUTISOL SODIUM ORAL TABLET 30 MG (<i>butabarbital sodium</i>)	NPB	
DORAL ORAL TABLET 15 MG (<i>quazepam</i>)	NC	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NC	
<i>estazolam oral tablet 1 mg, 2 mg</i>	G	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	G	QL (1 tab per 1 day)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	G	
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	NC	
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	NPS	PA; SP Pharmacy; QL (1 capsule per 1 day)
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG, 3.5 MG (<i>zolpidem tartrate</i>)	NC	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (<i>eszopiclone</i>)	NC	
<i>midazolam hcl oral syrup 2 mg/ml</i>	G	
MIDAZOLAM+SYRSPEND SF PH4 ORAL SUSPENSION 1 MG/ML (<i>midazolam</i>)	NC	
<i>phenobarbital oral elixir 20 mg/5ml</i>	G	
<i>phenobarbital oral solution 20 mg/5ml</i>	G	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	G	
<i>quazepam oral tablet 15 mg</i>	G	
<i>ramelteon oral tablet 8 mg</i>	NC	

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RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (<i>temazepam</i>)	NC	
ROZEREM ORAL TABLET 8 MG (<i>ramelteon</i>)	NC	#
SECONAL ORAL CAPSULE 100 MG (<i>secobarbital sodium</i>)	NPB	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	NPB	ST; #; QL (1 tablet per 1 day)
SONATA ORAL CAPSULE 10 MG, 5 MG (<i>zaleplon</i>)	NC	
<i>temazepam oral capsule 15 mg, 30 mg</i>	G	
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	G	QL (1 cap per 1 day)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	G	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	G	QL (1 capsule per 1 day)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	G	PA; ST; QL (1 tab per 1 day)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	G	QL (2 tabs per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NC	
ZOLPIMIST ORAL SOLUTION 5 MG/ACT (<i>zolpidem tartrate</i>)	NC	#
*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR METABOLIC DISEASE		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	NC	
*IBS AGENT - 5-HT4 RECEPTOR PARTIAL AGONISTS*** - DRUGS FOR THE STOMACH		
ZELNORM ORAL TABLET 6 MG (<i>tegaserod maleate</i>)	NC	
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	NC	
*IN VITRO/LOCK ANTICOAGULANTS*** - DRUGS FOR THE BLOOD		
ANTICOAGULANT COMPOUND IN VITRO SOLUTION (<i>anticoag cit phos dex soln</i>)	NPB	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (<i>anticoagulant sodium citrate</i>)	NPB	

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*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - HORMONES		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	NC	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	NC	
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR THE LUNGS		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	NC	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	NC	
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER		
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	CE	N2 (Not Covered)
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER		
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	CE	N2 (Not Covered)
LAXATIVES - DRUGS FOR THE STOMACH		
<i>alophen oral tablet delayed release 5 mg</i>	CE	N2 (Not Covered); AL
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	CE	N2 (Not Covered); AL
<i>bisacodyl powder</i>	CE	N2 (Not Covered); AL
<i>bisacodyl rectal suppository 10 mg</i>	CE	N2 (Not Covered); AL
<i>citrate of magnesia oral solution , 1.745 gm/30ml</i>	CE	N2 (Not Covered); AL
CITROMA ORAL SOLUTION 1.745 GM/30ML (<i>magnesium citrate</i>)	CE	N2 (Not Covered); AL
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML (<i>sod picosulfate-mag ox-cit acid</i>)	CE	N2 (NPB); AL
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	CE	N2 (NPB); AL
<i>constulose oral solution 10 gm/15ml</i>	G	LGC
CORRECTOL ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	CE	N2 (Not Covered); AL
DULCOLAX BOWEL PREP KIT COMBINATION KIT (<i>bisacodyl</i>)	CE	N2 (Not Covered); AL

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DULCOLAX ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	CE	N2 (Not Covered); AL
DULCOLAX RECTAL SUPPOSITORY 10 MG (<i>bisacodyl</i>)	CE	N2 (Not Covered); AL
FLEET BISACODYL RECTAL ENEMA 10 MG/30ML (<i>bisacodyl</i>)	CE	N2 (Not Covered); AL
FLEET ENEMA RECTAL ENEMA 7-19 GM/118ML (<i>sodium phosphates</i>)	CE	N2 (Not Covered); AL
FLEET LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	CE	N2 (Not Covered); AL
FLEET PEDIATRIC RECTAL ENEMA 3.5-9.5 GM/59ML (<i>sodium phosphates</i>)	CE	N2 (Not Covered); AL
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-C Oral Solution Reconstituted 240 Gm)	CE	N2 (G); AL
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	CE	N2 (G); AL
<i>bisacodyl-peg-kcl-nabcarb-nacl</i> (Gavilyte-H Oral Kit 5-210 Mg-Gm)	CE	N2 (G); AL
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	CE	N2 (G); AL
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM, 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	CE	N2 (NPB); AL
KRISTALOSE ORAL PACKET 10 GM, 20 GM (<i>lactulose</i>)	NPB	QL (60 packets per 30 days)
<i>lactulose oral packet 10 gm</i>	G	QL (2 packets per 1 day)
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	G	LGC
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	CE	N2 (Not Covered); AL
MIRALAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	CE	N2 (Not Covered); AL
MIRALAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	CE	N2 (Not Covered); AL
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	#; N2 (NPB); AL
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM (<i>peg 3350-kcl-na bicarb-nacl</i>)	CE	N2 (NPB); AL
OSMOPREP ORAL TABLET 1.102-0.398 GM (<i>sod phos mono-sod phos dibasic</i>)	CE	#; N2 (NPB); AL
PCP 100 COMBINATION KIT (<i>mgcit-bisacod-pet-peg-metoclop</i>)	CE	N2 (NPB); AL
<i>peg 3350 oral packet</i>	CE	N2 (Not Covered); AL
<i>peg 3350 oral powder</i>	CE	N2 (Not Covered); AL

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<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	CE	N2 (G); AL
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	CE	N2 (G); AL
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	CE	N2 (G); AL
<i>bisacodyl-peg-kcl-nabicar-nacl (Peg-Prep Oral Kit 5-210 Mg-Gm)</i>	CE	N2 (G); AL
<i>phosphate laxative oral solution 0.9-2.4 gm/5ml</i>	CE	N2 (Not Covered); AL
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	N2 (NPB); AL
<i>polyethylene glycol 3350 oral packet</i>	CE	N2 (Not Covered); AL
<i>polyethylene glycol 3350 oral powder</i>	CE	N2 (Not Covered); AL
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM (<i>sod picosulfate-mag ox-cit acid</i>)	CE	#; N2 (NPB); AL
<i>saline laxative oral solution 0.9-2.4 gm/5ml</i>	CE	N2 (Not Covered); AL
SMOOTH LAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	CE	N2 (Not Covered); AL
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	CE	N2 (NPB); AL
<i>peg 3350-kcl-na bicarb-nacl (Trilyte Oral Solution Reconstituted 420 Gm)</i>	CE	N2 (G); AL
*LEPTIN ANALOGUES*** - HORMONES		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	NPS	PA; QL (15 vials per 30 days)
*LHRH/GNRH AGONIST ANALOG COMBINATIONS*** - HORMONES		
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG (<i>leuprolide & norethindrone</i>)	NPS	PA; SP Pharmacy
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - DRUGS FOR THE EYE		
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	NPB	
MACROLIDES - DRUGS FOR INFECTIONS		
<i>azithromycin oral packet 1 gm</i>	G	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	G	
BIAXIN ORAL TABLET 250 MG, 500 MG (<i>clarithromycin</i>)	NC	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	G	

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<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	G	
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	NPB	PA; ST; QL (20 tabs per 1 fill)
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NPB	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NPB	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NPB	
<i>erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)</i>	G	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	NC	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	G	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	G	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	G	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	G	
<i>erythromycin stearate oral tablet 250 mg</i>	G	
PCE ORAL TABLET DELAYED RELEASE 333 MG, 500 MG (<i>erythromycin base coated</i>)	NPB	
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	NC	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	NC	
ZITHROMAX ORAL TABLET 250 MG, 500 MG, 600 MG (<i>azithromycin</i>)	NC	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	NC	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	NC	
ZMAX ORAL SUSPENSION RECONSTITUTED 2 GM (<i>azithromycin</i>)	NPB	

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MEDICAL DEVICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
1ST TIER UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	NPB	
1ST TIER UNIFINE PENTIPS PLUS 31G X 8 MM	NPB	
1ST TIER UNILET COMFORTOUCH	NPB	
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	NPB	
ACCU-CHEK MULTICLIX LANCETS (<i>lancets</i>)	NPB	
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	NPB	
ACCU-CHEK SOFT TOUCH LANCETS (<i>lancets</i>)	NPB	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	NPB	QL (1 device per 1 year)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	NPB	
ACTI-LANCE 28G	NPB	
ACTI-LANCE LITE LANCETS 28G	NPB	
ACTI-LANCE SPECIAL LANCETS 17G	NPB	
ACTI-LANCE UNIVERSAL 23G	NPB	
<i>adjustable lancing device</i>	G	
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
ADVOCATE LANCETS (<i>lancets</i>)	NPB	
ADVOCATE RAPID-SAFE LANCING (<i>lancet devices</i>)	NPB	
ADVOCATE SAFETY LANCETS (<i>lancets</i>)	NPB	
AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>)	NPB	
<i>alcohol swabs pad</i>	G	
<i>alternate site lancing device</i>	G	
<i>anti-stick insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	G	
ASSURE COMFORT LANCETS 28G	NPB	
ASSURE COMFORT LANCETS 30G	NPB	
ASSURE HAEMOLANCE PLUS HIGH (<i>lancets</i>)	NPB	
ASSURE HAEMOLANCE PLUS LOW (<i>lancets</i>)	NPB	

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ASSURE HAEMOLANCE PLUS MICRO (<i>lancets</i>)	NPB	
ASSURE HAEMOLANCE PLUS NORMAL (<i>lancets</i>)	NPB	
ASSURE HAEMOLANCE PLUS PED (<i>lancets</i>)	NPB	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
ASSURE LANCE LANCETS (<i>lancets</i>)	NPB	
ASSURE LANCETS (<i>lancets</i>)	NPB	
AURORA LANCET SUPER THIN 30G	NPB	
AURORA LANCET THIN 23G	NPB	
AURORA PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM	NPB	
AURORA UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM	NPB	
BAYER MICROLET LANCETS (<i>lancets</i>)	NPB	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM (<i>insulin pen needle</i>)	PB	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27G X 1/2" 1 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	PB	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INTEGRA NEEDLE 25G X 5/8" (<i>needle (disp)</i>)	NC	
BD LANCET ULTRAFINE 30G (<i>lancets</i>)	PB	
BD LANCET ULTRAFINE 33G (<i>lancets</i>)	PB	

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BD MICROTAINER LANCETS (<i>lancets</i>)	PB	
BD PEN NEEDLE MINI U/F 31G X 5 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE NANO U/F 32G X 4 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE SHORT U/F 31G X 8 MM (<i>insulin pen needle</i>)	PB	
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BULLSEYE MINI SAFETY LANCETS	NPB	
CAREFINE PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	NPB	
CAREONE LANCET THIN 23G	NPB	
CAREONE LANCET ULTRA THIN 28G	NPB	
CAREONE UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	NPB	
CLEVER CHEK LANCETS (<i>lancets</i>)	NPB	
CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM	NPB	
COMFORT ASSURED LANCETS 28G	NPB	
COMFORT ASSURED LANCETS 33G	NPB	
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
COMFORT LANCETS	NPB	
DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>)	NPB	
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	NPB	
EASY COMFORT LANCETS	NPB	

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EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
EASY TOUCH LANCETS 21G (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 23G (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 26G (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 28G (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 30G (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 30G/TWIST (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 32G (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 33G/TWIST (<i>lancets</i>)	NPB	
EASY TOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 5 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NPB	
EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>)	NPB	
EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>)	NPB	
EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>)	NPB	
EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>)	NPB	
EASY TWIST & CAP LANCETS (<i>lancets</i>)	NPB	
<i>elite-thin insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 0.5 ml, 29g x 5/16" 1 ml</i>	NPB	
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
E-Z JECT LANCET MICRO-THIN 33G (<i>lancets</i>)	NPB	
E-Z JECT LANCET SUPER THIN 30G (<i>lancets</i>)	NPB	
E-Z JECT LANCETS (<i>lancets</i>)	NPB	

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E-Z JECT LANCETS 21G (<i>lancets</i>)	NPB	
E-Z JECT LANCETS THIN 26G (<i>lancets</i>)	NPB	
EZ SMART BLOOD GLUCOSE LANCETS (<i>lancets</i>)	NPB	
FC FEMALE CONDOM (<i>condoms - female</i>)	CE	N2 (Not Covered)
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	N2 (Not Covered)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	N2 (NPB)
FIFTY50 PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	NPB	
FIFTY50 SAFETY SEAL LANCETS (<i>lancets</i>)	NPB	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
FINE 30 (<i>lancets</i>)	NPB	
FINGERSTIX LANCETS (<i>lancets</i>)	NPB	
FORA LANCETS (<i>lancets</i>)	NPB	
FREESTYLE LANCETS (<i>lancets</i>)	PB	
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	PB	
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM	NPB	
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NPB	
GLOBAL INJECT EASE LANCETS 28G	NPB	
GLOBAL INJECT EASE LANCETS 30G	NPB	
GLUCOCOM LANCETS 28G (<i>lancets</i>)	NPB	
GLUCOCOM LANCETS 30G (<i>lancets</i>)	NPB	
GLUCOCOM LANCETS 33G (<i>lancets</i>)	NPB	

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GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
HAEMOLANCE (<i>lancets</i>)	NPB	
HAEMOLANCE LOW FLOW LANCETS (<i>lancets</i>)	NPB	
HAEMOLANCE PLUS (<i>lancets</i>)	NPB	
HAEMOLANCE PLUS HIGH FLOW (<i>lancets</i>)	NPB	
HAEMOLANCE PLUS LOW FLOW (<i>lancets</i>)	NPB	
HAEMOLANCE PLUS MAX FLOW (<i>lancets</i>)	NPB	
HAEMOLANCE PLUS PEDIATRIC FLOW (<i>lancets</i>)	NPB	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM	NPB	
HEALTHWISE PEN NEEDLES 29G X 12MM	NPB	
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	NPB	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM	NPB	
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	NPB	
HEALTHY ACCENTS UNILET LANCETS	NPB	
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	NPB	
<i>insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	G	
<i>insulin syringeneedle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>	G	
<i>insulin syringe-needle u-100 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml</i>	G	
INSUPEN PEN NEEDLES 32G X 4 MM	NPB	
INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM (<i>insulin pen needle</i>)	NPB	
INSUPEN ULTRAFIN 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
KINNEY LANCETS	NPB	
KINNEY THIN LANCETS	NPB	

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<i>kinray insulin syringe 29g x 1/2" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NPB	
<i>lancet device</i>	G	
<i>lancet transporter case</i>	G	
<i>lancets</i>	G	
<i>lancets 28g</i>	G	
<i>lancets 30g</i>	G	
<i>lancets thin</i>	G	
LANCETS ULTRA FINE (<i>lancets</i>)	NPB	
LANCETS ULTRA THIN (<i>lancets</i>)	NPB	
LANCETS ULTRA THIN 30G	NPB	
<i>lancing device</i>	G	
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML	NPB	
<i>leader insulin syringe 30g x 5/16" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NPB	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
LITE TOUCH LANCETS	NPB	
LITE TOUCH PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	NPB	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
LIVE BETTER LANCET SUPER THIN	NPB	
LIVE BETTER LANCET ULTRA THIN	NPB	
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>	NPB	
LONGS LANCETS STANDARD	NPB	
LONGS LANCETS THIN	NPB	
LONGS LANCETS ULTRA THIN	NPB	

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MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
MEDISENSE THIN LANCETS (<i>lancets</i>)	PB	
MEDLANCE EXTRA 21G (<i>lancets</i>)	NPB	
MEDLANCE LITE 25G (<i>lancets</i>)	NPB	
MEDLANCE PLUS EXTRA 21G (<i>lancets</i>)	NPB	
MEDLANCE PLUS LANCETS (<i>lancets</i>)	NPB	
MEDLANCE PLUS LITE 25G (<i>lancets</i>)	NPB	
MEDLANCE PLUS SUPERLITE 30G (<i>lancets</i>)	NPB	
MEDLANCE PLUS UNIVERSAL 21G (<i>lancets</i>)	NPB	
MEDLANCE UNIVERSAL 21G (<i>lancets</i>)	NPB	
MICROLET LANCETS (<i>lancets</i>)	NPB	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
MONOJECT INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	NPB	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NPB	
MONOLET LANCETS (<i>lancets</i>)	NPB	
<i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NPB	
<i>multi-lancet device</i>	G	
MYGLUCOHEALTH LANCETS 30G (<i>lancets</i>)	NPB	
NOVA SAFETY LANCETS 23G (<i>lancets</i>)	NPB	
NOVA SAFETY LANCETS 28G (<i>lancets</i>)	NPB	
NOVA SUREFLEX LANCETS (<i>lancets</i>)	NPB	
NOVOFINE 30G X 8 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NPB	

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NOVOFINE AUTOCOVER 30G X 8 MM (<i>insulin pen needle</i>)	NPB	
NOVOTWIST 32G X 5 MM (<i>insulin pen needle</i>)	NPB	
ON CALL LANCETS (<i>lancets</i>)	NPB	
ON CALL PLUS LANCETS (<i>lancets</i>)	NPB	
ONETOUCH CLUB LANCETS FINE PT (<i>lancets</i>)	NPB	
ONETOUCH DELICA LANCETS 33G (<i>lancets</i>)	NPB	
ONETOUCH DELICA LANCETS FINE (<i>lancets</i>)	NPB	
ONETOUCH DELICA LANCING DEV (<i>lancet devices</i>)	NPB	
ONETOUCH FINEPOINT LANCETS (<i>lancets</i>)	NPB	
ONETOUCH LANCETS (<i>lancets</i>)	NPB	
ONETOUCH SURESOFT LANCING DEV (<i>lancets misc.</i>)	NPB	
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	NPB	
<i>pen needles 1/2" 29g x 12mm</i>	G	
<i>pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	G	
<i>pen needles 3/16" 31g x 5 mm</i>	G	
<i>pen needles 5/16" 30g x 8 mm , 31g x 8 mm</i>	G	
PHARMACIST CHOICE LANCETS (<i>lancets</i>)	NPB	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 3/8" 0.5 ML, 30G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	NPB	
PRECISION THIN LANCETS (<i>lancets</i>)	NPB	
PRECISION ULTRA LANCET (<i>lancets</i>)	NPB	
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	NPB	
PREFERRED PLUS LANCETS COLORED	NPB	
PREFERRED PLUS LANCETS THIN	NPB	
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	NPB	

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PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NPB	
PRODIGY LANCETS 28G (<i>lancets</i>)	NPB	
PRODIGY TWIST TOP LANCETS 28G (<i>lancets</i>)	NPB	
<i>reality insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	NPB	
RELI-ON INSULIN SYRINGE 29G 0.3 ML, 29G 0.5 ML, 29G X 1/2" 1 ML, 30G 0.3 ML, 30G 0.5 ML, 30G 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
RELION INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
RELION LANCETS STANDARD 21G (<i>lancets</i>)	NPB	
RELION LANCETS THIN 26G (<i>lancets</i>)	NPB	
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	NPB	
RELION MINI PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	NPB	
RELION PEN NEEDLES 29G X 12MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
RELION SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
RELION ULTRA THIN LANCETS 30G (<i>lancets</i>)	NPB	
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	NPB	
RIGHTEST GL300 LANCETS (<i>lancets</i>)	NPB	
SAFESNAP INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NPB	
<i>safety lancet 21glpressure act</i>	G	
<i>safety lancet 28glpressure act</i>	G	
SAFETY LANCETS (<i>lancets</i>)	NPB	
SAFETY LANCETS 21G (<i>lancets</i>)	NPB	
<i>safety lancets 28g</i>	G	
SAFETY LET LANCETS (<i>lancets</i>)	NPB	
SAFETY SEAL LANCETS (<i>lancets</i>)	NPB	

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SAFETY-GLIDE SYRINGE 29G X 1/2" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
SHOPKO UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
SHOPKO UNILET LANCETS 28G (<i>lancets</i>)	NPB	
SHOPKO UNILET LANCETS 30G (<i>lancets</i>)	NPB	
SINGLE-LET (<i>lancets</i>)	NPB	
SMART SENSE COLOR LANCETS 33G (<i>lancets</i>)	NPB	
SMART SENSE STANDARD LANCETS (<i>lancets</i>)	NPB	
SMART SENSE SUPER THIN LANCETS (<i>lancets</i>)	NPB	
SMART SENSE THIN LANCETS 26G (<i>lancets</i>)	NPB	
SMARTTEST LANCETS 28G (<i>lancets</i>)	NPB	
SOLUS V2 LANCETS 28G (<i>lancets</i>)	NPB	
SOLUS V2 TWIST LANCETS 30G (<i>lancets</i>)	NPB	
STERILANCE PA (<i>lancets misc.</i>)	NPB	
STERILANCE TL (<i>lancets</i>)	NPB	
SUPER THIN LANCETS	NPB	
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NPB	
SURE COMFORT LANCETS 28G	NPB	
SURE COMFORT LANCETS 30G	NPB	
SURE COMFORT PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM	NPB	
SURE-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
SURE-JECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
SURE-LANCE FLAT LANCETS (<i>lancets</i>)	NPB	
SURE-LANCE THIN LANCETS 28G (<i>lancets</i>)	NPB	
SURE-LANCE ULTRA THIN LANCETS (<i>lancets</i>)	NPB	
SURE-TOUCH LANCETS UNIVERSAL (<i>lancets</i>)	NPB	

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TECHLITE AST LANCETS (<i>lancets</i>)	NPB	
TECHLITE LANCETS (<i>lancets</i>)	NPB	
TECHLITE LANCETS 30G (<i>lancets</i>)	NPB	
THINLETS LANCET (<i>lancets</i>)	NPB	
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM	NPB	
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NPB	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
TRUEPLUS LANCETS 28G (<i>lancets</i>)	NPB	
TRUEPLUS LANCETS 30G (<i>lancets</i>)	NPB	
TRUEPLUS LANCETS 33G (<i>lancets</i>)	NPB	
TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>)	NPB	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
ULTICARE MICRO PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
ULTICARE MINI PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	NPB	
ULTICARE PEN NEEDLES 29G X 12.7MM , 29G X 12MM (<i>insulin pen needle</i>)	NPB	
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
ULTILET CLASSIC LANCETS (<i>lancets</i>)	NPB	
ULTILET LANCETS (<i>lancets</i>)	NPB	
ULTILET SAFETY LANCETS 23G (<i>lancets</i>)	NPB	

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ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	NPB	
ULTRA-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NPB	
ULTRALANCE (<i>lancets misc.</i>)	NPB	
ULTRA-THIN II AUTO LANCET (<i>lancets</i>)	NPB	
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
ULTRA-THIN II LANCETS (<i>lancets</i>)	NPB	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM (<i>insulin pen needle</i>)	NPB	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	NPB	
UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
UNILET COMFORTOUCH LANCET (<i>lancets</i>)	NPB	
UNILET EXCELITE (<i>lancets</i>)	NPB	
UNILET EXCELITE II (<i>lancets</i>)	NPB	
UNILET G.P. LANCET (<i>lancets</i>)	NPB	
UNILET G.P. SUPERLITE LANCET (<i>lancets</i>)	NPB	
UNILET GP 28 ULTRA THIN (<i>lancets</i>)	NPB	
UNILET LANCET (<i>lancets</i>)	NPB	
UNILET SUPERLITE LANCET (<i>lancets</i>)	NPB	
UNISTIK 3 COMFORT (<i>lancets misc.</i>)	NPB	
UNISTIK 3 EXTRA (<i>lancets misc.</i>)	NPB	
UNISTIK 3 NORMAL (<i>lancets misc.</i>)	NPB	
UNISTIK CZT COMFORT (<i>lancets misc.</i>)	NPB	

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UNISTIK CZT NORMAL (<i>lancets misc.</i>)	NPB	
UNIVERSAL 1 LANCETS THIN 26G (<i>lancets</i>)	NPB	
UNIVERSAL 1 LANCETS ULTRA THIN (<i>lancets</i>)	NPB	
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	NPB	
VALUE PLUS LANCET STANDARD 21G	NPB	
VALUE PLUS LANCETS SUPER THIN	NPB	
VALUE PLUS LANCETS THIN 26G	NPB	
VALUMARK LANCET SUPER THIN 30G	NPB	
VALUMARK LANCET ULTRA THIN 28G	NPB	
VALUMARK PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM	NPB	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NPB	
VIDA MIA UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
VIDA MIA UNILET LANCETS 28G (<i>lancets</i>)	NPB	
VIDA MIA UNILET LANCETS 30G (<i>lancets</i>)	NPB	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)

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*MELANOCORTIN RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	NC	
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	G	ST; QL (6 tablets per 30 days)
AMERGE ORAL TABLET 1 MG, 2.5 MG (<i>naratriptan hcl</i>)	NC	
AXERT ORAL TABLET 12.5 MG, 6.25 MG (<i>almotriptan malate</i>)	NC	
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium</i>)	NC	
D.H.E. 45 INJECTION SOLUTION 1 MG/ML (<i>dihydroergotamine mesylate</i>)	NC	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	G	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	G	ST; QL (8 vials per 1 fill)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	G	ST; QL (6 tablets per 30 Days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	NPB	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	G	
FROVA ORAL TABLET 2.5 MG (<i>frovatriptan succinate</i>)	NC	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	G	ST; QL (9 tablets per 30 days)
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT (<i>sumatriptan</i>)	NC	
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sumatriptan succinate</i>)	NC	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NC	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NC	
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NC	
MAXALT ORAL TABLET 10 MG, 5 MG (<i>rizatriptan benzoate</i>)	NC	

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MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>rizatriptan benzoate</i>)	NC	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	NPB	
MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>)	NC	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	G	QL (9 tablets per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	NC	
RELPAK ORAL TABLET 20 MG, 40 MG (<i>eletriptan hydrobromide</i>)	NC	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	G	QL (12 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	G	QL (9 tablets per 30 days)
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	G	QL (6 sprays per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	G	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	G	QL (10 carts/30 days per 48 max in 365 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	G	QL (10 vials/30 days per 48 max in 365 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	G	QL (10 carts/30 days per 48 max in 365 days)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NC	
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NC	
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	NC	
TREXIMET ORAL TABLET 10-60 MG (<i>sumatriptan-naproxen sodium</i>)	NC	#
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	NC	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	NC	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	G	ST; QL (6 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	G	ST; QL (6 tablets per 30 days)

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ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NPB	ST; QL (6 sprays per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NC	
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NC	
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
<i>av-phos 250 neutral oral tablet 155-852-130 mg</i>	G	
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	NC	
<i>calcium-folic acid plus d oral wafer 1342-1 mg</i>	NC	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarb-citric acid</i>)	NPB	
<i>potassium bicarbonate (Effer-K Oral Tablet Effervescent 25 Meq)</i>	G	
<i>effervescent pot chloride oral tablet effervescent 25 meq</i>	G	
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML (<i>sodium fluoride</i>)	CE	N2 (NPB); AL
FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG (<i>sodium fluoride-xylitol</i>)	CE	N2 (NPB); AL
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	CE	N2 (G); AL
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg</i>	CE	LGC; N2 (G); AL
<i>fluoritab oral tablet chewable 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	CE	N2 (G); AL
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP (<i>sodium fluoride</i>)	CE	N2 (NPB); AL
GALZIN ORAL CAPSULE 25 MG, 50 MG (<i>zinc acetate (oral)</i>)	NPB	
<i>iodine strong oral solution 5 %</i>	NC	
<i>k-effervescent oral tablet effervescent 25 meq</i>	G	
<i>potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)</i>	G	
<i>potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)</i>	G	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ (<i>potassium chloride crys er</i>)	NPB	
<i>potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)</i>	G	

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<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	G	
<i>potassium chloride</i> (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq, 8 Meq)	G	
<i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	G	
K-PHOS ORAL TABLET 500 MG (<i>potassium phosphate monobasic</i>)	NPB	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	NC	
<i>potassium bicarbonate</i> (K-Prime Oral Tablet Effervescent 25 Meq)	G	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ, 8 MEQ (<i>potassium chloride</i>)	NC	
<i>k-vescent oral tablet effervescent 25 meq</i>	G	
<i>sodium fluoride</i> (Ludent Oral Tablet Chewable 0.55 (0.25 F) Mg)	CE	LGC; N2 (G); AL
<i>sodium fluoride</i> (Ludent Oral Tablet Chewable 1.1 (0.5 F) Mg, 2.2 (1 F) Mg)	CE	N2 (G); AL
MAGNEBIND 400 ORAL TABLET 400-200-1 MG (<i>magnesium-calcium-folic acid</i>)	NC	
MICRO-K ORAL CAPSULE EXTENDED RELEASE 10 MEQ, 8 MEQ (<i>potassium chloride</i>)	NC	
<i>sodium fluoride</i> (Nafrinse Oral Tablet Chewable 2.2 (1 F) Mg)	CE	N2 (G); AL
<i>k phos mono-sod phos di & mono</i> (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)	G	
<i>pot bicarb-pot chloride oral tablet effervescent 25 meq</i>	G	
<i>potassium bicarbonate oral tablet effervescent 25 meq</i>	G	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	G	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	G	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	G	
<i>potassium chloride oral packet 20 meq</i>	G	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	G	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	NC	

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<i>potassium phosphate-nacl intravenous solution 15 mmol/100ml</i>	NC	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N2 (G); AL
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	CE	N2 (G); AL
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg</i>	CE	LGC; N2 (G); AL
<i>sodium fluoride oral tablet chewable 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	CE	N2 (G); AL
<i>virt-phos 250 neutral oral tablet 155-852-130 mg</i>	G	
*MONOBACTAMS*** - DRUGS FOR INFECTIONS		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	NPS	SP Pharmacy
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
<i>sodium fluoride</i> (Cavarest Dental Gel 1.1 %)	CE	N2 (Not Covered); AL
<i>cevimeline hcl oral capsule 30 mg</i>	G	QL (3 capsules per 1 day)
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	G	
<i>sodium fluoride</i> (Clinpro 5000 Dental Paste 1.1 %)	CE	N2 (Not Covered); AL
<i>clotrimazole mouth/throat lozenge 10 mg</i>	G	
<i>clotrimazole mouth/throat troche 10 mg</i>	G	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (<i>sulfuric acid-sulf phenolics</i>)	NPB	
<i>sodium fluoride</i> (Denta 5000 Plus Dental Cream 1.1 %)	CE	N2 (Not Covered); AL
<i>sodium fluoride</i> (Dentagel Dental Gel 1.1 %)	CE	N2 (Not Covered); AL
EVOXAC ORAL CAPSULE 30 MG (<i>cevimeline hcl</i>)	NC	
<i>lidocaine viscous mouth/throat solution 2 %</i>	G	
<i>sodium fluoride</i> (Neutragard Advanced Dental Gel 1.1 %)	CE	N2 (Not Covered); AL
<i>neutral sodium fluoride mouth/throat solution 0.2 %</i>	CE	N2 (Not Covered); AL
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	G	
<i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste 0.1 %)	G	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	NPB	ST; QL (14 tabs per 1 fill)
<i>chlorhexidine gluconate</i> (Paroex Mouth/Throat Solution 0.12 %)	G	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	NC	
<i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution 0.12 %)	G	

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<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	G	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	NC	
<i>sf 5000 plus dental cream 1.1 %</i>	CE	N2 (Not Covered); AL
<i>sf dental gel 1.1 %</i>	CE	N2 (Not Covered); AL
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	G	
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR THE NERVOUS SYSTEM		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NC	
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NC	
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NC	
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NC	
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NC	
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NC	
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NC	
*MULTIPLE VITAMINS WITH FOLIC ACID*** - DRUGS FOR NUTRITION		
GENICIN VITA-Q ORAL TABLET 1 MG (<i>multiple vitamins with fa</i>)	NC	
MULTIVITAMINS - DRUGS FOR NUTRITION		
<i>azesco oral tablet 13-1 mg</i>	NC	
BAL-CARE DHA ORAL 27-1 & 430 MG (<i>prenat-fepolyfered-fa-omega 3</i>)	NPB	
<i>bp folinatal plus b oral tablet 1 mg</i>	G	
<i>bp multinatal plus oral tablet chewable 40-1 mg</i>	G	
<i>calcium pnv oral capsule 28-1-250 mg</i>	NPB	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (<i>prenat w/o a-febgl-dss-fa-dha</i>)	NPB	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (<i>prenat w/o a-febgl-dss-fa-dha</i>)	NPB	

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CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (prenat w/o a fecbnfeglu-fa & b6)	NPB	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (prenat-fecb-fefum-fa-dha w/o a)	NPB	
CITRANATAL RX ORAL TABLET 27-1 MG (prenat w/o a-fecb-fegl-dss-fa)	NPB	
completenate oral tablet chewable 29-1 mg	G	
co-natal fa oral tablet	G	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG (prenat-fefum-fepo-fa-omega 3)	NPB	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (prenat w/o a vit-fefum-fepo-fa)	NPB	
DUET DHA BALANCED ORAL 25-1 & 267 MG (prenat-fepoly-fered-fa-omega 3)	NPB	
elite-ob oral tablet 50-1.25 mg	G	
FOLCAL DHA ORAL CAPSULE 27-1.25-300 MG	NPB	
FOLCAPS OMEGA 3 ORAL CAPSULE 27-1 MG (prenatal-fecbn-feasppl-fa-omeg)	NPB	
FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG (prenat w/o a vit-fefum-fepo-fa)	NPB	
hemenatal ob + dha oral 28-6-1 & 203 mg	NPB	
hemenatal ob oral tablet 28-6-1 mg	NPB	
inatal advance oral tablet 90-1 mg	G	
INATAL GT ORAL TABLET (prenatal vit-dss-fe cbn-fa)	G	
inatal ultra oral tablet	G	
infanate balance oral capsule 29-1-265 mg	NPB	
LEVOMEFOLATE DHA ORAL CAPSULE 27-1.13-0.4 MG	NPB	
multi-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	G	
multi-vitamin/fluoride oral solution 0.25 mg/ml	G	
multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	G	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	G	
multivitamins/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	G	
pediatric multivitamins-fl (Mvc-Fluoride Oral Tablet Chewable 0.25 Mg, 0.5 Mg, 1 Mg)	G	
m-vit oral tablet	G	

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<i>mynatal advance oral tablet</i>	G	
<i>mynatal oral tablet 90-1 mg</i>	G	
<i>mynatal plus oral tablet</i>	G	
<i>mynatal-z oral tablet</i>	G	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG (<i>prenatal vit-fe fum-fe bisg-fa</i>)	NPB	
NATALVIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
NATELLE ONE ORAL CAPSULE 28-1-250 MG (<i>prenat wlo a-fe fum-fa-omega 3</i>)	NPB	
NESTABS DHA ORAL 32-1 MG (<i>prenat-wloa-fe bisgly-fa-omega</i>)	NPB	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-wlo vit a</i>)	NPB	
NEWGEN ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-wlo vit a</i>)	NPB	
NEXA PLUS ORAL CAPSULE 29-1.25-350 MG (<i>prenat- fefum-doc-fa-dha wlo a</i>)	NPB	
OB COMPLETE ADVANCED ORAL CAPSULE 27-1-385 MG (<i>prenat wlo a-fe-methf-fa-omega</i>)	NPB	
OB COMPLETE GOLD ORAL CAPSULE 27.5-1-200 MG (<i>prenat wlo a-febn-meth-fa-dha</i>)	NPB	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (<i>prenat-fecbn-feaspgl-fa-fish</i>)	NPB	
OB COMPLETE ORAL TABLET 50-1.25 MG (<i>prenatal vit- iron carbonyl-fa</i>)	NPB	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal-fe cbn-fe asp gly-fa</i>)	NPB	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NPB	
O-CAL FA ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
O-CAL PRENATAL ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
OCUVEL ORAL CAPSULE 0.5 MG (<i>multiple vitamins- minerals-fa</i>)	NPB	
PNV FOLIC ACID + IRON ORAL TABLET 27-1 MG	NPB	
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	NPB	

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<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	G	
PNV-DHA+DOCUSATE ORAL CAPSULE 27-1.25-300 MG	NPB	
PNV-OMEGA ORAL CAPSULE 28-0.6-0.4-340 MG	NPB	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	G	
PNV-TOTAL ORAL CAPSULE 35-5-1.2 MG	NPB	
<i>pnv-vp-u oral capsule 106.5-1 mg</i>	NPB	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	NPB	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	NPB	
<i>pr natal 400 oral 29-1-200 & 400 mg</i>	G	
<i>pr natal 430 ec oral 29-1-200 & 430 mg (dr)</i>	G	
<i>pr natal 430 oral 29-1-200 & 430 mg</i>	G	
PREFERA OB ORAL TABLET 34-1 MG (<i>prenatal vit- fepoly-fehempo-fa</i>)	NPB	
PREFERAOB ONE ORAL CAPSULE 22-6-1-200 MG (<i>prenat fepoly-fehempo-fa-dha</i>)	NPB	
<i>pregenna oral tablet 20-1 mg</i>	NC	
PRENAISSANCE BALANCE ORAL CAPSULE 30-1-260 MG	NPB	
PRENAISSANCE HARMONY DHA ORAL 27-1 & 380 MG	NPB	
PRENAISSANCE NEXT ORAL TABLET 1.2 MG	NPB	
<i>prenaissance next-b oral tablet 1.22 mg</i>	NPB	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	NPB	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-250 MG	NPB	
PRENATA ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal wlo a vit-fe fum-fa</i>)	NPB	
<i>prenatabs rx oral tablet 29-1 mg</i>	G	
<i>prenatal 19 oral tablet</i>	G	
<i>prenatal 19 oral tablet chewable</i>	G	
<i>prenatal low iron oral tablet 27-1 mg</i>	G	
PRENATAL PLUS IRON ORAL TABLET 29-1 MG	NPB	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>prenatal wlo a vit-fe fum-fa</i>)	NPB	

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PRENATE DHA ORAL CAPSULE 28-0.6-0.4-300 MG (prenat w/o a-fe-methfol-fa-dha)	NPB	
PRENATE ELITE ORAL TABLET 26-0.6-0.4 MG (prenatal vit w/fe-methylfol-fa)	NPB	
PRENATE ESSENTIAL ORAL CAPSULE 29-0.6-0.4-340 MG (pren-fe-meth-fa-omeg w/o a)	NPB	
PRENATE MINI ORAL CAPSULE 29-0.6-0.4-350 MG (prenat w/o a-fecbn-meth-fa-dha)	NPB	
pretab oral tablet 29-1 mg	NPB	
PRIMACARE ORAL CAPSULE 30-1-470 MG (pren-fe-meth-fa-omeg w/o a)	NPB	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (ped multivitamins-fl-iron)	NPB	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	NPB	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (prenatal vit-fe psac cmlx-fa)	NPB	
se-natal 19 oral tablet 29-1 mg	G	
se-natal 19 oral tablet chewable 29-1 mg	G	
SYNAGEX ORAL CAPSULE 1.25 MG (multiple vitamins-minerals-fa)	NPB	
TARON-BC ORAL 20-1 MG & 2 X 25 MG (prenatal w/o vit a-fecbn-fa-b6)	NPB	
TARON-C DHA ORAL CAPSULE 53.5-38-1 MG (prenat-fefum-fepo-fa-omega 3)	NPB	
TARON-PREX ORAL CAPSULE 30-1.2-265 MG (prenat-fefum-dss-fa-dha w/o a)	NPB	
tl-care dha oral capsule 27-1-500 mg	NPB	
TL-SELECT ORAL CAPSULE 29-1.25-325 MG	NPB	
tricare oral tablet	G	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG (prenatal-fefum-fa-dss-fish oil)	NPB	
trinatal rx 1 oral tablet 60-1 mg	G	
TRINATE ORAL TABLET (prenatal vit-fe fumarate-fa)	NPB	
trinaz oral tablet 12-1 mg	NC	
tristart dha oral capsule 31-0.6-0.4-200 mg	NPB	
TRISTART ONE ORAL CAPSULE 35-1-215 MG (prenat w/o a-fecbn-meth-fa-dha)	NPB	

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<i>tri-tabs dha oral 32-1 mg</i>	NPB	
TRIVEEN-DUO DHA ORAL 29-1-200 & 400 MG (<i>prenat-febis-fepro-fa-ca-omega</i>)	NPB	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	NPB	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	NPB	
<i>ultimatecare one oral capsule 27-1 mg</i>	G	
VEMAVITE-PRX 2 ORAL CAPSULE 27-1.25-300 MG (<i>prenat-fefum-dss-fa-dha w/o a</i>)	NPB	
VENA-BAL DHA ORAL 27-1 & 430 MG	NPB	
<i>vinate ii oral tablet 29-1 mg</i>	G	
<i>vinate one oral tablet 60-1 mg</i>	G	
<i>virt nate oral tablet 28-1 mg</i>	NPB	
<i>virt-advance oral tablet 90-1 mg</i>	NPB	
VIRT-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	NPB	
VIRT-PN ORAL TABLET 27-0.6-0.4 MG	NPB	
<i>virt-pn plus oral capsule 28-0.6-0.4-340 mg</i>	NPB	
<i>virtprex oral capsule 26-1.2-300 mg</i>	NPB	
VIRT-SELECT ORAL CAPSULE 29-1.25-325 MG	NPB	
<i>virt-vite gt oral tablet 90-1 mg</i>	NPB	
VITAFOL ORAL TABLET (<i>iron-vitamins</i>)	NC	
VITAFOL STRIPS ORAL FILM 1 MG (<i>prenatal-b6-b12-d3-folic acid</i>)	NC	
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NPB	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NPB	
VIVA DHA ORAL CAPSULE 28-1-200 MG (<i>prenatal vit-fe fum-fa-omega</i>)	NPB	
VOL-NATE ORAL TABLET 28-1 MG	NPB	
VOL-PLUS ORAL TABLET 27-1 MG	NPB	
VOL-TAB RX ORAL TABLET 29-1 MG	NPB	
VP-CH-PNV ORAL CAPSULE 30-1-260 MG	NPB	

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VP-GGR-B6 PRENATAL ORAL TABLET 1.2 MG	NPB	
<i>vp-heme ob + dha oral 28-6-1 & 203 mg</i>	NPB	
<i>vp-heme ob oral tablet 28-6-1 mg</i>	NPB	
<i>vp-heme one oral capsule 22-6-1-200 mg</i>	NPB	
VP-PNV-DHA ORAL CAPSULE 28-1-215.8 MG	NPB	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NPB	
ZATEAN-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG (<i>prenat w/o a-fe-methf-fa-omega</i>)	NPB	
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>cyclobenzaprine hcl</i>)	NC	
<i>baclofen oral tablet 10 mg</i>	G	LGC
<i>baclofen oral tablet 20 mg, 5 mg</i>	G	
<i>carisoprodol oral tablet 250 mg</i>	NC	
<i>carisoprodol oral tablet 350 mg</i>	G	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	G	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	G	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	NC	
<i>chlorzoxazone oral tablet 500 mg</i>	G	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	G	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	G	LGC
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	G	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (<i>dantrolene sodium</i>)	NC	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	G	
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	NC	
FEXMID ORAL TABLET 7.5 MG (<i>cyclobenzaprine hcl</i>)	NC	
LORZONE ORAL TABLET 375 MG, 750 MG (<i>chlorzoxazone</i>)	NC	
<i>metaxalone (Metaxall Oral Tablet 800 Mg)</i>	G	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	G	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	G	

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<i>norgesic forte oral tablet 50-770-60 mg</i>	NC	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	G	
PARAFON FORTE DSC ORAL TABLET 500 MG (<i>chlorzoxazone</i>)	NC	
ROBAXIN ORAL TABLET 500 MG (<i>methocarbamol</i>)	NC	
ROBAXIN-750 ORAL TABLET 750 MG (<i>methocarbamol</i>)	NC	
SKELAXIN ORAL TABLET 800 MG (<i>metaxalone</i>)	NC	
<i>sodium hyaluronate intra-articular solution prefilled syringe 20 mg/2ml</i>	NC	
SOMA ORAL TABLET 250 MG, 350 MG (<i>carisoprodol</i>)	NC	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	NC	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	G	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (<i>tizanidine hcl</i>)	NC	
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	NC	
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl (nasal)</i>)	NPB	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	G	
BACTROBAN NASAL NASAL OINTMENT 2 % (<i>mupirocin calcium</i>)	NPB	
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (<i>beclomethasone diprop monohyd</i>)	NPB	ST
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	NC	
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (<i>fluticasone propionate</i>)	G	OTC
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	G	
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	G	OTC
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	G	QL (1 bottle per 1 fill)
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	G	
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (<i>triamcinolone acetonide</i>)	G	OTC; QL (1 bottle per 1 month)
NASONEX NASAL SUSPENSION 50 MCG/ACT (<i>mometasone furoate</i>)	NC	

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<i>olopatadine hcl nasal solution 0.6 %</i>	G	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	NPB	ST; #
PATANASE NASAL SOLUTION 0.6 % (<i>olopatadine hcl</i>)	NC	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NPB	ST
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NPB	ST
RHINOCORT ALLERGY NASAL SUSPENSION 32 MCG/ACT (<i>budesonide</i>)	G	OTC
<i>triamcinolone acetonide nasal aerosol 55 mcg/lact</i>	G	ST; OTC; QL (1 bottle per 1 month)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	NC	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (<i>ciclesonide</i>)	NPB	ST
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR THE HEART		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	NC	
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR THE HEART		
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (<i>droxidopa</i>)	NC	
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
RILUTEK ORAL TABLET 50 MG (<i>riluzole</i>)	NC	
<i>riluzole oral tablet 50 mg</i>	G	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	NC	
*NSAID-VITAMINS AND/OR MINERALS COMBINATIONS*** - DRUGS FOR PAIN AND FEVER		
<i>equapaxlibuprofen/minrex oral therapy pack 800 mg</i>	NC	
NUTRIENTS - DRUGS FOR NUTRITION		
CARDIOVID PLUS ORAL CAPSULE (<i>dha-epa-vit b6-b12-folic acid</i>)	NC	
<i>g-levocarnitine slf oral solution 1 gm/10ml</i>	G	
<i>levocarnitine (dietary) oral tablet 330 mg</i>	G	

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<i>levocarnitine-b5-taurine oral liquid 1000-10-150 mg/15ml</i>	NC	
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	NC	
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	NC	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	NPB	
<i>alaway ophthalmic solution 0.025 %</i>	G	LGC; OTC
ALOCRILOPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	NPB	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (<i>lodoxamide tromethamine</i>)	NPB	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	NPB	
ALREX OPHTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	NPB	
<i>tetracaine hcl</i> (Altacaine Ophthalmic Solution 0.5 %)	G	
<i>fluorescein-benoxinate</i> (Altafluor Ophthalmic Solution 0.25-0.4 %)	G	
<i>phenylephrine hcl</i> (Altafrin Ophthalmic Solution 10 %, 2.5 %)	G	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	G	
<i>atropine sulfate ophthalmic ointment 1 %</i>	G	
<i>atropine sulfate ophthalmic solution 1 %</i>	NC	
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	NPB	#
<i>azelastine hcl ophthalmic solution 0.05 %</i>	G	
AZOPT OPHTHALMIC SUSPENSION 1 % (<i>brinzolamide</i>)	NPB	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	G	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	G	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	G	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	NPB	#
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	NPB	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (<i>povidone-iodine</i>)	NPB	

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BETAGAN OPHTHALMIC SOLUTION 0.5 % (<i>levobunolol hcl</i>)	NC	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	G	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	NPB	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	NPB	
<i>bimatoprost ophthalmic solution 0.03 %</i>	G	ST
<i>fluorescein sodium (Bio Glo Ophthalmic Strip 1 Mg)</i>	G	
BLEPH-10 OPHTHALMIC SOLUTION 10 % (<i>sulfacetamide sodium</i>)	NC	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % (<i>sulfacetamide-prednisolone</i>)	NPB	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % (<i>sulfacetamide-prednisolone</i>)	NPB	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	G	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	G	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	NC	
<i>carteolol hcl ophthalmic solution 1 %</i>	G	
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	NC	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	NPB	
CILOXAN OPHTHALMIC SOLUTION 0.3 % (<i>ciprofloxacin hcl</i>)	NC	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	G	
CLARITIN EYE OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	G	OTC
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	NPB	
COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (<i>dorzolamide hcl-timolol mal</i>)	NC	
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (<i>dorzolamide hcl-timolol mal</i>)	NPB	ST
<i>cromolyn sodium ophthalmic solution 4 %</i>	G	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (<i>cyclopentolate hcl</i>)	NC	

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CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (cyclopentolate-phenylephrine)	NPB	
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %</i>	G	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (cysteamine hcl)	NPS	PA; #; SP Pharmacy; QL (4 bottles per 1 month)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	G	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	G	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	G	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	G	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml</i>	G	
<i>double pm ophthalmic solution reconstituted 1-0.5 %</i>	NC	
DUREZOL OPHTHALMIC EMULSION 0.05 % (difluprednate)	NPB	#
ELESTAT OPHTHALMIC SOLUTION 0.05 % (epinastine hcl)	NC	
EMADINE OPHTHALMIC SOLUTION 0.05 % (emedastine difumarate)	NPB	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	G	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	G	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (aflibercept)	NPS	PA; SP Pharmacy
FLAREX OPHTHALMIC SUSPENSION 0.1 % (fluorometholone acetate)	NPB	
<i>fluorescein-benoxinate ophthalmic solution 0.25-0.4 %</i>	G	
<i>fluorescein sodium</i> (Fluor-I-Strips A.T. Ophthalmic Strip 1 Mg)	G	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	G	
FLURA-SAFE OPHTHALMIC SOLUTION 0.35-0.4 % (fluorexon-benoxinate)	NC	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	G	
<i>fluorescein-benoxinate</i> (Flurox Ophthalmic Solution 0.25-0.4 %)	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (fluorometholone)	NPB	
FML OPHTHALMIC OINTMENT 0.1 % (fluorometholone)	NPB	

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FUL-GLO OPHTHALMIC STRIP 0.6 MG (<i>fluorescein sodium</i>)	NC	
<i>fluorescein sodium</i> (Ful-Glo Ophthalmic Strip 1 Mg)	G	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	G	
GELFILM OPHTHALMIC FILM (<i>gelatin adsorbable</i>)	NC	
<i>gentak ophthalmic ointment 0.3 %</i>	NPB	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	G	
<i>homatropine hbr</i> (Homatropaire Ophthalmic Solution 5 %)	G	
<i>homatropine hbr ophthalmic solution 5 %</i>	G	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	NPB	
INVELTYS OPHTHALMIC SUSPENSION 1 % (<i>loteprednol etabonate</i>)	NPB	
IOPIDINE OPHTHALMIC SOLUTION 0.5 % (<i>apraclonidine hcl</i>)	NC	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	NPB	
ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %, 2 %, 4 % (<i>pilocarpine hcl</i>)	NC	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	NC	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	G	
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	G	LGC
LACRISERT OPHTHALMIC INSERT 5 MG (<i>artificial tear insert</i>)	NPB	
LASTACFT OPHTHALMIC SOLUTION 0.25 % (<i>alcaftadine</i>)	NPB	
<i>latanoprost ophthalmic solution 0.005 %</i>	G	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	G	
<i>levofloxacin ophthalmic solution 0.5 %</i>	G	
LOTEMAX OPHTHALMIC GEL 0.5 % (<i>loteprednol etabonate</i>)	NPB	#
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	NPB	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (<i>loteprednol etabonate</i>)	NC	#
LOTEMAX SM OPHTHALMIC GEL 0.38 % (<i>loteprednol etabonate</i>)	NPB	#

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<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	G	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML (<i>ranibizumab</i>)	NPB	PA
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	NPB	ST
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	NPB	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	NC	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	NC	
<i>metipranolol ophthalmic solution 0.3 %</i>	G	
MOXEZA OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	NPB	#
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	G	
MYDRIACYL OPHTHALMIC SOLUTION 1 % (<i>tropicamide</i>)	NC	
<i>naphazoline hcl ophthalmic solution 0.1 %</i>	G	
NATACYN OPHTHALMIC SUSPENSION 5 % (<i>natamycin</i>)	NPB	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	G	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	G	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	G	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	G	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	G	
<i>bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)</i>	G	
<i>neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)</i>	G	
NEOSPORIN OPHTHALMIC SOLUTION 1.75-10000-.025 (<i>neomycin-polymyxin-gramicidin</i>)	NC	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	NPB	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	NC	

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<i>ofloxacin ophthalmic solution 0.3 %</i>	G	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	G	
PAREMYD OPHTHALMIC SOLUTION 1-0.25 % (<i>hydroxyamphetamine-tropicamide</i>)	NPB	
PATADAY OPHTHALMIC SOLUTION 0.2 % (<i>olopatadine hcl</i>)	NC	
PATANOL OPHTHALMIC SOLUTION 0.1 % (<i>olopatadine hcl</i>)	NC	
PAZEO OPHTHALMIC SOLUTION 0.7 % (<i>olopatadine hcl</i>)	NC	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	G	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (<i>echothiophate iodide</i>)	NPB	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	G	
<i>bacitracin-polymyxin b</i> (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	G	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	G	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% (<i>polymyxin b-trimethoprim</i>)	NC	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	NPB	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 % (<i>gentamicin-prednisolone acet</i>)	NPB	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % (<i>gentamicin-prednisolone acet</i>)	NPB	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	G	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	G	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	NC	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	G	
RESCULA OPHTHALMIC SOLUTION 0.15 % (<i>unoprostone isopropyl</i>)	NPB	ST; #
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	NPB	#
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	NPB	#

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SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (brinzolamide-brimonidine)	NPB	
sulfacetamide sodium ophthalmic ointment 10 %	G	
sulfacetamide sodium ophthalmic solution 10 %	G	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	G	
tetracaine hcl (Tetacaine Ophthalmic Solution 0.5 %)	G	
tetracaine hcl ophthalmic solution 0.5 %	G	
tetracaine hcl (Tetravisc Forte Ophthalmic Solution 0.5 %)	G	
tetracaine hcl (Tetravisc Ophthalmic Solution 0.5 %)	G	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	G	
timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)	G	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol maleate)	NPB	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol maleate)	NC	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 % (timolol maleate)	NC	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	NPB	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % (tobramycin-dexamethasone)	NC	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone)	NC	
tobramycin ophthalmic solution 0.3 %	G	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	G	
TOBREX OPHTHALMIC OINTMENT 0.3 % (tobramycin)	NPB	
TOBREX OPHTHALMIC SOLUTION 0.3 % (tobramycin)	NC	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (travoprost)	PB	#
trifluridine ophthalmic solution 1 %	G	
tropicamide ophthalmic solution 0.5 %, 1 %	G	
TRUSOPT OPHTHALMIC SOLUTION 2 % (dorzolamide hcl)	NC	
VEXOL OPHTHALMIC SUSPENSION 1 % (rimexolone)	NPB	

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VIGAMOX OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	NC	
VIROPTIC OPHTHALMIC SOLUTION 1 % (<i>trifluridine</i>)	NC	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	NC	
XALATAN OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	NC	
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	NPB	PA; ST
ZADITOR OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	G	LGC; OTC
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (<i>tafluprost</i>)	NPB	ST
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	NPB	#
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	NPB	
ZYMAXID OPHTHALMIC SOLUTION 0.5 % (<i>gatifloxacin</i>)	NC	
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** - DRUGS FOR THE EYE		
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	NPB	ST
*OPHTHALMIC NERVE GROWTH FACTORS*** - DRUGS FOR THE EYE		
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	NPS	PA; SP Pharmacy; QL (2 ml per 1 day and 112 ml per lifetime)
*OPHTHALMIC RHO KINASE INHIBITORS*** - DRUGS FOR THE EYE		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	NPB	ST
*OREXIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
BELSOMRA ORAL TABLET 10 MG (<i>suvorexant</i>)	NPB	PA; ST; QL (1 tablet per 1 day); AL
BELSOMRA ORAL TABLET 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	NPB	PA; ST; QL (1 tablet per 1 Day); AL

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OTIC AGENTS - DRUGS FOR THE EAR		
<i>hydrocortisone-acetic acid</i> (Acetasol Hc Otic Solution 2-1 %)	G	
<i>acetic acid otic solution 2 %</i>	G	
CETRAXAL OTIC SOLUTION 0.2 % (<i>ciprofloxacin hcl</i>)	NC	
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	NPB	#
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (<i>ciprofloxacin-dexamethasone</i>)	NPB	#
<i>ciprofloxacin hcl otic solution 0.2 %</i>	G	
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	NPB	
DERMOTIC OTIC OIL 0.01 % (<i>fluocinolone acetonide</i>)	NC	
FLOXIN OTIC OTIC SOLUTION 0.3 % (<i>ofloxacin</i>)	NC	
<i>fluocinolone acetonide otic oil 0.01 %</i>	G	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	G	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	G	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	G	
<i>ofloxacin otic solution 0.3 %</i>	G	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (<i>ciprofloxacin</i>)	NC	
OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	NPB	
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylenol</i>)	NC	
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
KERYDIN EXTERNAL SOLUTION 5 % (<i>tavaborole</i>)	NPB	PA; ST
OXYTOCICS - HORMONES		
CERVIDIL VAGINAL INSERT 10 MG (<i>dinoprostone</i>)	NC	
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	G	QL (28 tablets per 7 days)
PREPIDIL VAGINAL GEL 0.5 MG/3GM (<i>dinoprostone</i>)	NPB	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG (<i>dinoprostone</i>)	NPB	

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*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR INFECTIONS		
XOFLUZA ORAL TABLET THERAPY PACK 2 X 20 MG, 2 X 40 MG (<i>baloxavir marboxil</i>)	NPB	QL (4 tablets per 365 days)
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	NPS	PA; ST; SP Pharmacy
PASSIVE IMMUNIZING AGENTS - BIOLOGICAL AGENTS		
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM (<i>immune globulin (human)</i>)	NC	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	NC	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	NPS	PA; ST; SP Pharmacy
CUVITRU SUBCUTANEOUS SOLUTION 10 GM/50ML (<i>immune globulin (human)</i>)	NC	
GAMASTAN S/D INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	NC	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NC	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	NC	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NC	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	PS	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	PS	PA; SP Pharmacy

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HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML (<i>rabies immune globulin</i>)	NC	
<i>kedrab intramuscular solution 150 unit/ml</i>	NC	
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML (<i>immune globulin (human)</i>)	NPS	PA; NPL
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	NC	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	PS	PA; SP Pharmacy
*PCSK9 INHIBITORS*** - DRUGS FOR THE HEART		
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	PS	PA; ST; QL (2 syringes per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	PS	PA; ST; QL (1 syringe per 1 month)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	PS	PA; ST; QL (2 injections per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	PS	PA; ST; QL (2 injections per 28 days)
PENICILLINS - DRUGS FOR INFECTIONS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	G	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	G	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	G	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	G	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	G	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	G	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	G	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	G	
<i>ampicillin oral capsule 500 mg</i>	G	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	NC	

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AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	NC	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG (<i>amoxicillin-pot clavulanate</i>)	NC	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HOUR 1000-62.5 MG (<i>amoxicillin-pot clavulanate</i>)	NC	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	G	
MOXATAG ORAL TABLET EXTENDED RELEASE 24 HOUR 775 MG (<i>amoxicillin</i>)	NC	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	G	
PHARMACEUTICAL ADJUVANTS		
<i>mouth wash-gp oral liquid</i>	NC	
<i>mouthwash-af oral liquid</i>	NC	
<i>mouthwash-om oral liquid</i>	NC	
<i>polyethylene glycol 3350 powder</i>	G	
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	CE	N2 (Not Covered)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>)	CE	N2 (NC); QL (1 tablet per 1 day)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	CE	N2 (NC); QL (2 tablets per 1 day)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (<i>alpelisib</i>)	CE	N2 (NC); QL (2 tablets per 1 day)
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (2 tablets per 1 day)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	NC	
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR PAIN AND FEVER		
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	PS	PA; ST; SP Pharmacy; QL (2 tablets per 1 day)

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OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	PS	PA; ST; SP Pharmacy; QL (1 pack per 1 year)
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE HEART		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	NC	
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** - DRUGS FOR CANCER		
LYNPARZA ORAL CAPSULE 50 MG (<i>olaparib</i>)	NC	
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	N2 (Not Covered)
RUBRACA ORAL TABLET 200 MG, 300 MG (<i>rucaparib camsylate</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 250 MG (<i>rucaparib camsylate</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tablets per 1 Day)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (<i>talazoparib tosylate</i>)	CE	N2 (Not Covered)
ZEJULA ORAL CAPSULE 100 MG (<i>niraparib tosylate</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (3 capsules per 1 day)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER		
LYNPARZA ORAL CAPSULE 50 MG (<i>olaparib</i>)	NC	
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	N2 (Not Covered)
RUBRACA ORAL TABLET 200 MG, 300 MG (<i>rucaparib camsylate</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 250 MG (<i>rucaparib camsylate</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tablets per 1 Day)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (<i>talazoparib tosylate</i>)	CE	N2 (Not Covered)
ZEJULA ORAL CAPSULE 100 MG (<i>niraparib tosylate</i>)	CE	PA; SP Pharmacy; N2 (NPS); QL (3 capsules per 1 day)

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*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	NPB	ST; QL (1 tab per 1 day)
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	NPB	ST; QL (3 tabs per 1 day)
GRALISE STARTER ORAL 300 & 600 MG (<i>gabapentin (once-daily)</i>)	NPB	ST; QL (1 pack per 1 fill)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (<i>pregabalin</i>)	NPB	PA; ST; QL (3 tablets per 1 Day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	NPB	PA; ST; QL (2 tablets per 1 Day)
*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION		
<i>sodium polystyrene sulfonate</i> (Kionex Oral Powder)	G	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension 15 Gm/60Ml)	G	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	NC	
<i>sodium polystyrene sulfonate oral powder</i>	G	
<i>sodium polystyrene sulfonate oral suspension 15 gml/60ml</i>	G	
<i>sodium polystyrene sulfonate rectal suspension 30 gml/120ml, 50 gml/200ml</i>	G	
<i>sodium polystyrene sulfonate</i> (Sps Oral Suspension 15 Gm/60Ml)	G	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiomer sorbitex calcium</i>)	NPB	PA; QL (1 packet per 1 day)
PROGESTINS - HORMONES		
AYGESTIN ORAL TABLET 5 MG (<i>norethindrone acetate</i>)	NC	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	PS	PA; SP Pharmacy; QL (5 vials per 1 year)
MAKENA INTRAMUSCULAR OIL 250 MG/ML (<i>hydroxyprogesterone caproate</i>)	NC	
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML (<i>hydroxyprogesterone caproate</i>)	NPB	PA; QL (21 syringes per 365 Days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	LGC

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MEGACE ES ORAL SUSPENSION 625 MG/5ML (<i>megestrol acetate</i>)	CE	N2 (Not Covered)
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N2 (G)
<i>norethindrone acetate oral tablet 5 mg</i>	G	
<i>progesterone intramuscular oil 50 mg/ml</i>	NC	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	G	QL (2 capsules per 1 day)
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone micronized</i>)	NC	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	NC	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** - DRUGS FOR THE BLOOD		
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	NPB	PA; QL (1 tab per 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	G	QL (6 tabs per 1 day)
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	NC	
ANTABUSE ORAL TABLET 250 MG, 500 MG (<i>disulfiram</i>)	NC	
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (<i>donepezil hcl</i>)	NC	
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	NPS	PA; ST; SP Pharmacy; QL (1 tab per 1 day)
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	NC	
AVONEX INTRAMUSCULAR KIT 30 MCG (<i>interferon beta-1a</i>)	NPS	PA; ST; SP Pharmacy; QL (1 kit per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	NPS	PA; ST; SP Pharmacy; QL (4 pens per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	NPS	PA; ST; SP Pharmacy; QL (4 syringes per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	NPS	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
BRISDELLE ORAL CAPSULE 7.5 MG (<i>paroxetine mesylate</i>)	NC	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N2 (G); QL (180 day supply per 365 days)

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CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG (<i>varenicline tartrate</i>)	CE	#; N2 (NPB); QL (180 day supply per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (<i>varenicline tartrate</i>)	CE	#; N2 (NPB); QL (180 day supply per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42 (<i>varenicline tartrate</i>)	CE	#; N2 (NPB); QL (180 day supply per 365 days)
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	G	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML (<i>glatiramer acetate</i>)	PS	PA; NPL; SP Pharmacy
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PS	PA; SP Pharmacy; QL (2 tablets per 1 day)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	G	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	G	PA
<i>donepezil hcl oral tablet 23 mg</i>	G	PA; ST
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	G	PA
<i>ergoloid mesylates oral tablet 1 mg</i>	G	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	NC	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	NPS	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
<i>fluoxetine hcl (pmd) oral capsule 10 mg, 20 mg</i>	G	LGC
<i>fluoxetine hcl (pmd) oral tablet 10 mg, 20 mg</i>	G	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	G	PA
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	G	PA
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	G	PA
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i> fingolimod hcl</i>)	PS	PA; #; SP Pharmacy; QL (1 capsule per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	G	PA; SP Pharmacy
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/MI, 40 Mg/MI)</i>	G	PA; SP Pharmacy
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	NPB	ST; QL (1 tab per 1 day)
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	NPB	ST; QL (3 tabs per 1 day)

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GRALISE STARTER ORAL 300 & 600 MG (<i>gabapentin (once-daily)</i>)	NPB	ST; QL (1 pack per 1 fill)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG (<i>gabapentin enacarbil</i>)	NPB	ST; QL (1 tablet per 1 day)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG (<i>gabapentin enacarbil</i>)	NPB	ST; QL (1 tablet per 2 days)
INGREZZA ORAL CAPSULE 40 MG, 80 MG (<i>valbenazine tosylate</i>)	NPS	PA; SP Pharmacy; QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	NC	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (<i>pregabalin</i>)	NPB	PA; ST; QL (3 tablets per 1 Day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	NPB	PA; ST; QL (2 tablets per 1 Day)
MAYZENT ORAL TABLET 0.25 MG, 2 MG (<i>siponimod fumarate</i>)	NC	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG (<i>siponimod fumarate</i>)	NC	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	G	PA
<i>memantine hcl oral solution 2 mg/ml</i>	G	PA
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	G	PA
NAMENDA ORAL TABLET 10 MG, 5 MG (<i>memantine hcl</i>)	NC	
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (<i>memantine hcl</i>)	NC	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG (<i>memantine hcl</i>)	NPB	PA
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG (<i>memantine hcl</i>)	NPB	PA; #
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)

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<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	CE	N2 (NPB); QL (180 day supply per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	N2 (NPB); QL (180 day supply per 365 days)
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	NPB	PA; QL (2 caps per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	G	QL (1 capsule per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg</i>	G	
ORAP ORAL TABLET 1 MG, 2 MG (<i>pimozide</i>)	NC	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NC	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	G	
<i>pimozide oral tablet 1 mg, 2 mg</i>	G	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPS	PA; ST; SP Pharmacy; QL (1 kit per 365 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPS	PA; ST; SP Pharmacy; QL (2 syringes per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPS	PA; ST; SP Pharmacy; QL (2 syringes per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPS	PA; ST; SP Pharmacy; QL (2 syringes per 28 days)
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG (<i>galantamine hydrobromide</i>)	NC	
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG (<i>galantamine hydrobromide</i>)	NC	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PS	PA; SP Pharmacy; QL (12 syringes per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PS	PA; SP Pharmacy; QL (1 titration pack per 1 month)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PS	PA; SP Pharmacy; QL (12 syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PS	PA; SP Pharmacy; QL (1 titration pack per 1 month)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	G	PA
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	G	PA
SARAFEM ORAL TABLET 10 MG, 20 MG (<i>fluoxetine hcl (pmd)</i>)	NC	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	NPB	PA; ST; QL (2 tabs per 1 day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	NPB	PA; ST; QL (2 tablets per 1 day)
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG (<i>olanzapine-fluoxetine hcl</i>)	NC	
TECFIDERA ORAL 120 & 240 MG (<i>dimethyl fumarate</i>)	NPS	PA; ST; #; SP Pharmacy; QL (2 caps per 1 day)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	NPS	PA; ST; #; SP Pharmacy; QL (2 caps per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	PS	PA; QL (8 tablets per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	PS	PA; QL (4 tablets per 1 day)
THRIVE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	CE	N2 (Not Covered); QL (180 day supply per 365 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG (<i>tetrabenazine</i>)	NC	
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	NPS	PA; SP Pharmacy
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR CANCER		
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	NC	
*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	PS	PA; SP Pharmacy; QL (9 capsules per 1 day)
ESBRIET ORAL TABLET 267 MG (<i>pirfenidone</i>)	PS	PA; SP Pharmacy; QL (9 tablets per 1 day)

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ESBRIET ORAL TABLET 801 MG (<i>pirfenidone</i>)	PS	PA; SP Pharmacy; QL (3 tablets per 1 day)
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR THE HEART		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	NC	
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	NC	
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	NPS	PA; SP Pharmacy; QL (2 packets per 1 day)
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	NPS	PA; SP Pharmacy; QL (2 tabs per 1 day)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	NPS	PA; SP Pharmacy
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	PS	PA; SP Pharmacy; QL (60 units per 1 fill)
*SCLEROSTIN INHIBITORS*** - HORMONES		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	NC	
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM		
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	NPB	PA; QL (1 tablet per 1 day)
*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	G	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	G	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	NPB	PA; ST; QL (1 tablet per 1 Day)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	NPB	#; QL (1 tab per 1 day)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (<i>vilazodone hcl</i>)	NPB	ST; #

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*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - HORMONES		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	NPB	ST; QL (1 tablet per 1 day)
QTERN ORAL TABLET 10-5 MG (<i>dapagliflozin-saxagliptin</i>)	NC	
QTERN ORAL TABLET 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	PB	ST; QL (1 tablet per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	NC	
*SINUS NODE INHIBITORS** - DRUGS FOR THE HEART		
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	NC	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	NPB	PA; ST; QL (2 tablets per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	NPB	QL (2 tablets per 1 day)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	NPB	QL (2 tablets per 1 day)
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	NC	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	NPB	QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	NPB	QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	NPB	QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (<i>dapagliflozin-metformin hcl</i>)	PB	QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>dapagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 Day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>dapagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)

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*SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** - DRUGS FOR THE BLOOD		
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	NC	
*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide</i> (Oralone Mouth/Throat Paste 0.1 %)	G	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	G	
SULFONAMIDES		
<i>sulfadiazine oral tablet 500 mg</i>	G	
TETRACYCLINES - DRUGS FOR INFECTIONS		
ACTICLATE ORAL TABLET 150 MG, 75 MG (<i>doxycycline hyclate</i>)	NC	
ADOXA ORAL CAPSULE 150 MG (<i>doxycycline monohydrate</i>)	NC	
<i>avidoxy oral tablet 100 mg</i>	NC	
<i>minocycline hcl</i> (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)	NC	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	G	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG (<i>doxycycline hyclate</i>)	NC	#
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG (<i>doxycycline hyclate</i>)	NC	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline hyclate oral tablet 100 mg</i>	G	LGC
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	NC	
<i>doxycycline hyclate oral tablet 20 mg, 50 mg</i>	G	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i>	NC	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NC	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	NC	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	NC	
MINOCIN ORAL CAPSULE 100 MG, 50 MG (<i>minocycline hcl</i>)	NC	

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<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	NC	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	G	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	NC	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (<i>minocycline hcl</i>)	NC	
<i>doxycycline monohydrate</i> (Mondoxyme NI Oral Capsule 100 Mg, 50 Mg)	G	
<i>doxycycline monohydrate</i> (Mondoxyme NI Oral Capsule 75 Mg)	NC	
MONODOX ORAL CAPSULE 100 MG, 75 MG (<i>doxycycline monohydrate</i>)	NC	
<i>doxycycline hyclate</i> (Morgidox Oral Capsule 100 Mg, 50 Mg)	G	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	NC	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (<i>minocycline hcl</i>)	NC	
TARGADOX ORAL TABLET 50 MG (<i>doxycycline hyclate</i>)	NC	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	G	LGC
VIBRAMYCIN ORAL CAPSULE 100 MG (<i>doxycycline hyclate</i>)	NC	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>doxycycline monohydrate</i>)	NC	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML (<i>doxycycline calcium</i>)	NPB	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (<i>minocycline hcl</i>)	NC	
THYROID AGENTS - HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	NPB	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	NC	
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet 88 Mcg)	G	
<i>levothyroxine sodium</i> (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	G	LGC
<i>levothyroxine sodium oral tablet 300 mcg</i>	G	
<i>levothyroxine sodium (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)</i>	G	LGC
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	G	
<i>methimazole oral tablet 10 mg, 5 mg</i>	G	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (<i>thyroid</i>)	NPB	
<i>np thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i>	G	
<i>propylthiouracil oral tablet 50 mg</i>	G	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	NC	
TAPAZOLE ORAL TABLET 10 MG, 5 MG (<i>methimazole</i>)	NC	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG) (<i>liotrix (t3-t4)</i>)	NPB	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG) (<i>liotrix (t3-t4)</i>)	NPB	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG) (<i>liotrix (t3-t4)</i>)	NPB	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG) (<i>liotrix (t3-t4)</i>)	NPB	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG) (<i>liotrix (t3-t4)</i>)	NPB	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	NPB	#
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	NPB	#

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<i>levothyroxine sodium</i> (Unithroid Direct Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	LGC
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 137 Mcg)	G	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 300 Mcg)	G	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG (<i>thyroid</i>)	NPB	
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (<i>thyroid</i>)	NPB	
*TOPICAL ANESTHETIC GASES*** - DRUGS FOR THE SKIN		
<i>ethyl chloride external aerosol</i>	G	
*TRANSTHYRETIN STABILIZERS*** - HORMONES		
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	NC	
*TRYPTOPHAN HYDROXYLASE INHIBITORS*** - DRUGS FOR THE STOMACH		
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	NC	
ULCER DRUGS - DRUGS FOR THE STOMACH		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>)	NC	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG (<i>rabeprazole sodium</i>)	NC	#
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	G	
<i>belladonna-opium rectal suppository 16.2-30 mg</i>	G	
BENTYL ORAL CAPSULE 10 MG (<i>dicyclomine hcl</i>)	NC	
CARAFATE ORAL SUSPENSION 1 GM/10ML (<i>sucralfate</i>)	NPB	
CARAFATE ORAL TABLET 1 GM (<i>sucralfate</i>)	NC	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	G	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg</i>	G	OTC
<i>cimetidine oral tablet 800 mg</i>	G	LGC; OTC
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	NPB	PA; #

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CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	NC	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	NPB	PA; ST; #; QL (1 capsule per 1 day)
<i>dicyclomine hcl oral capsule 10 mg</i>	G	LGC
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	G	
<i>dicyclomine hcl oral tablet 20 mg</i>	G	LGC
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	G	PA; ST; QL (1 capsule per 1 day)
<i>esomeprazole strontium oral capsule delayed release 24.65 mg</i>	NC	
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	NPB	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	G	
<i>famotidine oral tablet 20 mg</i>	G	LGC; OTC
<i>famotidine oral tablet 40 mg</i>	G	LGC
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	G	
<i>lansoprazole oral capsule delayed release 15 mg</i>	G	QL (2 capsules per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>	G	QL (1 capsule per 1 day)
<i>lansoprazole oral tablet dispersible 15 mg, 30 mg</i>	G	QL (1 tablet per 1 Day)
LIBRAX ORAL CAPSULE 5-2.5 MG (<i>chlordiazepoxide-clidinium</i>)	NC	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	G	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	G	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	G	OTC; QL (1 capsule per 1 day)
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	G	OTC; QL (1 tablet per 1 day)
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (<i>esomeprazole magnesium</i>)	NPB	PA; ST; #; QL (1 packet per 1 day)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	G	
<i>nizatidine oral solution 15 mg/ml</i>	G	
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicillin-clarithro-omeprazole</i>)	NC	
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	G	LGC; OTC
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	G	OTC
<i>omeprazole oral tablet delayed release 20 mg</i>	G	OTC

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<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	G	QL (1 capsule per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	NC	
PAMINE FORTE ORAL TABLET 5 MG (<i>methscopolamine bromide</i>)	NC	
PAMINE ORAL TABLET 2.5 MG (<i>methscopolamine bromide</i>)	NC	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	G	
PEPCID ORAL SUSPENSION RECONSTITUTED 40 MG/5ML (<i>famotidine</i>)	NC	
PEPCID ORAL TABLET 40 MG (<i>famotidine</i>)	NC	
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG (<i>lansoprazole</i>)	G	OTC; QL (2 capsules per 1 day)
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG (<i>lansoprazole</i>)	NC	
PREVPAC ORAL (<i>amoxicill-clarithro-lansopraz</i>)	NC	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	NC	#
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (<i>omeprazole magnesium</i>)	G	LGC; OTC
<i>propantheline bromide oral tablet 15 mg</i>	G	
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	NC	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	NC	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	NPB	#
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	G	QL (1 capsule per day, 90 day supply per 365 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	G	PA; ST; QL (1 tab per 1 day)
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	G	OTC
<i>ranitidine hcl oral syrup 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	G	OTC
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	G	LGC; OTC
ROBINUL ORAL TABLET 1 MG (<i>glycopyrrolate</i>)	NC	
ROBINUL-FORTE ORAL TABLET 2 MG (<i>glycopyrrolate</i>)	NC	
<i>sucralfate oral suspension 1 gm/10ml</i>	G	

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<i>sucralfate oral tablet 1 gm</i>	G	
ZANTAC ORAL TABLET 300 MG (<i>ranitidine hcl</i>)	NC	
ZEGERID ORAL CAPSULE 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	NPB	QL (1 capsule per 1 day)
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>)	NC	
ZEGERID OTC ORAL CAPSULE 20-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	G	OTC; QL (1 cap per 1 day)
URINARY ANTI-INFECTIVES - DRUGS FOR THE URINARY SYSTEM		
FURADANTIN ORAL SUSPENSION 25 MG/5ML (<i>nitrofurantoin</i>)	NC	
HIPREX ORAL TABLET 1 GM (<i>methenamine hippurate</i>)	NC	
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohyd macro</i>)	NC	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	NC	
<i>methenamine hippurate oral tablet 1 gm</i>	G	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	G	
MONUROL ORAL PACKET 3 GM (<i>fosfomycin tromethamine</i>)	NPB	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	G	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	G	
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	G	ST; QL (1 tablet per 1 day)
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (<i>tolterodine tartrate</i>)	NC	
DETROL ORAL TABLET 1 MG, 2 MG (<i>tolterodine tartrate</i>)	NC	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (<i>oxybutynin chloride</i>)	NC	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG (<i>darifenacin hydrobromide</i>)	NC	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>flavoxate hcl oral tablet 100 mg</i>	G	
GELNIQUE PUMP TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	NPB	ST; #
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	NPB	ST; #
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	PB	ST; QL (1 tab per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	G	ST; QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	G	ST; QL (1 tablet per 1 day)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	G	
<i>oxybutynin chloride oral tablet 5 mg</i>	G	LGC; QL (4 tablets per 1 day)
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	G	#; OTC; QL (8 patches per 1 month)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	G	QL (1 tablet per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	G	ST; QL (1 cap per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	G	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	NPB	ST; #; QL (1 tab per 1 day)
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	G	ST; QL (1 cap per 1 day)
<i>trospium chloride oral tablet 20 mg</i>	G	QL (2 tabs per 1 day)
URECHOLINE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG (<i>bethanechol chloride</i>)	NC	
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	NC	#
VAGINAL PRODUCTS - DRUGS FOR WOMEN		
AVC VAGINAL VAGINAL CREAM 15 % (<i>sulfanilamide</i>)	NPB	
CLEOCIN VAGINAL CREAM 2 % (<i>clindamycin phosphate</i>)	NC	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	NPB	
<i>clindamycin phosphate vaginal cream 2 %</i>	G	
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	NC	
CRINONE VAGINAL GEL 4 % (<i>progesterone</i>)	NPB	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CRINONE VAGINAL GEL 8 % (<i>progesterone</i>)	NPB	PA; ST
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	NPB	PA; #
<i>estradiol vaginal cream 0.1 mg/gm</i>	G	
<i>estradiol vaginal tablet 10 mcg</i>	G	
ESTRING VAGINAL RING 2 MG (<i>estradiol</i>)	NPB	
FEM PH VAGINAL GEL 0.9-0.025 % (<i>acetic acid-oxyquinoline</i>)	NPB	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	NPB	#; QL (1 ring per 90 days)
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate (1 dose)</i>)	NPB	
IMVEXXY VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	NC	
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	NC	
METROGEL-VAGINAL VAGINAL GEL 0.75 % (<i>metronidazole</i>)	NC	
<i>metronidazole vaginal gel 0.75 %</i>	G	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	NC	
OPTIONS CONCEPTROL VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	NPB	
RELAGARD VAGINAL GEL 0.9-0.025 % (<i>acetic acid-oxyquinoline</i>)	NPB	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
TERAZOL 7 VAGINAL CREAM 0.4 % (<i>terconazole</i>)	NC	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	G	
<i>terconazole vaginal suppository 80 mg</i>	G	
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	NC	
<i>metronidazole (Vandazole Vaginal Gel 0.75 %)</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
<i>estradiol</i> (Yuvafem Vaginal Tablet 10 Mcg)	G	
VASOPRESSORS - DRUGS FOR THE HEART		
ADYPHREN AMP II INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NC	
ADYPHREN AMP INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NC	
ADYPHREN II INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NC	
ADYPHREN INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NC	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	NC	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	G	QL (1 pack per 1 fill)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	G	QL (8 pens per 1 month)
EPISNAP INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NC	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML (<i>epinephrine</i>)	NC	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML (<i>epinephrine</i>)	NPB	QL (4 syringes per 30 days)
VITAMINS - DRUGS FOR NUTRITION		
DECARA ORAL CAPSULE 625 MCG (25000 UT) (<i>cholecalciferol</i>)	CE	N2 (Not Covered)
<i>ergocal oral capsule 62.5 mcg (2500 ut)</i>	NPB	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	G	
<i>hm biotin oral tablet dispersible 10000 mcg</i>	NC	
MEPHYTON ORAL TABLET 5 MG (<i>phytonadione</i>)	NPB	QL (25 tablets per 30 days)
<i>phytonadione oral tablet 5 mg</i>	G	QL (25 tablets per 30 Days)
<i>vitamin d2 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)</i>	CE	N2 (Not Covered)
<i>vitamin d3 oral capsule 10 mcg (400 unit), 25 mcg (1000 ut)</i>	CE	N2 (Not Covered)
<i>vitamin d3 oral liquid 400 unit/ml</i>	CE	N2 (Not Covered)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)</i>	CE	N2 (Not Covered)
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	CE	N2 (Not Covered)

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