

2025

Tufts Health One Care  
(Medicare-Medicaid Plan)

# 2025 List of Covered Drugs

(Drug List or Formulary)

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For more recent information or other questions, contact us at  
1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m., or  
visit [TuftsHealthOneCare.org](https://www.tuftshealthonecare.org).



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# DISCRIMINATION IS AGAINST THE LAW



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**Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.**

## **Tufts Health Plan:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact Tufts Health Plan at **855.393.3154**.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

### **Tufts Health Plan**

Attention: Civil Rights Coordinator, Legal Dept.

1 Wellness Way

Canton, MA 02021-1166

Phone: 888.880.8699 ext. 48000, [TTY number— 711 or 800.439.2370]

Fax: 617.972.9048

Email: [OCRCoordinator@point32health.org](mailto:OCRCoordinator@point32health.org)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

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

### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Phone: 800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>

TuftsHealthOneCare.org | **855.393.3154**

**We can give you information in other formats, such as braille and large print, and also in different languages upon request.**

# Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. Someone who speaks English can help you. This is a free service.

**Spanish:** Contamos con servicios gratuitos de interpretación para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para conseguir un intérprete, solo tiene que llamarnos al 855-393-3154 (TTY: 711), los siete días de la semana, de 8:00 a. m. a 8:00 p. m. Alguien que habla español podrá ayudarle. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费口译服务，可回答您关于我们健康或药品计划的任何问题。如需口译人员，敬请拨打 855-393-3154 (TTY: 711) 联系我们，服务时间为周一至周日早 8 点至晚 8 点。会讲普通话的工作人员将为您提供帮助。此服务免费。

**Chinese Cantonese:** 我們提供免費口譯服務來回答您對我們的健康或藥物計畫的疑問。如需口譯人員，請致電 855-393-3154 (TTY: 711) 聯絡我們，營業時間一週七天，早上 8 點至晚上 8 點。將有會說粵語的人士為您提供幫助。此為免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo ng interpreter para sagutin ang anumang mga katanungan na maaaring mayroon ka tungkol sa aming plano sa kalusugan o gamot. Para makakuha ng interpreter, tawagan lang kami sa 855-393-3154 (TTY: 711), pitong araw sa isang linggo, mula 8 a.m. hanggang 8 p.m. Maaaring makatulong sa iyo ang isang taong nagsasalita ng Tagalog. Isa itong libreng serbisyo.

**French:** Nous mettons des services d'interprétation gratuits à votre disposition pour répondre aux questions que vous pourriez poser sur notre régime d'assurance-maladie ou de médicaments. Pour obtenir l'aide d'un interprète, appelez simplement le 855-393-3154 (TTY : 711), sept jours sur sept, de 8 a.m. à 8 p.m. Une personne parlant français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có các dịch vụ phiên dịch miễn phí để trả lời bất kỳ câu hỏi nào mà quý vị đặt ra về chương trình sức khỏe hay chương trình thuốc của chúng tôi. Để nhận người phiên dịch, chỉ cần gọi cho chúng tôi theo số 855-393-3154 (TTY: 711), bảy ngày một tuần, từ 8 giờ sáng đến 8 giờ tối. Họ sẽ nói tiếng Việt để có thể giúp bạn. Đây là dịch vụ miễn phí.

**German:** Wir stellen Ihnen einen kostenlosen Dolmetscherservice zur Verfügung, der Ihnen alle Fragen zu unserem Gesundheits- oder Medikamentenplan beantwortet. Wenn Sie einen Dolmetscher benötigen, rufen Sie uns unter 855-393-3154 (TTY: 711) an, und zwar an sieben Tagen in der Woche von 8 bis 20 Uhr. Jemand, der Deutsch spricht, kann Ihnen helfen. Dieser Service ist kostenlos.

**Korean:** 건강 또는 약품 플랜에 관한 문의에 답변해 드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 제공받으려면 요일에 상관 없이 오전 8시~오후 8시에 855-393-3154 (TTY: 711)로 전화해 주십시오. 한국어를 구사하는 직원이 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

**Russian:** Мы предоставляем бесплатную услугу устного перевода, чтобы ответить на вопросы о медицинской страховке или плане получения рецептурных препаратов. Чтобы вам предоставили переводчика, позвоните по телефону 855-393-3154 (TTY: 711). Операторы принимают звонки с 8 утра до 8 вечера, без выходных. Вам поможет сотрудник, говорящий на русском языке. Это — бесплатная услуга.

# Multi-language Interpreter Services

## Arabic:

لدينا خدمات ترجمة فورية مجانية متاحة للإجابة عن أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. للحصول على مترجم فوري، فقط اتصل بنا على الرقم **855-393-3154** (بالنسبة لمستخدمي الهواتف النصية (TTY): 711)، على مدار سبعة أيام في الأسبوع، من الساعة 8 صباحًا حتى الساعة 8 مساءً. يمكن لشخص يتحدث اللغة العربية مساعدتك. هذه الخدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा योजना के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएँ हैं। दुभाषिया प्राप्त करने के लिए, बस हमें 855-393-3154 (TTY: 711), पर सप्ताह के सातों दिन, सुबह 8 बजे से रात 8 बजे तक कॉल करें। कोई व्यक्ति जो हिन्दी बोलता है वह आपकी सहायता कर सकता है। यह एक निःशुल्क सेवा है।

**Italian:** Disponiamo di servizi di interpretariato gratuito in merito al nostro piano sanitario e medicinale. Per richiedere un interprete, basta chiamare al numero 855-393-3154 (TTY: 711), 7 giorni su 7, dalle 8:00 alle 20:00. Una persona che parla italiano può aiutarla. Questo servizio è gratuito.

**Portuguese:** Dispomos de serviços de intérpretes gratuitos para responder a quaisquer perguntas que possa ter sobre o nosso plano de saúde ou de medicamentos. Para obter um intérprete, basta contactar-nos através do número 855-393-3154 (TTY: 711), sete dias por semana, das 8h00 às 20h00. Alguém que fale português pode ajudá-lo. É um serviço gratuito.

**French Creole:** Nou genyen sèvis entèpretasyon gratis pou repons ak tout kesyon ou kapab genyen sou plan sante oswa plan medikaman nou an. Pou w kapab jwenn yon entèprèt, sèlman rele nou nan 855-393-3154 (TTY: 711), sèt jou sou sèt, sòti 8è nan maten rive 8è nan aswè. Yon moun ki pale Kreyòl Ayisyen ap kapab ede w. Sa a se yon sèvis gratis.

**Polish:** Oferujemy bezpłatne usługi tłumacza, który odpowie na wszelkie pytania związane z naszym planem zdrowotnym lub dotyczącym leków. Aby skorzystać z pomocy tłumacza, wystarczy zadzwonić do pod numer 855-393-3154 (TTY: 711); usługa jest dostępna siedem dni w tygodniu w godzinach 8:00-20:00. Osoba mówiąca po polsku udzieli Ci pomocy. Jest to usługa bezpłatna.

**Japanese:** 医療保険や医薬品プランに関するご質問にお答えするため、無料の通訳サービスをご用意しています。通訳をご希望の方は、855-393-3154までご連絡ください (TTY: 711),午前8時から午後8時まで、年中無休で日本語でサポートします。これは無料のサービスです。

**Laotian:** ພວກເຮົາມີການບໍລິການນາຍພາສາຟຣີ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນການສຸຂະພາບ ຫຼື ຢາຂອງພວກເຮົາ. ເພື່ອຮັບນາຍພາສາ, ພາຍໃຈຕໍ່ໂທຫາພວກເຮົາທີ່ເບີ 855-393-3154 (TTY: 711), ເຈັດມື້ຕໍ່ອາທິດ, ຈາກ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ. ເຮົາມີຄົນທີ່ເວົ້າລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການຟຣີ.

**Cambodian:** យើងមានសេវាកម្មបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយរាល់សំណួរដែលអ្នកអាចមានអំពីគម្រោងសុខភាព ឬឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់សូមទូរសព្ទមកយើងតាមរយៈលេខ 855-393-3154 (TTY: 711) ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 ល្ងាច។ នរណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ នេះជាសេវាកម្មមិនគិតថ្លៃនោះទេ។

# Tufts Health One Care | 2025 *List of Covered Drugs* (Drug List or Formulary)

## Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which prescription drugs and over-the-counter drugs are covered by Tufts Health One Care. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Tufts Health One Care. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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**If you have questions**, please call Tufts Health One Care at 1-855-393-3154 (TTY:711), seven days a week from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [TuftsHealthOneCare.org](https://TuftsHealthOneCare.org).

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**If you have questions**, please call Tufts Health One Care at 1-855-393-3154 (TTY:711), seven days a week from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [TuftsHealthOneCare.org](https://www.tuftshealthonecare.org).

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## A. Disclaimers

This is a list of drugs that members can get in *Tufts Health One Care*.

- ❖ Tufts Health One Care is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees.
- ❖ The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- ❖ Benefits may change on January 1 of each year
- ❖ You can always check Tufts Health One Care's up-to-date List of Covered Drugs online at [TuftsHealthOneCare.org](https://TuftsHealthOneCare.org) or by calling 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.
- ❖ You can get this document for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free.
- ❖ Call to request materials in languages other than English or in an alternate format. You can also make a standing request to have future mailings be in the alternate language or format. This way, you do not need to make a separate request each time. You can call Member Services to change your standing request for preferred language and/or format.



**If you have questions**, please call Tufts Health One Care at 1-855-393-3154 (TTY:711), seven days a week from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [TuftsHealthOneCare.org](https://TuftsHealthOneCare.org).

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## B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

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### B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “*Drug List*” for short.)

The drugs on the *List of Covered Drugs* in section C are the drugs covered by Tufts Health One Care. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Tufts Health One Care will cover all drugs on the *Drug List* if:
  - your doctor or other prescriber says you need them to get better or stay healthy,
  - Tufts Health One Care agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a Tufts Health One Care network pharmacy.
- In some cases, you have to do something before you can get a drug (refer to question B4 below).

You can also refer to an up-to-date list of drugs that we cover on our website at [TuftsHealthOneCare.org](https://TuftsHealthOneCare.org) or call Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m..

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### B2. Does the *Drug List* ever change?

Yes, and Tufts Health One Care must follow Medicare and MassHealth rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval (PA) for a drug. (PA is permission from Tufts Health One Care before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.



**If you have questions**, please call Tufts Health One Care at 1-855-393-3154 (TTY:711), seven days a week from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [TuftsHealthOneCare.org](https://TuftsHealthOneCare.org).



If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check Tufts Health One Care's up to date Drug List online at TuftsHealthOneCare.org. Updates to the Drug List are posted on the website monthly.
- You can also call Member Services to check the current Drug List at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.

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### **B3. What happens when there is a change to the *Drug List*?**

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions new version of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain versions of that drug but your cost for the new drug will stay the same. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
  - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
  - We can make these changes only if the drug we are adding:
    - Is a new generic version of a brand name drug, or
    - Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
  - Some of these drug types may be new to you. For more information, refer to Section B14.
  - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.



**If you have questions**, please call Tufts Health One Care at 1-855-393-3154 (TTY:711), seven days a week from 8 a.m. to 8 p.m. The call is free. **For more information**, visit TuftsHealthOneCare.org.

- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change. Call your doctor or other prescriber to discuss alternative drugs and to request a new prescription.

**We may make other changes that affect the drugs you take.** We will tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.]
- we add a new biosimilar to replace an original biological product currently on the *Drug List*, or
- we change the coverage rules or limits for the brand name drug.
- When these changes happen, we will:
  - tell you at least 30 days before we make the change to the *Drug List* **or**
  - let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there is a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. Please refer to question B10 for more information about exceptions.

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#### **B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?**

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from Tufts Health One Care before you fill your prescription. Tufts Health One Care may not cover the drug if you do not get approval.



**If you have questions**, please call Tufts Health One Care at 1-855-393-3154 (TTY:711), seven days a week from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [TuftsHealthOneCare.org](https://TuftsHealthOneCare.org).

- **Quantity limits:** Sometimes Tufts Health One Care limits the amount of a drug you can get.
- **Step therapy:** Sometimes Tufts Health One Care requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your provider thinks the first drug doesn't work for you, then we will cover the second.

Diabetic testing supplies including blood glucose monitors, blood glucose test strips, lancet devices, lancets, glucose control solutions, and Continuous Glucose Monitoring Systems (CGMs) are covered under the plan's medical benefit at participating retail or mail-order pharmacies. We cover:

- OneTouch Test Strips
- OneTouch Meters (Quantity Limit: 1 meter per 180 days)
- Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare. (Requires prior authorization)

You can find out if your drug has any additional requirements or limits by looking in the tables beginning in section C. You can also get more information by visiting our website at [TuftsHealthOneCare.org](http://TuftsHealthOneCare.org). We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

**You can ask for an exception from these limits.** This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Please refer to questions B10-B12 for more information about exceptions.

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### **B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?**

The table of drugs on in section C has a column labeled "Necessary actions, restrictions, or limits on use."

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### **B6. What happens if Tufts Health One Care changes their rules about some drugs (for example, prior authorization (PA) or approval, quantity limits, and/or step therapy restrictions)?**

In some cases, we will tell you in advance if we add or change PA, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.



**If you have questions**, please call Tufts Health One Care at 1-855-393-3154 (TTY:711), seven days a week from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [TuftsHealthOneCare.org](http://TuftsHealthOneCare.org).

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## **B7. How can I find a drug on the *Drug List*?**

There are two ways to find a drug:

- You can search alphabetically by the drug's name, **or**
- You can search by medical condition.

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it in Section D.

To search **by medical condition**, find the section labeled “Drugs Grouped by Medical Condition” in section C. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, “Cardiovascular Drugs”. That is where you will find drugs that treat heart conditions.

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## **B8. What if the drug I want to take is not on the *Drug List*?**

If you don't find your drug on the *Drug List*, call Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. and ask about it. If you learn that Tufts Health One Care will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please refer to questions B10-B12 for more information about exceptions.

---

## **B9. What if I am a new Tufts Health One Care member and can't find my drug on the *Drug List* or have a problem getting my drug?**

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Tufts Health One Care. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our *Drug List*, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**



**If you have questions**, please call Tufts Health One Care at 1-855-393-3154 (TTY:711), seven days a week from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [TuftsHealthOneCare.org](https://TuftsHealthOneCare.org).

- the drug requires PA by Tufts Health One Care, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are taking a drug that Tufts Health One Care does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug. You can find more information about getting a temporary supply of a drug in Chapter 5 of your *Member Handbook*.

If you are in a nursing home or other long-term care facility and need a drug that is not on the *Drug List* or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Tufts Health One Care member.
- This is in addition to the temporary supply during the first 90 days you are a member of Tufts Health One Care.

This one-time, temporary fill of the non-covered medication gives you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously.

As noted above, the temporary fill will generally be up to a 31-day supply, but it may be extended to allow you and your physician time to manage the complexities of multiple medications or when there are special circumstances. You can request a temporary prescription fill by calling the Tufts Health One Care Member Services department at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.

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## **B10. Can I ask for an exception to cover my drug?**

Yes. You can ask Tufts Health One Care to make an exception to cover a drug that is not on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, Tufts Health One Care may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or PA requirements.

---

## **B11. How can I ask for an exception?**

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Member Handbook* to learn more about exceptions.



**If you have questions**, please call Tufts Health One Care at 1-855-393-3154 (TTY:711), seven days a week from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [TuftsHealthOneCare.org](https://TuftsHealthOneCare.org).

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## **B12. How long does it take to get an exception?**

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. To file a request, your provider or you may request an exception for coverage by mail, fax, by contacting Member Services, or by submitting a request via the Tufts Health One Care website.

**Mail:** Tufts Health Plan  
ATTN: Pharmacy Utilization Management Department  
1 Wellness Way  
Canton, MA 02021

**Fax:** 617-673-0956

**Member Services:** 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.

**Tufts Health One Care website:** [TuftsHealthOneCare.org](https://TuftsHealthOneCare.org)

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

---

## **B13. What are generic drugs?**

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Tufts Health One Care covers both brand name drugs and generic drugs.

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## **B14. What are original biological products and how are they related to biosimilars?**

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilars alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to Chapter 5 of the *Member Handbook*.



**If you have questions**, please call Tufts Health One Care at 1-855-393-3154 (TTY:711), seven days a week from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [TuftsHealthOneCare.org](https://TuftsHealthOneCare.org).

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### **B15. What are OTC drugs?**

OTC stands for “over-the-counter”. Tufts Health One Care covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Tufts Health One Care *Drug List* to find out what OTC drugs are covered.

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### **B16. Does Tufts Health One Care cover non-drug OTC products?**

Tufts Health One Care covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include gauze and vitamin supplements.

You can read the Tufts Health One Care *Drug List* to find out what non-drug OTC products are covered.

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### **B17. Does Tufts Health One Care cover long-term supplies of prescriptions?**

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. You will not have a copay for either a 90-day supply or a one-month supply.
  - **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. You will not have a copay for either a 90-day supply or a one-month supply.
- 

### **B18. Can I get prescriptions delivered to my home from my local pharmacy?**

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

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### **B19. What is my copay?**

Tufts Health One Care members have no copays for prescription and OTC drugs as long as the member follows the plan’s rules.

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### **B20. What are drug tiers?**

Tiers are groups of drugs on our *Drug List*.

- Tier 1 drugs are vaccines.
- Tier 2 drugs are generic drugs.
- Tier 3 drugs are brand-name drugs.
- Tier 4 drugs are MassHealth-covered OTC drugs

Please note: All tiers have no copay

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**If you have questions**, please call Tufts Health One Care at 1-855-393-3154 (TTY:711), seven days a week from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [TuftsHealthOneCare.org](https://TuftsHealthOneCare.org).

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## C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by Tufts Health One Care. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D. The index alphabetically lists all drugs covered by Tufts Health One Care.

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., ENTRESTO) and generic drugs are listed in lowercase italics (e.g., *lisinopril*).

The information in the “necessary actions, restrictions, or limits on use” column tells you if Tufts Health One Care has any rules for covering your drug.

**Note:** The letters “EC” (Enhanced Coverage) next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

**Extra Help** is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

- These drugs have different rules for appeals. An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or MassHealth.
- If you or your prescriber disagrees with our decision, you can appeal.
- If you ever have a question, call Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.



**If you have questions**, please call Tufts Health One Care at 1-855-393-3154 (TTY:711), seven days a week from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [TuftsHealthOneCare.org](https://TuftsHealthOneCare.org).



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## C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category “Cardiovascular Agents”. That is where you will find drugs that treat heart conditions.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

- QL = Quantity limit: Limits the amount of a drug you can get.
- NEDS = Non-extended day supply drug: In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.
- PA = Prior authorization (approval): you must have approval from the plan before you can get this drug.
- PA BvD = These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D.
- PA NSO = The Prior Authorization restriction only applies if you are a new member or have not taken this drug before.
- SP = Available through a designated specialty pharmacy provider. You have the option to obtain this drug through a designated specialty pharmacy provider. These pharmacies specialize in supplying a select number of medications directly to our members. They provide free delivery to your home, educational support 24/7 by phone, and the support of nurses and pharmacists. They also will work closely with your doctor. Medications include, but are not limited to, drugs used in the treatment of multiple sclerosis, hepatitis C, rheumatoid arthritis, and cancers treated with oral medications.
- ST = Step therapy: you must try another drug before you can get this one.
- ST NSO = Step therapy applies to new starts only: the step therapy prior authorization restriction only applies if you are a new member or have not taken this drug before.



**If you have questions**, please call Tufts Health One Care at 1-855-393-3154 (TTY:711), seven days a week from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [TuftsHealthOneCare.org](https://TuftsHealthOneCare.org).

# Drugs Grouped by Medical Condition

Analgesics .....	3
Anesthetics .....	5
Anti-Addiction/Substance Abuse Treatment Agents .....	5
Antibacterials .....	6
Anticonvulsants .....	10
Antidementia Agents .....	12
Antidepressants .....	12
Antiemetics .....	14
Antifungals .....	14
Antigout Agents .....	15
Antimigraine Agents .....	16
Antimyasthenic Agents .....	16
Antimycobacterials .....	16
Antineoplastics .....	16
Antiparasitics .....	24
Antiparkinson Agents .....	24
Antipsychotics .....	25
Antispasticity Agents .....	27
Antivirals .....	27
Anxiolytics .....	30
Bipolar Agents .....	30
Blood Glucose Regulators .....	30
Blood Products and Modifiers .....	32
Cardiovascular Agents .....	34
Central Nervous System Agents .....	39
Dental and Oral Agents .....	41
Dermatological Agents .....	41
Electrolytes/Minerals/Metals/Vitamins .....	44
Gastrointestinal Agents .....	50
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment .....	53
Genitourinary Agents .....	54
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) .....	54
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) .....	55
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) .....	55
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) .....	58
Hormonal Agents, Suppressant (Adrenal or Pituitary) .....	58
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Immunological Agents .....	59
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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>Analgesics</b>		
<i>Analgesics</i>		
ACETAMINOPHEN ER 8 HOUR ARTHRITIS PAIN	4	EC
ACETAMINOPHEN SUPP 120MG, 650MG	4	EC
LIQUID ACETAMINOPHEN	4	EC
MAPAP CAPS	4	EC
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
ACETAMINOPHEN EXTRA STRENGTH	4	EC
ACETAMINOPHEN SUSP 650MG/20.3ML	4	EC
ACETAMINOPHEN TABS 325MG	4	EC
ASPIRIN EC TBEC 81MG	4	EC
ASPIRIN REGULAR STRENGTH	4	EC
<i>celecoxib caps</i>	2	
<i>diclofenac epolamine</i>	2	QL(60 EA per 30 days); PA
<i>diclofenac potassium tabs 50mg</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium gel 1%</i>	2	QL(960 GM per 30 days)
<i>diclofenac sodium external soln 1.5%</i>	2	
<i>diflunisal tabs 500mg</i>	2	
<i>ec-naproxen tbec 500mg</i>	2	
<i>etodolac er</i>	2	
<i>etodolac caps, tabs</i>	2	
<i>flurbiprofen tabs 100mg</i>	2	
GNP IBUPROFEN CHILDRENS	4	EC
GNP IBUPROFEN INFANTS	4	EC
GNP NAPROXEN	4	EC
GOODSENSE ASPIRIN CHEW, TABS	4	EC
GOODSENSE IBUPROFEN CHILDRENS SUSP	4	EC
GOODSENSE IBUPROFEN INFANTS	4	EC
HM NAPROXEN SODIUM CAPS	4	EC
<i>ibu</i>	2	
IBUPROFEN CAPS	4	EC
<i>ibuprofen susp</i>	2	
IBUPROFEN TABS 200MG	4	EC
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	2	
<i>indomethacin caps 25mg, 50mg</i>	2	
<i>meloxicam tabs</i>	2	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MENSTRUAL PAIN RELIEF MULTI-SYMP TOM MAXIMUM STRENGTH	4	EC
<i>nabumetone tabs</i>	2	
<i>naproxen dr tbec 375mg</i>	2	
<i>naproxen sodium cr tb24 375mg</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen susp</i>	2	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	2	
<i>naproxen tbec 500mg</i>	2	
<i>oxaprozin tabs</i>	2	
PAIN RELIEF EXTRA STRENGTH/ADULT	4	EC
<i>piroxicam caps</i>	2	
<i>salsalate tabs</i>	2	
<i>sulindac tabs</i>	2	
TRI-BUFFERED ASPIRIN TABS 325MG; 35MG; 40MG; 0; 0	4	EC
<b>Opioid Analgesics, Long-acting</b>		
<i>buprenorphine</i>	2	QL(4 EA per 28 days)
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	2	QL(10 EA per 30 days)
<i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>	2	QL(30 EA per 30 days)
<i>methadone hcl tabs</i>	2	QL(120 EA per 30 days)
<i>methadone hcl soln 5mg/5ml</i>	2	QL(1200 ML per 30 days)
<i>methadone hcl soln 10mg/5ml</i>	2	QL(600 ML per 30 days)
<i>morphine sulfate er tbcr</i>	2	QL(60 EA per 30 days)
<i>tramadol hydrochloride er</i>	2	QL(30 EA per 30 days)
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen/codeine tabs</i>	2	QL(240 EA per 30 days)
<i>acetaminophen/codeine soln</i>	2	QL(3600 ML per 30 days)
<i>butorphanol tartrate soln</i>	2	QL(7.5 ML per 30 days)
<i>codeine sulfate tabs</i>	2	QL(180 EA per 30 days)
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	2	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	2	QL(120 EA per 30 days); PA; NEDS
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	QL(3600 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	2	QL(240 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>hydromorphone hcl liqd</i>	2	QL(1350 ML per 30 days)
<i>hydromorphone hcl tabs 8mg</i>	2	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	QL(240 EA per 30 days)
<i>morphine sulfate tabs</i>	2	QL(180 EA per 30 days)
<i>morphine sulfate soln 100mg/5ml</i>	2	QL(180 ML per 30 days)
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>	2	QL(900 ML per 30 days)
<i>oxycodone hydrochloride conc</i>	2	QL(120 ML per 30 days)
<i>oxycodone hydrochloride caps</i>	2	QL(240 EA per 30 days)
<i>oxycodone hydrochloride soln</i>	2	QL(2400 ML per 30 days)
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	2	QL(120 EA per 30 days)
<i>oxycodone hydrochloride tabs 10mg, 15mg</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride tabs 5mg</i>	2	QL(240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 100mg</i>	2	QL(120 EA per 30 days)
<i>tramadol hydrochloride tabs 50mg</i>	2	QL(240 EA per 30 days)
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>glydo</i>	2	QL(100 ML per 30 days)
ISOPROPYL RUBBING ALCOHOL	4	EC
<i>lidocaine hcl jelly</i>	2	QL(100 ML per 30 days)
<i>lidocaine hcl prsy</i>	2	QL(100 ML per 30 days)
<i>lidocaine hcl inj 0.5%, 1.5%, 2%, 4%</i>	2	
<i>lidocaine hydrochloride external soln</i>	2	QL(100 ML per 30 days)
<i>lidocaine hydrochloride inj 1%, 2%</i>	2	
<i>lidocaine/prilocaine crea</i>	2	QL(60 GM per 30 days)
<i>lidocaine oint 5%</i>	2	QL(100 GM per 30 days)
<i>lidocaine ptch 5%</i>	2	QL(90 EA per 30 days); PA
<i>premium lidocaine</i>	2	QL(100 GM per 30 days)
SM ALCOHOL	4	EC
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram tabs</i>	2	
<i>naltrexone hcl tabs</i>	2	
VIVITROL	3	NEDS
<b>Opioid Dependence</b>		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl subl 2mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl subl 8mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	2	QL(180 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<b>Opioid Reversal Agents</b>		
<i>naloxone hcl inj 4mg/10ml</i>	2	
<i>naloxone hydrochloride liqd</i>	2	QL(4 EA per 30 days)
<i>naloxone hydrochloride inj 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	2	
OPVEE	3	QL(4 EA per 30 days)
<b>Smoking Cessation Agents</b>		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	
GOODSENSE NICOTINE	4	EC
GOODSENSE NICOTINE GUM	4	EC
GOODSENSE NICOTINE POLACRILEX GUM GUM 2MG	4	EC
NICOTINE TRANSDERMAL SYSTEM STEP 1	4	EC
NICOTINE TRANSDERMAL SYSTEM STEP 3	4	EC
NICOTINE TRANSDERMAL SYSTEM PT24 14MG/24HR, 7MG/24HR	4	EC
NICOTROL INHALER	3	
NICOTROL NS	3	
TYRVAYA	3	
<i>varenicline starting month box</i>	2	QL(53 EA per 28 days)
<i>varenicline tartrate</i>	2	QL(60 EA per 30 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	2	
ARIKAYCE	3	PA; NEDS
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate crea 0.1%</i>	2	
<i>gentamicin sulfate inj 40mg/ml</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	2	
<i>neomycin sulfate</i>	2	
<i>streptomycin sulfate inj 1gm</i>	2	NEDS

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<i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	2	
<b>Antibacterials, Other</b>		
<i>aztreonam inj 1gm</i>	2	
<i>aztreonam inj 2gm</i>	2	NEDS
BACITRACIN ZINC OINT	4	EC
BACITRACIN EXTERNAL OINT 500UNIT/GM	4	EC
<i>clindacin-p</i>	2	
<i>clindamycin hcl caps 300mg</i>	2	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>clindamycin phosphate crea 2%</i>	2	
<i>clindamycin phosphate inj 9000mg/60ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>colistimethate sodium</i>	2	NEDS
<i>daptomycin</i>	2	NEDS
<i>daptomycin/sodium chloride</i>	2	
GNP HYDROGEN PEROXIDE	4	EC
GNP TRIPLE ANTIBIOTIC PLUS	4	EC
HM BACITRACIN	4	EC
HYDROGEN PEROXIDE SOLN	4	EC
IMPAVIDO	3	NEDS
<i>linezolid tabs</i>	2	
<i>linezolid susr</i>	2	NEDS
<i>linezolid inj 600mg/300ml</i>	2	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate tabs 0.5gm, 1gm</i>	2	
<i>metronidazole vaginal</i>	2	
<i>metronidazole inj 500mg/100ml</i>	2	
<i>metronidazole tabs 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
NUVESSA	3	
POVIDONE-IODINE SOLN	4	EC
SM TRIPLE ANTIBIOTIC PLUS MAXIMUM STRENGTH	4	EC
<i>tigecycline</i>	2	NEDS
<i>tinidazole</i>	2	
<i>trimethoprim tabs</i>	2	
TRIPLE ANTIBIOTIC OINT 400UNIT/GM; 3.5MG/GM; 5000UNIT/GM	4	EC
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 100gm, 10gm</i>	2	

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<i>vancomycin hydrochloride caps</i>	2	
<i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg</i>	2	
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	2	
<b>Beta-lactam, Cephalosporins</b>		
<i>cefaclor caps</i>	2	
<i>cefaclor susr 125mg/5ml, 375mg/5ml</i>	2	
<i>cefadroxil caps, susr</i>	2	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	2	
<i>cefazolin sodium inj 10gm, 1gm/50ml; 4%, 1gm, 2gm, 500mg</i>	2	
<i>cefazolin inj 2gm/100ml; 4%, 2gm, 3gm</i>	2	
<i>cefdinir</i>	2	
<i>cefepime</i>	2	
<i>cefepime hydrochloride inj 2gm</i>	2	
<i>cefepime/dextrose</i>	2	
<i>cefixime</i>	2	
<i>cefotetan inj 1gm, 2gm</i>	2	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	2	
<i>ceftriaxone in iso-osmotic dextrose</i>	2	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	2	
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	2	
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	2	
<i>cephalexin</i>	2	
<i>tazicef inj 1gm, 2gm, 6gm</i>	2	
TEFLARO	3	NEDS
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>amoxicillin chew 125mg, 250mg</i>	2	
<i>amoxicillin caps, susr, tabs</i>	2	
<i>ampicillin sodium inj</i>	2	
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	2	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	2	
<i>ampicillin caps 500mg</i>	2	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	2	

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<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	2	
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	2	
<i>penicillin g potassium in iso-osmotic dextrose inj 0; 20000unit/ml</i>	2	
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	2	
<i>penicillin g sodium</i>	2	NEDS
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 12gm; 1.5gm</i>	2	
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	3	
<b>Carbapenems</b>		
<i>ertapenem</i>	2	
<i>ertapenem sodium</i>	2	
<i>imipenem/cilastatin</i>	2	
<i>meropenem</i>	2	
<b>Macrolides</b>		
<i>azithromycin pack, susr, tabs</i>	2	
<i>azithromycin inj 500mg</i>	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin susr, tabs</i>	2	
DIFICID	3	NEDS
<i>erythromycin dr</i>	2	
<i>erythromycin ethylsuccinate tabs</i>	2	
<i>erythromycin cpep 250mg</i>	2	
<b>Quinolones</b>		
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	2	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w</i>	2	
<i>ciprofloxacin susr 500mg/5ml, 5gm/100ml</i>	2	
<i>levofloxacin in d5w</i>	2	
<i>levofloxacin oral soln 25mg/ml</i>	2	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	2	
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	
<b>Sulfonamides</b>		
<i>sulfacetamide sodium lotn 10%</i>	2	
<i>sulfadiazine tabs</i>	2	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	2	
<b>Tetracyclines</b>		

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DOXY 100	3	
<i>doxycycline hyclate caps, inj</i>	2	
<i>doxycycline hyclate tabs 100mg, 150mg, 20mg</i>	2	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tabs</i>	2	
<i>doxycycline susr</i>	2	
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs</i>	2	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
<i>mondoxyme nl caps 100mg</i>	2	
<i>tetracycline hydrochloride caps</i>	2	
VIBRAMYCIN SYRP	3	
<b>Anticonvulsants</b>		
<i>Anticonvulsants, Other</i>		
BRIVIACT SOLN, TABS	3	NEDS
EPIDIOLEX	3	PA NSO; NEDS
EPRONTIA	3	
<i>felbamate</i>	2	
FINTEPLA	3	PA NSO; NEDS
FYCOMPA	3	
<i>lamotrigine er</i>	2	
<i>lamotrigine odt</i>	2	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine chew, tabs</i>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam oral soln, tabs</i>	2	
<i>levetiracetam inj 500mg/5ml</i>	2	
NAYZILAM	3	QL(10 EA per 30 days); PA NSO
<i>roweepra tabs 500mg</i>	2	
SPRITAM	3	
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
<i>topiramate csp, tabs</i>	2	
<i>valproic acid</i>	2	
<b>Calcium Channel Modifying Agents</b>		
<i>ethosuximide</i>	2	

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<i>methsuximide</i>	2	
<b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>		
<i>clobazam susp</i>	2	
<i>clobazam tabs</i>	2	QL(60 EA per 30 days)
<i>clonazepam odt</i>	2	
<i>clonazepam tabs</i>	2	
DIACOMIT	3	PA NSO; NEDS
<i>diazepam rectal gel</i>	2	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium csdr</i>	2	
<i>gabapentin caps, soln</i>	2	
<i>gabapentin tabs 600mg, 800mg</i>	2	
LIBERVANT	3	QL(10 EA per 30 days)
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>pregabalin</i>	2	
<i>primidone tabs</i>	2	
SYMPAZAN FILM 5MG	3	
SYMPAZAN FILM 10MG, 20MG	3	NEDS
<i>tiagabine hydrochloride</i>	2	
VALTOCO 10 MG DOSE	3	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 15 MG DOSE	3	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 20 MG DOSE	3	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 5 MG DOSE	3	QL(10 EA per 30 days); PA NSO; NEDS
<i>vigabatrin</i>	2	NEDS
<i>vigadrone</i>	2	NEDS
<i>vigpoder</i>	2	NEDS
ZTALMY	3	PA NSO; NEDS
<b>Sodium Channel Agents</b>		
APTIOM	3	
<i>carbamazepine er</i>	2	
<i>carbamazepine chew, susp, tabs</i>	2	
<i>epitol</i>	2	
<i>lacosamide inj, oral soln</i>	2	
<i>lacosamide tabs</i>	2	QL(60 EA per 30 days)

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<i>oxcarbazepine</i>	2	
<i>phenytek</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin chew, susp</i>	2	
<i>rufinamide susp</i>	2	NEDS
<i>rufinamide tabs 200mg</i>	2	
<i>rufinamide tabs 400mg</i>	2	NEDS
XCOPRI TABS	3	NEDS
XCOPRI TBPk 0	3	
XCOPRI TBPk 0	3	NEDS
ZONISADE	3	
<i>zonisamide</i>	2	
<b>Antidementia Agents</b>		
<b><i>Antidementia Agents, Other</i></b>		
NAMZARIC	3	
<b><i>Cholinesterase Inhibitors</i></b>		
<i>donepezil hcl tbdp</i>	2	
<i>donepezil hcl tabs 10mg, 23mg</i>	2	
<i>donepezil hydrochloride tabs 5mg</i>	2	
<i>galantamine hydrobromide er</i>	2	
<i>galantamine hydrobromide soln, tabs</i>	2	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	2	
<b><i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i></b>		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	2	
<i>memantine hydrochloride soln, tabs</i>	2	
<b>Antidepressants</b>		
<b><i>Antidepressants, Other</i></b>		
AUVELITY	3	
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	2	
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	
<i>bupropion hydrochloride tabs 75mg</i>	2	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs</i>	2	
ZURZUVAE CAPS 30MG	3	QL(14 EA per 14 days); PA NSO; NEDS
ZURZUVAE CAPS 20MG, 25MG	3	QL(28 EA per 14 days); PA NSO; NEDS
<b><i>Monoamine Oxidase Inhibitors</i></b>		

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EMSAM	3	ST NSO; NEDS
MARPLAN	3	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide soln, tabs</i>	2	
<i>desvenlafaxine er</i>	2	
DRIZALMA SPRINKLE CSDR 20MG, 60MG	3	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	3	QL(90 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	2	QL(90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL(90 EA per 30 days)
<i>escitalopram oxalate soln, tabs</i>	2	
FETZIMA	3	ST NSO
FETZIMA TITRATION PACK	3	ST NSO
<i>fluoxetine dr</i>	2	
<i>fluoxetine hydrochloride caps, soln</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>nefazodone hydrochloride</i>	2	
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride susp</i>	2	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	
<i>sertraline hcl conc</i>	2	
<i>sertraline hcl tabs 50mg</i>	2	
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	2	
<i>trazodone hydrochloride</i>	2	
TRINTELLIX	3	
<i>venlafaxine hcl er tb24 37.5mg</i>	2	
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er cp24</i>	2	
VIIBRYD STARTER PACK	3	
<i>vilazodone hydrochloride</i>	2	
<b>Tricyclics</b>		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 50mg</i>	2	
<i>amoxapine</i>	2	
<i>clomipramine hydrochloride</i>	2	
<i>desipramine hydrochloride</i>	2	
<i>doxepin hcl caps 75mg</i>	2	
<i>doxepin hcl conc</i>	2	

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<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	
<i>imipramine hcl tabs 25mg, 50mg</i>	2	
<i>imipramine hydrochloride tabs 10mg</i>	2	
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	2	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate caps</i>	2	
<b>Antiemetics</b>		
<b><i>Antiemetics, Other</i></b>		
MECLIZINE 25	4	EC
MECLIZINE HCL TABS 12.5MG	4	EC
<i>meclizine hcl tabs 12.5mg, 25mg</i>	2	
MECLIZINE HYDROCHLORIDE CHEW	4	EC
<i>prochlorperazine edisylate inj 10mg/2ml</i>	2	
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp 25mg</i>	2	
<i>promethazine hcl inj</i>	2	
<i>promethazine hcl tabs 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	2	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	2	
<i>scopolamine</i>	2	
<b><i>Emetogenic Therapy Adjuncts</i></b>		
<i>aprepitant caps 0, 40mg, 80mg</i>	2	PA BvD
<i>aprepitant caps 125mg</i>	2	PA BvD; NEDS
<i>dronabinol</i>	2	PA BvD
<i>granisetron hydrochloride tabs</i>	2	PA BvD
<i>ondansetron hcl soln</i>	2	PA BvD
<i>ondansetron hcl tabs 24mg</i>	2	PA BvD
<i>ondansetron hydrochloride tabs</i>	2	PA BvD
<i>ondansetron odt tbdp 4mg, 8mg</i>	2	PA BvD
<b>Antifungals</b>		
<b><i>Antifungals</i></b>		
ABELCET	3	PA
<i>amphotericin b liposome</i>	2	PA; NEDS
<i>amphotericin b inj</i>	2	PA
CLOTRIMAZOLE CREA 1%	4	EC
<i>clotrimazole crea 1%</i>	2	
<i>clotrimazole troc</i>	2	
CLOTRIMAZOLE SOLN 1%	4	EC

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<i>clotrimazole soln 1%</i>	2	
<i>econazole nitrate crea</i>	2	
<i>fluconazole in sodium chloride</i>	2	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine caps</i>	2	NEDS
GNP CLOTRIMAZOLE 3	4	EC
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	2	
<i>itraconazole caps</i>	2	
<i>ketoconazole sham, tabs</i>	2	
<i>ketoconazole crea</i>	2	QL(120 GM per 30 days)
<i>klayesta</i>	2	
<i>micafungin</i>	2	
MICONAZOLE 3 COMBINATION PACK	4	EC
MICONAZOLE 3 COMBO PACK	4	EC
<i>miconazole 3 supp</i>	2	
MICONAZOLE 7	4	EC
MICONAZOLE NITRATE CREA	4	EC
<i>naftifine hcl</i>	2	
<i>naftifine hydrochloride crea</i>	2	
<i>nyamyc</i>	2	
<i>nystatin crea, oint, powd, susp, tabs</i>	2	
<i>nystop</i>	2	
<i>posaconazole dr</i>	2	NEDS
<i>posaconazole susp</i>	2	NEDS
SM CLOTRIMAZOLE VAGINAL	4	EC
SM MICONAZOLE 3	4	EC
<i>terbinafine hcl tabs</i>	2	QL(42 EA per 42 days)
<i>terconazole</i>	2	
TOLNAFTATE ANTIFUNGAL CREA	4	EC
TOLNAFTATE POWD	4	EC
<i>voriconazole tabs</i>	2	
<i>voriconazole susr</i>	2	NEDS
<i>voriconazole inj</i>	2	PA; NEDS
<b>Antigout Agents</b>		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg, 300mg</i>	2	
<i>colchicine caps</i>	2	
<i>colchicine tabs 0.6mg</i>	2	
GLOPERBA	3	
<i>probenecid/colchicine</i>	2	

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<i>probenecid tabs</i>	2	
<b>Antimigraine Agents</b>		
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b>		
AIMOVIG	3	QL(1 ML per 30 days); PA
EMGALITY INJ 120MG/ML	3	QL(2 ML per 30 days); PA
EMGALITY INJ 100MG/ML	3	QL(3 ML per 30 days); PA
NURTEC	3	PA
UBRELVY	3	PA
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate soln</i>	2	QL(8 ML per 30 days); NEDS
<i>ergotamine tartrate/caffeine</i>	2	
<b>Prophylactic</b>		
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	2	
<b>Serotonin (5-HT) Receptor Agonist</b>		
<i>naratriptan hcl</i>	2	
<i>rizatriptan benzoate</i>	2	
<i>rizatriptan benzoate odt</i>	2	
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	2	
<i>sumatriptan succinate inj, tabs</i>	2	
<i>sumatriptan soln</i>	2	
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>pyridostigmine bromide er</i>	2	
<i>pyridostigmine bromide tabs 60mg</i>	2	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone tabs</i>	2	
<i>rifabutin</i>	2	
<b>Antituberculars</b>		
<i>ethambutol hydrochloride</i>	2	
<i>isoniazid syrp, tabs</i>	2	
PRIFTIN	3	
<i>pyrazinamide tabs</i>	2	
<i>rifampin caps, inj</i>	2	
SIRTURO	3	PA; NEDS
TRECTOR	3	
<b>Antineoplastics</b>		

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<b><i>Alkylating Agents</i></b>		
<i>cyclophosphamide tabs</i>	2	PA BvD
<i>cyclophosphamide caps</i>	2	PA BvD; SP-Optum Specialty
GLEOSTINE CAPS 100MG, 10MG, 40MG	3	
LEUKERAN	3	NEDS
MATULANE	3	NEDS
VALCHLOR	3	NEDS; SP-Optum Specialty
<b><i>Antiandrogens</i></b>		
<i>abiraterone acetate</i>	2	PA NSO; NEDS; SP-Optum Specialty
<i>bicalutamide</i>	2	
ERLEADA TABS 240MG	3	PA NSO; NEDS
ERLEADA TABS 60MG	3	PA NSO; NEDS; SP-Optum Specialty
<i>flutamide</i>	2	
<i>nilutamide</i>	2	NEDS
NUBEQA	3	PA NSO; NEDS; SP-Optum Specialty
XTANDI	3	PA NSO; NEDS; SP-Optum Specialty
<b><i>Antiangiogenic Agents</i></b>		
<i>lenalidomide caps 2.5mg, 20mg</i>	2	PA NSO; NEDS
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	2	PA NSO; NEDS; SP-Optum Specialty
POMALYST	3	PA NSO; NEDS; SP-Optum Specialty
REVLIMID	3	PA NSO; NEDS
THALOMID	3	NEDS; SP-Optum Specialty
<b><i>Antiestrogens/Modifiers</i></b>		
EMCYT	3	NEDS
ORSERDU	3	PA NSO; NEDS
SOLTAMOX	3	NEDS
<i>tamoxifen citrate tabs</i>	2	
<i>toremifene citrate</i>	2	NEDS
<b><i>Antimetabolites</i></b>		
DROXIA	3	
<i>hydroxyurea caps</i>	2	
<i>mercaptopurine tabs</i>	2	

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PURIXAN	3	NEDS
TABLOID	3	SP-Optum Specialty
<b><i>Antineoplastics, Other</i></b>		
AKEEGA	3	PA NSO; NEDS
<i>bortezomib inj 1mg, 2.5mg</i>	2	
<i>bortezomib inj 3.5mg/1.4ml, 3.5mg</i>	2	NEDS
<i>docetaxel inj 160mg/8ml, 20mg/ml, 80mg/4ml</i>	2	
IBRANCE TABS 100MG, 125MG, 75MG	3	PA NSO; NEDS; SP-Optum Specialty
INREBIC	3	PA NSO; NEDS; SP-Optum Specialty
IWILFIN	3	PA NSO; NEDS
KISQALI FEMARA 200 DOSE	3	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 400 DOSE	3	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 600 DOSE	3	PA NSO; NEDS; SP-Optum Specialty
<i>leucovorin calcium tabs</i>	2	
LONSURF	3	PA NSO; NEDS; SP-Optum Specialty
LYSODREN	3	NEDS
OGSIVEO	3	PA NSO; NEDS
OJEMDA	3	PA NSO; NEDS
ONUREG	3	PA NSO; NEDS; SP-Optum Specialty
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	2	
SYNRIBO	3	NEDS
TRUSELTIQ	3	PA NSO; NEDS
VONJO	3	PA NSO; NEDS; SP-Optum Specialty
ZOLINZA	3	PA NSO; NEDS; SP-Optum Specialty
<b><i>Aromatase Inhibitors, 3rd Generation</i></b>		
<i>anastrozole tabs</i>	2	
<i>exemestane</i>	2	
<i>letrozole</i>	2	
<b><i>Enzyme Inhibitors</i></b>		
KYPROLIS	3	NEDS
<b><i>Molecular Target Inhibitors</i></b>		

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ALECENSA	3	PA NSO; NEDS; SP-Optum Specialty
ALUNBRIG	3	PA NSO; NEDS
AUGTYRO	3	PA NSO; NEDS
AYVAKIT	3	QL(30 EA per 30 days); PA NSO; NEDS
BALVERSA	3	PA NSO; NEDS
BOSULIF CAPS 50MG	3	PA NSO; NEDS
BOSULIF CAPS 100MG	3	QL(120 EA per 30 days); PA NSO; NEDS
BOSULIF TABS 100MG	3	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BOSULIF TABS 400MG, 500MG	3	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BRAFTOVI CAPS 75MG	3	PA NSO; NEDS; SP-Optum Specialty
BRUKINSA	3	PA NSO; NEDS
CABOMETYX	3	PA NSO; NEDS; SP-Optum Specialty
CALQUENCE TABS	3	PA NSO; NEDS
CALQUENCE CAPS	3	PA NSO; NEDS; SP-Optum Specialty
CAPRELSA TABS 300MG	3	QL(30 EA per 30 days); PA NSO; NEDS
CAPRELSA TABS 100MG	3	QL(60 EA per 30 days); PA NSO; NEDS
COMETRIQ	3	PA NSO; NEDS; SP-Optum Specialty
COPIKTRA	3	PA NSO; NEDS; SP-Optum Specialty
COTELLIC	3	PA NSO; NEDS; SP-Optum Specialty
DAURISMO	3	PA NSO; NEDS; SP-Optum Specialty
ERIVEDGE	3	PA NSO; NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 150mg, 25mg</i>	2	QL(30 EA per 30 days); NEDS; SP-Optum Specialty

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<i>erlotinib hydrochloride tabs 100mg</i>	2	QL(90 EA per 30 days); NEDS; SP-Optum Specialty
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	2	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>everolimus tbso 2mg, 3mg, 5mg</i>	2	QL(60 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
EXKIVITY	3	PA NSO; NEDS
FOTIVDA	3	PA NSO; NEDS
FRUZAQLA	3	PA NSO; NEDS
GAVRETO	3	PA NSO; NEDS; SP-Optum Specialty
<i>gefitinib</i>	2	PA NSO; NEDS
GILOTRIF	3	PA NSO; NEDS
IBRANCE CAPS 100MG, 125MG, 75MG	3	PA NSO; NEDS; SP-Optum Specialty
ICLUSIG	3	PA NSO; NEDS
IDHIFA	3	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>imatinib mesylate</i>	2	NEDS; SP-Optum Specialty
IMBRUVICA SUSP	3	PA NSO; NEDS
IMBRUVICA CAPS, TABS	3	PA NSO; NEDS; SP-Optum Specialty
INLYTA	3	PA NSO; NEDS; SP-Optum Specialty
INQOVI	3	PA NSO; NEDS; SP-Optum Specialty
JAKAFI	3	PA NSO; NEDS; SP-Optum Specialty
JAYPIRCA	3	PA NSO; NEDS
KISQALI	3	PA NSO; NEDS; SP-Optum Specialty
KOSELUGO	3	PA NSO; NEDS
KRAZATI	3	PA NSO; NEDS
<i>lapatinib ditosylate</i>	2	QL(180 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty

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LENVIMA 10 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 12MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 14 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 18 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 20 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 24 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 4 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 8 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LORBRENA	3	PA NSO; NEDS; SP-Optum Specialty
LUMAKRAS TABS 320MG	3	PA NSO; NEDS
LUMAKRAS TABS 120MG	3	PA NSO; NEDS; SP-Optum Specialty
LYNPARZA TABS	3	PA NSO; NEDS; SP-Optum Specialty
LYTGOBI	3	PA NSO; NEDS
MEKINIST SOLR	3	PA NSO; NEDS
MEKINIST TABS	3	PA NSO; NEDS; SP-Optum Specialty
MEKTOVI	3	PA NSO; NEDS; SP-Optum Specialty
NERLYNX	3	PA NSO; NEDS; SP-Optum Specialty
NINLARO	3	PA NSO; NEDS; SP-Optum Specialty
ODOMZO	3	PA NSO; NEDS; SP-Optum Specialty
OJJAARA	3	PA NSO; NEDS
<i>pazopanib hydrochloride</i>	2	QL(120 EA per 30 days); PA NSO; NEDS
PEMAZYRE	3	PA NSO; NEDS
PIQRAY 200MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty

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PIQRAY 250MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 300MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
QINLOCK	3	PA NSO; NEDS
RETEVMO CAPS	3	PA NSO; NEDS; SP-Optum Specialty
RETEVMO TABS 120MG, 160MG	3	PA NSO; NEDS
RETEVMO TABS 80MG	3	QL(60 EA per 30 days); PA NSO; NEDS
RETEVMO TABS 40MG	3	QL(90 EA per 30 days); PA NSO; NEDS
REZLIDHIA	3	PA NSO; NEDS
ROZLYTREK PACK	3	PA NSO; NEDS
ROZLYTREK CAPS	3	PA NSO; NEDS; SP-Optum Specialty
RUBRACA	3	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
RYDAPT	3	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 20MG, 40MG	3	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 100MG	3	QL(120 EA per 30 days); PA NSO; NEDS
<i>sorafenib</i>	2	QL(220 EA per 30 days); PA NSO; NEDS
<i>sorafenib tosylate</i>	2	QL(220 EA per 30 days); PA NSO; NEDS
SPRYCEL	3	PA NSO; NEDS; SP-Optum Specialty
STIVARGA	3	QL(90 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>sunitinib malate</i>	2	PA NSO; NEDS; SP-Optum Specialty
TABRECTA	3	PA NSO; NEDS; SP-Optum Specialty
TAFINLAR TBSO	3	PA NSO; NEDS
TAFINLAR CAPS	3	PA NSO; NEDS; SP-Optum Specialty

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TAGRISO	3	PA NSO; NEDS; SP-Optum Specialty
TALZENNA CAPS 0.1MG, 0.35MG	3	PA NSO; NEDS
TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG	3	PA NSO; NEDS; SP-Optum Specialty
TASIGNA	3	PA NSO; NEDS; SP-Optum Specialty
TAZVERIK	3	PA NSO; NEDS
TEPMETKO	3	PA NSO; NEDS
TIBSOVO	3	PA NSO; NEDS; SP-Optum Specialty
TRUQAP	3	PA NSO; NEDS
TUKYSA	3	PA NSO; NEDS
TURALIO	3	PA NSO; NEDS
VANFLYTA	3	PA NSO; NEDS
VENCLEXTA STARTING PACK	3	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 100MG	3	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 10MG, 50MG	3	PA NSO; SP-Optum Specialty
VERZENIO	3	PA NSO; NEDS; SP-Optum Specialty
VITRAKVI	3	PA NSO; NEDS
VIZIMPRO	3	PA NSO; NEDS; SP-Optum Specialty
XALKORI CPSP	3	PA NSO; NEDS
XALKORI CAPS	3	PA NSO; NEDS; SP-Optum Specialty
XOSPATA	3	PA NSO; NEDS
XPOVIO	3	PA NSO; NEDS
XPOVIO 60 MG TWICE WEEKLY	3	PA NSO; NEDS
XPOVIO 80 MG TWICE WEEKLY	3	PA NSO; NEDS
ZEJULA TABS	3	PA NSO; NEDS
ZEJULA CAPS	3	PA NSO; NEDS; SP-Optum Specialty
ZELBORAF	3	PA NSO; NEDS; SP-Optum Specialty
ZYDELIG	3	PA NSO; NEDS; SP-Optum Specialty

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ZYKADIA TABS	3	PA NSO; NEDS; SP-Optum Specialty
<b>Monoclonal Antibodies/Antibody-Drug Conjugates</b>		
DARZALEX	3	NEDS
OPDIVO	3	NEDS
YERVOY	3	NEDS
<b>Retinoids</b>		
<i>bexarotene caps</i>	2	NEDS; SP-Optum Specialty
<i>bexarotene gel</i>	2	PA NSO; NEDS
PANRETIN	3	NEDS
<i>tretinoin caps 10mg</i>	2	NEDS; SP-Optum Specialty
<b>Treatment Adjuncts</b>		
MESNEX TABS	3	NEDS
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole tabs</i>	2	
<i>ivermectin tabs</i>	2	
<i>praziquantel tabs</i>	2	
REESES PINWORM MEDICINE SUSP 144MG/ML	4	EC
<b>Antiprotozoals</b>		
<i>atovaquone</i>	2	
<i>atovaquone/proguanil hcl</i>	2	
<i>chloroquine phosphate tabs</i>	2	
COARTEM	3	QL(24 EA per 3 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	2	
<i>pentamidine isethionate inj</i>	2	
<i>pentamidine isethionate inhalation solr</i>	2	PA BvD
<i>primaquine phosphate tabs</i>	2	
<i>pyrimethamine tabs</i>	2	NEDS
<i>quinine sulfate caps 324mg</i>	2	PA
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate tabs</i>	2	
<i>trihexyphenidyl hcl soln</i>	2	
<i>trihexyphenidyl hydrochloride</i>	2	
<b>Antiparkinson Agents, Other</b>		
<i>carbidopa/levodopa/entacapone</i>	2	

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<i>entacapone</i>	2	
<b>Dopamine Agonists</b>		
<i>bromocriptine mesylate caps, tabs</i>	2	
<b>KYNMOBI</b>	3	NEDS
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	2	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa tabs</i>	2	
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate tabs</i>	2	
<i>selegiline hcl caps, tabs</i>	2	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl tabs</i>	2	
<i>chlorpromazine hydrochloride conc, tabs</i>	2	
<i>fluphenazine decanoate inj</i>	2	
<i>fluphenazine hcl conc</i>	2	
<i>fluphenazine hcl tabs 1mg</i>	2	
<i>fluphenazine hydrochloride elix, inj</i>	2	
<i>fluphenazine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	2	
<i>haloperidol decanoate inj</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol conc, tabs</i>	2	
<i>loxapine</i>	2	
<i>molindone hydrochloride</i>	2	
<i>perphenazine tabs</i>	2	
<i>pimozide</i>	2	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	2	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hydrochloride tabs 1mg</i>	2	
<b>2nd Generation/Atypical</b>		
<b>ABILIFY ASIMTUFGII</b>	3	NEDS
<b>ABILIFY MAINTENA</b>	3	NEDS

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ABILIFY MYCITE MAINTENANCE KIT TBPk 10MG	3	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE STARTER KIT TBPk 15MG, 20MG, 2MG, 30MG, 5MG	3	QL(30 EA per 30 days); PA NSO; NEDS
<i>aripiprazole</i>	2	
<i>aripiprazole odt</i>	2	
ARISTADA	3	NEDS
ARISTADA INITIO	3	NEDS
<i>asenapine maleate sl</i>	2	ST NSO
CAPLYTA	3	QL(30 EA per 30 days); PA NSO; NEDS
FANAPT	3	ST NSO; NEDS
FANAPT TITRATION PACK	3	ST NSO
INVEGA HAFYERA	3	NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	3	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	3	NEDS
INVEGA TRINZA	3	NEDS
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	2	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	2	QL(60 EA per 30 days)
LYBALVI	3	PA NSO; NEDS
NUPLAZID CAPS	3	QL(60 EA per 30 days); PA NSO; NEDS
NUPLAZID TABS 10MG	3	QL(60 EA per 30 days); PA NSO; NEDS
<i>olanzapine</i>	2	
<i>olanzapine odt</i>	2	
<i>paliperidone er</i>	2	
PERSERIS	3	NEDS
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i>	2	
<i>quetiapine fumarate tabs 25mg, 50mg</i>	2	QL(60 EA per 30 days)
REXULTI	3	NEDS
RISPERDAL CONSTA INJ 12.5MG, 25MG	3	
RISPERDAL CONSTA INJ 37.5MG, 50MG	3	NEDS
<i>risperidone</i>	2	
<i>risperidone er inj 12.5mg, 25mg</i>	2	
<i>risperidone er inj 37.5mg, 50mg</i>	2	NEDS
<i>risperidone odt</i>	2	
SECUADO	3	NEDS
VRAYLAR CPPK	3	

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VRAYLAR CAPS	3	NEDS
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	2	
ZYPREXA RELPREVV INJ 210MG	3	
ZYPREXA RELPREVV INJ 300MG, 405MG	3	NEDS
<b>Treatment-Resistant</b>		
<i>clozapine odt</i>	2	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	2	
VERSACLOZ	3	NEDS
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tabs 10mg, 20mg, 5mg</i>	2	
<i>dantrolene sodium caps</i>	2	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>cidofovir</i>	2	NEDS
LIVTENCITY	3	PA; NEDS
PREVYMIS TABS	3	PA; NEDS
<i>valganciclovir</i>	2	
<i>valganciclovir hydrochloride</i>	2	NEDS
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil</i>	2	
<i>entecavir</i>	2	
<i>lamivudine tabs 100mg</i>	2	
VEMLIDY	3	NEDS
<b>Anti-hepatitis C (HCV) Agents</b>		
MAVYRET	3	PA; NEDS; SP-Optum Specialty
<i>ribavirin caps</i>	2	SP-Optum Specialty
<i>ribavirin tabs 200mg</i>	2	SP-Optum Specialty
<i>sofosbuvir/velpatasvir</i>	2	PA; NEDS
VOSEVI	3	PA; NEDS; SP-Optum Specialty
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY	3	NEDS
DOVATO	3	NEDS
GENVOYA	3	NEDS
ISENTRESS HD	3	QL(60 EA per 30 days); NEDS

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ISENTRESS PACK	3	
ISENTRESS TABS	3	QL(120 EA per 30 days); NEDS
ISENTRESS CHEW 100MG	3	QL(180 EA per 30 days); NEDS
ISENTRESS CHEW 25MG	3	QL(720 EA per 30 days)
JULUCA	3	NEDS
STRIBILD	3	NEDS
TIVICAY PD	3	
TIVICAY TABS 10MG	3	
TIVICAY TABS 25MG, 50MG	3	NEDS
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
COMPLERA	3	NEDS
DELSTRIGO	3	NEDS
EDURANT	3	NEDS
<i>efavirenz</i>	2	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	2	NEDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	2	NEDS
<i>etravirine</i>	2	NEDS
INTELENCE TABS 25MG	3	
<i>nevirapine</i>	2	
<i>nevirapine er</i>	2	
PIFELTRO	3	NEDS
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir</i>	2	
<i>abacavir sulfate/lamivudine</i>	2	
CIMDUO	3	NEDS
DESCOVY	3	NEDS
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</i>	2	NEDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	2	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg</i>	2	NEDS
EMTRIVA SOLN	3	
<i>lamivudine/zidovudine</i>	2	
<i>lamivudine soln 10mg/ml</i>	2	
<i>lamivudine tabs 150mg, 300mg</i>	2	
ODEFSEY	3	NEDS

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<i>tenofovir disoproxil fumarate</i>	2	
TRIUMEQ	3	NEDS
TRIUMEQ PD	3	
TRIZIVIR	3	NEDS
VIREAD POWD	3	NEDS
VIREAD TABS 150MG, 200MG, 250MG	3	NEDS
<i>zidovudine</i>	2	
<b><i>Anti-HIV Agents, Other</i></b>		
FUZEON	3	NEDS
<i>maraviroc tabs 300mg</i>	2	QL(120 EA per 30 days); NEDS
<i>maraviroc tabs 150mg</i>	2	QL(60 EA per 30 days); NEDS
RUKOBIA	3	NEDS
SELZENTRY SOLN	3	QL(1800 ML per 30 days)
SELZENTRY TABS 25MG	3	
SELZENTRY TABS 75MG	3	NEDS
SUNLENCA TBPK	3	NEDS
TYBOST	3	
<b><i>Anti-HIV Agents, Protease Inhibitors (PI)</i></b>		
APTIVUS CAPS	3	NEDS
<i>atazanavir</i>	2	
<i>atazanavir sulfate caps 300mg</i>	2	
<i>darunavir</i>	2	NEDS
EVOTAZ	3	NEDS
<i>fosamprenavir calcium</i>	2	NEDS
LEXIVA SUSP	3	
<i>lopinavir/ritonavir</i>	2	
NORVIR PACK, SOLN	3	
PREZCOBIX	3	NEDS
PREZISTA SUSP	3	NEDS
PREZISTA TABS 75MG	3	
PREZISTA TABS 150MG	3	NEDS
REYATAZ PACK	3	NEDS
<i>ritonavir</i>	2	
SYMTUZA	3	NEDS
VIRACEPT TABS 250MG	3	
VIRACEPT TABS 625MG	3	NEDS
<b><i>Anti-influenza Agents</i></b>		
<i>amantadine hcl caps, soln, tabs</i>	2	
<i>oseltamivir phosphate caps, susr</i>	2	

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RELENZA DISKHALER	3	
<i>rimantadine hydrochloride</i>	2	
XOFLUZA TBPB 40MG, 80MG	3	QL(1 EA per 7 days)
<b>Antiherpetic Agents</b>		
<i>acyclovir sodium inj 50mg/ml</i>	2	PA
<i>acyclovir caps, susp, tabs</i>	2	
<i>famciclovir tabs</i>	2	
<i>valacyclovir hydrochloride</i>	2	
<b>Antiviral, Coronavirus Agents</b>		
LAGEVRIO	3	QL(40 EA per 5 days)
PAXLOVID TBPB 150MG; 100MG	3	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TBPB 150MG; 100MG	3	QL(30 EA per 5 days); \$0 Copay
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl tabs 15mg</i>	2	
<i>bupirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg</i>	2	
<b>Benzodiazepines</b>		
<i>alprazolam</i>	2	
<i>alprazolam er</i>	2	
<i>clorazepate dipotassium tabs</i>	2	
<i>diazepam intensol</i>	2	
<i>diazepam soln, tabs</i>	2	
<i>lorazepam intensol</i>	2	
<i>lorazepam tabs</i>	2	
<i>oxazepam</i>	2	
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate caps, tabs</i>	2	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose tabs</i>	2	
BYDUREON BCISE	3	PA
BYETTA	3	PA
<i>glimepiride</i>	2	
<i>glipizide er</i>	2	
<i>glipizide/metformin hydrochloride</i>	2	
<i>glipizide tabs 10mg, 5mg</i>	2	

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<i>glyburide micronized</i>	2	
<i>glyburide/metformin hydrochloride</i>	2	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	2	
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	2	
<i>metformin hydrochloride soln</i>	2	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	2	
<i>miglitol</i>	2	
MOUNJARO	3	PA
<i>nateglinide</i>	2	
OZEMPIC	3	PA
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tabs 45mg</i>	2	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	2	
<i>repaglinide</i>	2	
RYBELSUS	3	PA
<i>saxagliptin hydrochloride</i>	2	
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	2	
SYMLINPEN 120	3	NEDS
SYMLINPEN 60	3	NEDS
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	
TRULICITY	3	PA
XIGDUO XR	3	
<b><i>Glycemic Agents</i></b>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide susp</i>	2	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	2	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG	2	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG/ML	3	

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GLUTOSE 5	4	EC
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<b><i>Insulins</i></b>		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
INSULIN LISPRO	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
<b>Blood Products and Modifiers</b>		
<b><i>Anticoagulants</i></b>		

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<i>dabigatran etexilate</i>	2	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	2	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	2	NEDS
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	3	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	3	NEDS
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	2	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	
<i>jantoven</i>	2	
<i>warfarin sodium tabs</i>	2	
XARELTO STARTER PACK	3	
XARELTO TABS	3	
<b><i>Blood Products and Modifiers, Other</i></b>		
<i>anagrelide hydrochloride</i>	2	
MOZOBIL	3	NEDS
NEULASTA	3	NEDS; SP-Optum Specialty
NEULASTA ONPRO KIT	3	NEDS
<i>plerixafor</i>	2	NEDS
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	3	NEDS; SP-Optum Specialty
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
PROMACTA	3	PA; NEDS; SP-Optum Specialty
RETACRIT INJ 40000UNIT/ML	3	NEDS; SP-Optum Specialty
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
UDENYCA ONBODY	3	NEDS
UDENYCA INJ 6MG/0.6ML	3	NEDS
UDENYCA INJ 6MG/0.6ML	3	NEDS; SP-Optum Specialty

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ZARXIO	3	NEDS; SP-Optum Specialty
<b>Hemostasis Agents</b>		
<i>aminocaproic acid inj, oral soln</i>	2	
<i>aminocaproic acid tabs 500mg</i>	2	
<i>tranexamic acid tabs</i>	2	
<b>Platelet Modifying Agents</b>		
<i>aspirin/dipyridamole er</i>	2	
BRILINTA	3	
CABLIVI	3	NEDS
<i>cilostazol</i>	2	
<i>clopidogrel</i>	2	
DOPTELET	3	PA; NEDS; SP-Optum Specialty
<i>prasugrel hydrochloride</i>	2	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine</i>	2	
<i>clonidine hydrochloride tabs</i>	2	
<i>droxidopa</i>	2	PA; NEDS
<i>midodrine hcl</i>	2	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>prazosin hydrochloride caps</i>	2	
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil</i>	2	
<i>irbesartan</i>	2	
<i>losartan potassium tabs</i>	2	
<i>olmesartan medoxomil tabs</i>	2	
<i>telmisartan</i>	2	
<i>valsartan tabs</i>	2	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	2	
<i>benazepril hydrochloride tabs 20mg</i>	2	
<i>captopril tabs</i>	2	
<i>enalapril maleate tabs</i>	2	
<i>fosinopril sodium</i>	2	
<i>lisinopril tabs</i>	2	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hydrochloride</i>	2	
<i>ramipril</i>	2	

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<i>trandolapril</i>	2	
<b>Antiarrhythmics</b>		
<i>amiodarone hydrochloride tabs</i>	2	
<i>digitek tabs 0.125mg, 0.25mg</i>	2	
<i>digoxin oral soln</i>	2	
<i>digoxin inj 0.25mg/ml</i>	2	
<i>digoxin tabs 125mcg, 250mcg</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	2	
<i>quinidine gluconate cr</i>	2	
<i>quinidine sulfate tabs</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tabs</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	2	
<i>labetalol hydrochloride tabs</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate tabs</i>	2	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride</i>	2	
<i>pindolol tabs</i>	2	
<i>propranolol hcl er cp24 120mg, 160mg</i>	2	
<i>propranolol hcl soln</i>	2	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	2	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate tabs</i>	2	
<i>felodipine er</i>	2	
<i>nifedipine er</i>	2	
<i>nimodipine caps</i>	2	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
<i>cartia xt</i>	2	

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<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er cp12</i>	2	
<i>diltiazem hcl er tb24 300mg, 360mg, 420mg</i>	2	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er cp24</i>	2	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride tabs 120mg</i>	2	
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl er cp24 100mg, 300mg</i>	2	
<i>verapamil hcl er tbcr 120mg, 240mg</i>	2	
<i>verapamil hcl sr cp24</i>	2	
<i>verapamil hcl tabs 40mg, 80mg</i>	2	
<i>verapamil hydrochloride er cp24 200mg</i>	2	
<i>verapamil hydrochloride er tbcr 180mg</i>	2	
<i>verapamil hydrochloride tabs 120mg</i>	2	
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/atorvastatin calcium</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	2	
<i>amlodipine besylate/valsartan</i>	2	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i>	2	
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	
<b>CORLANOR</b>	3	
<i>enalapril maleate/hydrochlorothiazide</i>	2	
<b>ENTRESTO</b>	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>irbesartan/hydrochlorothiazide</i>	2	
<i>ivabradine hydrochloride</i>	2	
<i>lisinopril/hydrochlorothiazide</i>	2	

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<i>losartan potassium/hydrochlorothiazide</i>	2	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>metyrosine</i>	2	NEDS
NIACIN FLUSH FREE CAPS 500MG	4	EC
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide</i>	2	
<i>ranolazine er</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
TEKTURNA HCT TABS 150MG; 12.5MG, 300MG; 12.5MG, 300MG; 25MG	3	
<i>telmisartan/amlodipine</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	2	
<i>trandolapril/verapamil hcl er</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	2	
<i>triamterene/hydrochlorothiazide tabs</i>	2	
<i>valsartan/hydrochlorothiazide</i>	2	
<b>Diuretics, Loop</b>		
<i>bumetanide inj, tabs</i>	2	
<i>ethacrynic acid tabs</i>	2	
<i>furosemide inj, oral soln, tabs</i>	2	
<i>toremide tabs</i>	2	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl tabs</i>	2	
<i>triamterene caps</i>	2	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>hydrochlorothiazide caps, tabs</i>	2	
<i>indapamide tabs</i>	2	
<i>metolazone</i>	2	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate caps 130mg, 150mg, 43mg, 50mg</i>	2	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr</i>	2	
<i>gemfibrozil tabs</i>	2	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium</i>	2	
FLOLIPID	3	
<i>fluvastatin</i>	2	

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<i>fluvastatin sodium er</i>	2	
<i>lovastatin tabs</i>	2	
<i>pitavastatin calcium</i>	2	
<i>pravastatin sodium</i>	2	
<i>rosuvastatin calcium tabs</i>	2	
<i>simvastatin tabs</i>	2	
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light</i>	2	
<i>cholestyramine pack, powd</i>	2	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	2	
<i>icosapent ethyl</i>	2	
<i>niacin er</i>	2	
NIACIN FLUSH FREE CAPS 100MG; 400MG	4	EC
<i>omega-3-acid ethyl esters</i>	2	
PRALUENT	3	PA
<i>prevalite powd</i>	2	
<i>prevalite pack</i>	3	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
<b>Mineralocorticoid Receptor Antagonists</b>		
<i>eplerenone</i>	2	
KERENDIA	3	PA
<i>spironolactone tabs</i>	2	
<b>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</b>		
FARXIGA	3	
JARDIANCE	3	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
<i>isosorbide dinitrate tabs</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin soln 0.4mg/spray</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	3	
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl tabs 10mg</i>	2	
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tabs</i>	2	

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<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine/dextroamphetamine</i>	2	
<i>dextroamphetamine sulfate er</i>	2	
<i>dextroamphetamine sulfate tabs 10mg, 15mg, 20mg, 30mg, 5mg</i>	2	
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	2	QL(60 EA per 30 days)
<i>atomoxetine caps 100mg, 80mg</i>	2	QL(30 EA per 30 days)
<i>atomoxetine caps 18mg, 40mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>clonidine hydrochloride er</i>	2	
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	2	
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	
<i>dexmethylphenidate hydrochloride cp24</i>	2	
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	
<i>guanfacine hydrochloride er</i>	2	QL(90 EA per 90 days)
<i>methylphenidate hydrochloride</i>	2	
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i>	2	
<i>methylphenidate hydrochloride er (la)</i>	2	
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	2	
<i>methylphenidate hydrochloride er cpcr 40mg</i>	2	
<i>methylphenidate hydrochloride er tb24</i>	2	
<i>methylphenidate hydrochloride er tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i>	2	
<b>Central Nervous System, Other</b>		
ACETAMINOPHEN SOLN 160MG/5ML	4	EC
AUSTEDO	3	PA; NEDS; SP-Optum Specialty
INGREZZA	3	PA; NEDS
NUEDEXTA	3	PA
RADICAVA ORS	3	PA; NEDS; SP-Optum Specialty
<i>riluzole</i>	2	
TENSION HEADACHE	4	EC
<i>tetrabenazine</i>	2	PA; SP-Optum Specialty

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VEOZAH	3	QL(30 EA per 30 days); PA
<b><i>Fibromyalgia Agents</i></b>		
SAVELLA	3	
SAVELLA TITRATION PACK	3	
<b><i>Multiple Sclerosis Agents</i></b>		
AVONEX PEN	3	NEDS; SP-Optum Specialty
AVONEX INJ 30MCG/0.5ML	3	NEDS; SP-Optum Specialty
BETASERON	3	NEDS; SP-Optum Specialty
<i>dalfampridine er</i>	2	SP-Optum Specialty
<i>dimethyl fumarate</i>	2	SP-Optum Specialty
<i>fingolimod hydrochloride</i>	2	NEDS
<i>glatiramer acetate inj 40mg/ml</i>	2	QL(12 ML per 28 days); NEDS
<i>glatiramer acetate inj 20mg/ml</i>	2	QL(30 ML per 30 days); NEDS
KESIMPTA	3	PA; NEDS; SP-Optum Specialty
MAYZENT	3	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	3	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	3	SP-Optum Specialty
PLEGRIDY	3	NEDS; SP-Optum Specialty
PLEGRIDY STARTER PACK	3	NEDS; SP-Optum Specialty
REBIF	3	ST NSO; NEDS; SP-Optum Specialty
REBIF REBIDOSE	3	ST NSO; NEDS; SP-Optum Specialty
REBIF REBIDOSE TITRATION PACK	3	ST NSO; NEDS; SP-Optum Specialty
REBIF TITRATION PACK	3	ST NSO; NEDS; SP-Optum Specialty
<i>teriflunomide</i>	2	
VUMERITY	3	NEDS; SP-Optum Specialty

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ZEPOSIA	3	NEDS
ZEPOSIA 7-DAY STARTER PACK	3	NEDS
ZEPOSIA STARTER KIT	3	NEDS
<b>Dental and Oral Agents</b>		
<i>Dental and Oral Agents</i>		
<i>cevimeline hydrochloride</i>	2	
<i>chlorhexidine gluconate soln</i>	2	
DENTAGEL	4	EC
HM ANTISEPTIC SKIN CLEANSER	4	EC
<i>kourzeq</i>	2	
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hydrochloride</i>	2	
PREVIDENT 5000 BOOSTER PLUS	4	EC
PREVIDENT 5000 DRY MOUTH	4	EC
<i>sf 5000 plus</i>	2	
<i>sodium fluoride 1.1</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm crea</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	
<b>Dermatological Agents</b>		
<i>Acne and Rosacea Agents</i>		
<i>acutane</i>	2	
<i>acitretin</i>	2	
<i>adapalene gel</i>	2	PA
<i>amnestem</i>	2	
<i>avita</i>	2	PA
<i>azelaic acid</i>	2	
<i>claravis</i>	2	
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 5%; 1.2%</i>	2	
<i>clindamycin/benzoyl peroxide</i>	2	
<i>isotretinoin caps</i>	2	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotn 0.75%</i>	2	
MYORISAN	2	
NEUAC	2	
<i>rosadan</i>	2	

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<i>tazarotene crea, gel</i>	2	PA
<i>tretinoin microsphere</i>	2	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
ZENATANE	2	
<b><i>Dermatitis and Pruritus Agents</i></b>		
<i>amcinonide crea</i>	2	
AMMONIUM LACTATE CREA 12%	4	EC
<i>ammonium lactate crea 12%</i>	2	
<i>ammonium lactate lotn</i>	2	
ANTI-DANDRUFF SHAMPOO	4	EC
<i>betamethasone dipropionate augmented</i>	2	
<i>betamethasone dipropionate crea, lotn, oint</i>	2	
<i>betamethasone valerate crea, lotn, oint</i>	2	
<i>clobetasol propionate e</i>	2	QL(240 GM per 30 days)
<i>clobetasol propionate soln</i>	2	QL(200 ML per 30 days)
<i>clobetasol propionate sham</i>	2	QL(236 ML per 30 days)
<i>clobetasol propionate crea, gel, oint</i>	2	QL(240 GM per 30 days)
<i>clodan</i>	2	QL(236 ML per 30 days)
<i>desonide crea, oint</i>	2	
<i>desoximetasone crea</i>	2	
DESRX	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide topical</i>	2	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide</i>	2	
<i>fluocinonide emulsified base</i>	2	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
GNP HYDROCORTISONE MAXIMUM STRENGTH	4	EC
GNP HYDROCORTISONE CREA 0.5%	4	EC
<i>halobetasol propionate crea, oint</i>	2	
<i>hydrocortisone butyrate oint</i>	2	
<i>hydrocortisone valerate</i>	2	
HYDROCORTISONE CREA 1%	4	EC
<i>hydrocortisone crea 1%, 2.5%</i>	2	
HYDROCORTISONE LOTN 1%	4	EC
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 1%, 2.5%</i>	2	

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<i>mometasone furoate crea 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate soln 0.1%</i>	2	
<i>pimecrolimus</i>	2	
<i>prednicarbate oint</i>	2	
<i>selenium sulfide</i>	2	
<i>tacrolimus oint 0.03%, 0.1%</i>	2	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	
TRITOCIN	2	
<b><i>Dermatological Agents, Other</i></b>		
AMERIDERM PERISHIELD	4	EC
<i>calcipotriene crea, oint</i>	2	QL(120 GM per 30 days)
<i>calcipotriene soln</i>	2	QL(120 ML per 30 days)
<i>calcitriol oint 3mcg/gm</i>	2	
CAPSAICIN CREA 0.025%, 0.075%, 0.1%	4	EC
<i>clotrimazole/betamethasone dipropionate</i>	2	
DESITIN CREA	4	EC
<i>diclofenac sodium gel 3%</i>	2	QL(200 GM per 30 days)
<i>fluorouracil crea 5%</i>	2	
<i>fluorouracil soln</i>	2	
GNP WART REMOVER	4	EC
HIBICLENS	4	EC
HYDROLATUM	4	EC
<i>imiquimod crea</i>	2	
<i>nystatin/triamcinolone</i>	2	
<i>nystatin/triamcinolone acetonide oint</i>	2	
OTEZLA TABS 20MG, 30MG	3	QL(60 EA per 30 days); PA; NEDS
<i>podofilox</i>	2	
PROCTOFOAM HC	3	
SANTYL	3	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
VITAMIN A & D OINT 76%; 0; 0	4	EC
WART REMOVER MAXIMUM STRENGTH LIQD	4	EC
ZINC OXIDE OINT 20%, 25%	4	EC
<b><i>Pediculicides/Scabicides</i></b>		
LICE TREATMENT CREME RINSE LIQD 1%	4	EC
<i>malathion</i>	2	

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<i>permethrin crea</i>	2	
SM LICE TREATMENT LIQD	4	EC
<b>Topical Anti-infectives</b>		
BENZOYL PEROXIDE WASH LIQD 10%, 5%	4	EC
BENZOYL PEROXIDE GEL 10%, 2.5%, 5%	4	EC
BP WASH LIQD 2.5%	4	EC
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel, sham, susp</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate lotn 1%</i>	2	
<i>clindamycin phosphate external soln 1%</i>	2	
<i>ery</i>	2	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
MENTAX	3	
<i>mupirocin crea</i>	2	QL(180 GM per 30 days)
<i>mupirocin oint</i>	2	QL(44 GM per 30 days)
SULFAMYLON CREA	3	
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML	3	PA BvD
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	PA BvD
CALCIUM 500/VITAMIN D3	4	EC
CALCIUM 600 WITH VITAMIN D CHEW	4	EC
CALCIUM CARBONATE SUSP	4	EC
CALCIUM CARBONATE TABS 1250MG	4	EC
CALCIUM CITRATE TABS 200MG	4	EC
CALCIUM HIGH POTENCY TABS 1500MG	4	EC

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<i>carglumic acid</i>	2	PA; NEDS
CHELATED MAGNESIUM	4	EC
CLINIMIX 6/5	3	PA BvD
CLINIMIX 8/10	3	PA BvD
CLINIMIX E 8/10	3	PA BvD
<i>dextrose 10%</i>	2	
<i>dextrose 10%/sodium chloride 0.2%</i>	2	
<i>dextrose 10%/sodium chloride 0.45%</i>	2	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/sodium chloride 0.2%</i>	2	
<i>dextrose 5%/sodium chloride 0.3%</i>	2	
<i>dextrose 5%/sodium chloride 0.33%</i>	2	
<i>dextrose 5%/sodium chloride 0.45%</i>	2	
<i>dextrose 5%/sodium chloride 0.9%</i>	2	
<i>dextrose 50%</i>	2	
<i>dextrose 70%</i>	2	
<i>dextrose/sodium chloride</i>	2	
<i>effe-r-k tbe-f 25meq</i>	2	
FERROUS GLUCONATE TABS 240MG, 324MG	4	EC
FERROUS SULFATE TBEC	4	EC
FERROUS SULFATE SOLN 220MG/5ML, 300MG/5ML	4	EC
FERROUS SULFATE TABS 325MG	4	EC
IRON POLYSACCHARIDE COMPLEX	4	EC
IRON TBCR 45MG	4	EC
<i>k-prime</i>	2	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	2	
<i>klor-con</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con/ef</i>	2	
KP FERROUS GLUCONATE	4	EC

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<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	2	
MAG-OXIDE	4	EC
MAGNESIUM GLYCINATE	4	EC
MAGNESIUM OXIDE CAPS 500MG	4	EC
MAGNESIUM OXIDE TABS 250MG, 400MG, 420MG	4	EC
<i>magnesium sulfate inj 50%</i>	2	
MAGNESIUM TABS 250MG, 500MG	4	EC
PLENAMINE	3	PA BvD
<i>potassium chloride er</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	2	
<i>potassium chloride pack, oral soln</i>	2	
<i>potassium chloride inj 10meq/50ml, 20meq/50ml, 2meq/ml</i>	2	
<i>potassium citrate er</i>	2	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
PROSOL	3	PA BvD
<i>sodium chloride 0.45% inj</i>	2	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i>	2	
SODIUM CHLORIDE TABS 1GM	4	EC
SODIUM FLUORIDE CHEW 0.25MG, 0.5MG, 1MG	4	EC
SODIUM FLUORIDE SOLN 0.5MG/ML	4	EC
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD

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TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	PA BvD
<b><i>Electrolyte/Mineral/Metal Modifiers</i></b>		
CHEMET	3	NEDS
<i>deferasirox pack</i>	2	NEDS; SP-Optum Specialty
<i>deferasirox tabs</i>	2	SP-Optum Specialty
<i>deferasirox tbso 250mg, 500mg</i>	2	NEDS; SP-Optum Specialty
<i>deferasirox tbso 125mg</i>	2	SP-Optum Specialty
<i>penicillamine tabs</i>	2	NEDS
<i>trientine hydrochloride</i>	2	NEDS
<b><i>Electrolytes/Minerals/Metals/Vitamins</i></b>		
VITAMIN B1 TABS 100MG	4	EC
<b><i>Phosphate Binders</i></b>		
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	EC
<i>sevelamer carbonate</i>	2	
VELPHORO	3	NEDS
<b><i>Potassium Binders</i></b>		
LOKELMA	3	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powd</i>	2	
<i>sps</i>	2	
<b><i>Vitamins</i></b>		
B COMPLEX/C TABS 300MG; 150MG; 10MG; 50MG; 5MG; 10.2MG; 15MG	4	EC
B COMPLEX CAPS 5MG; 1MCG; 60MG; 20MG; 0.5MG; 3MG; 3MG; 60MG	4	EC
B COMPLEX TABS 6MCG; 0.4MG; 20MG; 10MG; 2MG; 1.7MG; 1.2MG	4	EC
B-COMPLEX/B-12 LIQD 1200MCG/ML; 30MG/ML; 20MG/ML; 2MG/ML; 1.7MG/ML	4	EC
B-COMPLEX CAPS 5MG; 1MCG; 400MCG; 60MG; 20MG; 0.5MG; 3MG; 3MG; 60MG	4	EC
B-COMPLEX TABS 6MCG; 400MCG; 20MG; 2MG; 1.7MG; 1.5MG	4	EC

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C COMPLEX TBCR 500MG; 25MG; 25MG; 40MG; 5MG	4	EC
CALCIUM ASCORBATE TABS	4	EC
COD LIVER OIL CAPS 4000UNIT; 200UNIT	4	EC
CYANOCOBALAMIN INJ 1000MCG/ML	4	EC
D 5000 CAPS	4	EC
D-5000	4	EC
DIALYVITE VITAMIN D3 MAX	4	EC
ENDUR-ACIN TBCR 750MG	4	EC
ENDUR-AMIDE TBCR 750MG	4	EC
ERGOCALCIFEROL SOLN	4	EC
FOLIC ACID INJ	4	EC
FOLIC ACID CAPS 800MCG	4	EC
FOLIC ACID TABS 1MG, 400MCG, 800MCG	4	EC
GNP VITAMIN E WATER DISPERSIBLE	4	EC
HEALTHY KIDS COD LIVER OIL/VITAMIN D	4	EC
KP FOLIC ACID TABS 1MG	4	EC
LIQUID VITAMIN C	4	EC
MULTI VITAMIN TABS 60MG; 0; 45MG; 0; 10MG; 0; 400UNIT; 6MCG; 400MCG; 20MG; 2MG; 3000UNIT; 1.7MG; 1.5MG; 30UNIT	4	EC
MULTI-VIT/IRON/FLUORIDE SOLN 35MG/ML; 400UNIT/ML; 10MG/ML; 8MG/ML; 0.4MG/ML; 1500UNIT/ML; 0.6MG/ML; 0.25MG/ML; 0.5MG/ML; 5UNIT/ML	4	EC
MULTI-VITAMIN/FLUORIDE DROPS SOLN 35MG/ML; 400UNIT/ML; 2MCG/ML; 8MG/ML; 0.4MG/ML; 1500UNIT/ML; 0.6MG/ML; 0.5MG/ML; 0.5MG/ML; 5UNIT/ML	4	EC
MULTI-VITAMIN/MINERALS TABS 60MG; 160MG; 6MCG; 18MG; 0.4MG; 150MCG; 100MG; 20MG; 125MG; 2MG; 1.7MG; 1.2MG; 5000UNIT; 400UNIT; 15MG	4	EC
MULTIVITAMIN CHILDRENS CHEW 60MG; 0; 10MCG; 4.5MCG; 300MCG; 13.5MG; 1.05MG; 750MCG; 1.2MG; 0; 1.05MG; 6.75MG; 0	4	EC
MULTIVITAMIN GUMMIES ADULT CHEW 30MG; 150MCG; 2.5MG; 400UNIT; 20MCG; 3MCG; 200MCG; 30MCG; 140MG; 1MG; 5MG; 1MG; 1250UNIT; 7.5UNIT; 2.5MG	4	EC
MULTIVITAMIN WITH FLUORIDE SOLN	4	EC
NIACIN TIMED RELEASE	4	EC
NIACIN TR CPR 250MG	4	EC

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NIACIN TR TBCR 250MG	4	EC
NIACINAMIDE PROLONGED RELEASE	4	EC
NIACINAMIDE TABS 500MG	4	EC
NIACIN TABS 100MG, 250MG, 500MG, 50MG	4	EC
PHYTONADIONE TABS	4	EC
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
RENAL CAPS	4	EC
VITAMIN A PALMITATE TABS 10000UNIT	4	EC
VITAMIN A CAPS 10000UNIT, 8000UNIT	4	EC
VITAMIN B COMPLEX TABS 2MCG; 15MG; 5MG; 2MG; 2MG; 2MG	4	EC
VITAMIN B-12 TBDP	4	EC
VITAMIN B-12 LOZG 500MCG	4	EC
VITAMIN B-12 SUBL 1000MCG, 2500MCG, 500MCG	4	EC
VITAMIN B-12 TABS 1000MCG, 100MCG, 250MCG, 500MCG	4	EC
VITAMIN B-1 TABS 100MG, 50MG	4	EC
VITAMIN B-2	4	EC
VITAMIN B-6 TABS 100MG, 25MG, 50MG	4	EC
VITAMIN B-COMPLEX 100 INJ 2MG/ML; 100MG/ML; 2MG/ML; 2MG/ML; 100MG/ML	4	EC
VITAMIN B1 TABS 250MG	4	EC
VITAMIN B6 TABS 250MG	4	EC
VITAMIN C GUMMIES	4	EC
VITAMIN C TR TBCR 500MG	4	EC
VITAMIN C-500 TIMED RELEASE	4	EC
VITAMIN C CHEW 250MG, 500MG	4	EC
VITAMIN C LIQD 500MG/5ML	4	EC
VITAMIN C TABS 1000MG, 250MG, 500MG	4	EC
VITAMIN D (ERGOCALCIFEROL)	4	EC
VITAMIN D INFANT LIQD 400UNIT/ML	4	EC
VITAMIN D-3 TABS 2000UNIT	4	EC
VITAMIN D3 400	4	EC
VITAMIN D3 CAPS 1000UNIT, 250MCG; 0; 0, 50MCG	4	EC
VITAMIN D3 CHEW 1000UNIT, 2000UNIT, 400UNIT	4	EC
VITAMIN D3 TABS 25MCG, 400UNIT	4	EC
VITAMIN D CAPS 50000UNIT	4	EC
VITAMIN E CAPS 400UNIT, 90MG	4	EC
VITAMIN E SOLN 15MG/0.67ML	4	EC
VITAMIN K1 INJ 10MG/ML, 1MG/0.5ML	4	EC

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VITAMINS A & D	4	EC
<b>Gastrointestinal Agents</b>		
<i>Anti-Constipation Agents</i>		
BISACODYL EC	4	EC
BISACODYL SUPP	4	EC
CHOCOLATED LAXATIVE REGULAR STRENGTH	4	EC
<i>constulose</i>	2	
DOCUSATE CALCIUM	4	EC
DOCUSATE MINI	4	EC
DOCUSATE SODIUM CAPS 100MG, 250MG	4	EC
DOCUSATE SODIUM LIQD 50MG/5ML	4	EC
ENEMA READY-TO-USE ENEM 7GM/118ML; 19GM/118ML	4	EC
<i>enulose</i>	2	
EPSOM SALT GRAN 0	4	EC
EVAC	4	EC
FIBER TABS TABS 625MG	4	EC
FIBER POWD 28.3%	4	EC
<i>generlac</i>	2	
GLYCERIN ADULT	4	EC
GLYCERIN ADULT SUPP 2GM	4	EC
GLYCERIN INFANTS & CHILDREN SUPP 1GM	4	EC
GNP BEST FIBER	4	EC
GNP FIBER POWDER	4	EC
GNP GLYCERIN ADULT SUPP 2.1GM	4	EC
GNP GLYCERIN CHILD	4	EC
GOODSENSE MAGNESIUM CITRATE	4	EC
HM ENEMA MINERAL OIL ENEM 100%	4	EC
<i>lactulose soln 10gm/15ml</i>	2	
LAXATIVE REGULAR STRENGTH	4	EC
LINZESS	3	
<i>lubiprostone</i>	2	
MILK OF MAGNESIA SUSP 7.75%	4	EC
MINERAL OIL OIL 100%	4	EC
MOVANTIK	3	
OSMOPREP	3	
POLYETHYLENE GLYCOL	4	EC
POLYETHYLENE GLYCOL 3350 PACK 17GM, 4GM	4	EC
PSYLLIUM FIBER	4	EC
REGULOID POWD 43%, 51.7%	4	EC
SENNAS	4	EC

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SENNA CAPS	4	EC
SENNA SYRP 8.8MG/5ML	4	EC
SENNA TABS 8.6MG	4	EC
SOLUBLE FIBER	4	EC
STOOL SOFTENER TABS	4	EC
<b><i>Anti-Diarrheal Agents</i></b>		
<i>alosetron hydrochloride tabs 0.5mg</i>	2	PA
<i>alosetron hydrochloride tabs 1mg</i>	2	PA; NEDS
GNP ANTI-DIARRHEAL	4	EC
<i>loperamide hcl caps</i>	2	
SM ANTI-DIARRHEAL	4	EC
XERMELO	3	PA; NEDS; SP-Optum Specialty
<b><i>Antispasmodics, Gastrointestinal</i></b>		
<i>dicyclomine hcl soln</i>	2	
<i>dicyclomine hydrochloride caps, tabs</i>	2	
<i>glycopyrrolate soln</i>	2	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	
<b><i>Gastrointestinal Agents, Other</i></b>		
ALIGN CHEW	4	EC
ALUMINUM HYDROXIDE SUSP 320MG/5ML	4	EC
ANTACID CALCIUM RICH	4	EC
ANTACID EXTRA STRENGTH CHEW 160MG; 105MG, 750MG	4	EC
ANTACID MAXIMUM STRENGTH SUSP 800MG/10ML; 800MG/10ML; 80MG/10ML	4	EC
ANTACID ULTRA STRENGTH CHEW 1000MG	4	EC
ANTACID/ANTIGAS LIQUID SUSP 400MG/10ML; 400MG/10ML; 40MG/10ML	4	EC
BISMUTH	4	EC
CALCIUM ANTACID	4	EC
CLENPIQ	3	
CULTURELLE CAPS 10B CELL	4	EC
DAIRY RELIEF	4	EC
FLORASTOR CAPS 250MG	4	EC
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
GNP ANTACID & ANTI-GAS MAXIMUM STRENGTH	4	EC
GNP FAST ACTING DAIRY RELIEF	4	EC
GNP PINK BISMUTH TABS	4	EC

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GOODSENSE ANTACID/EXTRA STRENGTH	4	EC
LACTASE FAST ACTING	4	EC
LOPERAMIDE HYDROCHLORIDE/SIMETHICONE	4	EC
LOPERAMIDE HYDROCHLORIDE TABS	4	EC
LOPERAMIDE HYDROCHLORIDE SOLN 1MG/7.5ML	4	EC
MAGNESIUM OXIDE TABS 400MG, 420MG	4	EC
MAGNESIUM TABS 250MG	4	EC
<i>metoclopramide hcl inj, oral soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	2	
<i>metoclopramide hydrochloride tabs 10mg</i>	2	
MINTOX PLUS	4	EC
<i>nitroglycerin oint 0.4%</i>	2	QL(30 GM per 30 days)
<i>opium</i>	2	
<i>opium tincture tinc 1%</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbate</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	2	
RECTIV	3	QL(30 GM per 30 days)
SIMETHICONE DROPS INFANTS	4	EC
SIMETHICONE ULTRA STRENGTH	4	EC
SIMETHICONE CHEW	4	EC
SIMETHICONE CAPS 125MG	4	EC
SODIUM BICARBONATE TABS	4	EC
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	2	
STOMACH RELIEF EXTRA STRENGTH	4	EC
STOMACH RELIEF SUSP 525MG/30ML	4	EC
<i>ursodiol caps 300mg</i>	2	
<i>ursodiol tabs</i>	2	
VOWST	3	PA; NEDS
XIFAXAN TABS 550MG	3	PA; NEDS
<b><i>Histamine2 (H2) Receptor Antagonists</i></b>		
<i>cimetidine tabs</i>	2	
FAMOTIDINE MAXIMUM STRENGTH	4	EC
FAMOTIDINE ORIGINAL STRENGTH	4	EC
<i>famotidine tabs 20mg, 40mg</i>	2	
<b><i>Protectants</i></b>		
<i>misoprostol</i>	2	
<i>sucralfate susp, tabs</i>	2	
<b><i>Proton Pump Inhibitors</i></b>		
DEXLANSOPRAZOLE	2	

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<i>esomeprazole magnesium</i>	2	
<i>lansoprazole cpdr</i>	2	
<i>omeprazole dr cpdr 10mg</i>	2	
<i>omeprazole cpdr 20mg, 40mg</i>	2	
<i>pantoprazole sodium tbec</i>	2	
<i>rabeprazole sodium</i>	2	
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b><i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i></b>		
<i>betaine anhydrous</i>	2	NEDS
CHOLBAM	3	PA; NEDS
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium conc 100mg/5ml</i>	2	
CYSTAGON	3	
<i>dichlorphenamide</i>	2	PA; NEDS
ENDARI	3	NEDS
<i>l-glutamine</i>	2	NEDS
<i>miglustat</i>	2	PA; NEDS; SP-Optum Specialty
<i>nitisinone caps 20mg</i>	2	PA; NEDS
<i>nitisinone caps 10mg, 2mg, 5mg</i>	2	PA; NEDS; SP-Optum Specialty
PROLASTIN-C	3	PA; NEDS
PYRUKYND	3	PA; NEDS; SP-Optum Specialty
PYRUKYND TAPER PACK	3	PA; NEDS; SP-Optum Specialty
REVCOVI	3	NEDS
<i>sapropterin dihydrochloride</i>	2	PA; NEDS; SP-Optum Specialty
<i>sodium phenylbutyrate powd, tabs</i>	2	NEDS
SUCRAID	3	NEDS
WELIREG	3	PA NSO; NEDS
<i>yargesa</i>	2	PA; NEDS

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ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
<b>Genitourinary Agents</b>		
<b><i>Antispasmodics, Urinary</i></b>		
<i>darifenacin hydrobromide er</i>	2	
GEMTESA	3	
<i>mirabegron er</i>	2	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride soln, tabs</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
<i>trospium chloride</i>	2	
<b><i>Benign Prostatic Hypertrophy Agents</i></b>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride/tamsulosin hydrochloride</i>	2	
<i>dutasteride caps</i>	2	
<i>finasteride tabs</i>	2	
<i>tadalafil tabs 2.5mg, 5mg</i>	2	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	2	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride caps 2mg</i>	2	
<b><i>Genitourinary Agents, Other</i></b>		
<i>acetic acid 0.25%</i>	2	
<i>bethanechol chloride tabs</i>	2	
ELMIRON	3	
<i>tiopronin dr</i>	2	NEDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b><i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i></b>		
DEPO-MEDROL	3	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone sodium phosphate +rfid</i>	2	

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<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>dexamethasone elix, soln</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tabs</i>	2	
HYDROCORTISONE OINT 1%	4	EC
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
<i>kenalog-10</i>	2	
<i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone tabs</i>	2	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln, tabs</i>	2	
<i>prednisone soln, tbpk</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	2	
SOLU-CORTEF INJ 100MG	3	
<i>triamcinolone acetonide inj 40mg/ml</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin acetate soln 0.01%</i>	2	
GENOTROPIN	3	PA; NEDS; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	3	PA; NEDS; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA; SP-Optum Specialty
INCRELEX	3	PA; NEDS; SP-Optum Specialty
ZOMACTON INJ 5MG	4	EC
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<i>Androgens</i>		
<i>danazol caps</i>	2	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate inj</i>	2	
<i>testosterone pump</i>	2	
<i>testosterone gel 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	2	
<i>Estrogens</i>		

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<i>amabelz</i>	2	
<i>amethia</i>	2	
<i>apri</i>	2	
<i>ashlyna</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>briellyn</i>	2	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	2	
<i>dotti</i>	2	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	2	
<i>eluryng</i>	2	
<i>enilloring</i>	2	
<i>estradiol valerate inj</i>	2	
<i>estradiol/norethindrone acetate</i>	2	
<i>estradiol crea, pttw, ptwk, oral tabs, vaginal tabs</i>	2	
<b>ESTRING</b>	3	
<i>etonogestrel/ethinyl estradiol</i>	2	
<i>falmina</i>	2	
<i>finzala</i>	2	
<i>fyavolv</i>	2	
<i>haloette</i>	2	
<i>iclevia</i>	2	
<b>IMVEXXY MAINTENANCE PACK</b>	3	
<b>IMVEXXY STARTER PACK</b>	3	
<i>introvale</i>	2	
<i>jinteli</i>	2	
<i>joyeaux</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	2	

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<i>levonorgestrel/ethinyl estradiol</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>marlissa</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
<i>norelgestromin/ethinyl estradiol</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>portia-28</i>	2	
PREMARIN CREA	3	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	
PREMPHASE	3	
<i>tarina fe 1/20 eq</i>	2	
<i>taysofy</i>	2	
<i>tri-sprintec</i>	2	
<i>trivora-28</i>	2	
<i>turqoz</i>	2	
<i>velivet</i>	2	
<i>vyfemla</i>	2	
<i>xulane</i>	2	
<i>yuvafem</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<b>Progestins</b>		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	3	
<i>errin</i>	2	
<i>heather</i>	2	
LEVONORGESTREL TABS 1.5MG	4	EC

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LILETTA	3	
<i>medroxyprogesterone acetate inj, tabs</i>	2	
<i>megestrol acetate tabs</i>	2	
<i>megestrol acetate susp</i>	2	EC
NEXPLANON	3	
<i>norethindrone acetate tabs</i>	2	
<i>progesterone caps</i>	2	
<i>sharobel</i>	2	
<b>Selective Estrogen Receptor Modifying Agents</b>		
OSPHENA	3	
<i>raloxifene hydrochloride</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	3	
ARMOUR THYROID	3	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>levo-t</i>	2	
<i>levothyroxine sodium tabs</i>	2	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>liothyronine sodium tabs</i>	2	
NIVA THYROID	3	
<i>np thyroid 120</i>	2	
<i>np thyroid 15</i>	2	
<i>np thyroid 30</i>	2	
<i>np thyroid 60</i>	2	
<i>np thyroid 90</i>	2	
SYNTHROID TABS	3	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	3	
<i>unithroid</i>	2	
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<i>cabergoline</i>	2	
ELIGARD	3	
FIRMAGON INJ 80MG	3	
FIRMAGON INJ 120MG/VIAL	3	NEDS
KORLYM	3	QL(120 EA per 30 days); PA; NEDS
<i>lanreotide acetate</i>	2	NEDS
<i>leuprolide acetate inj 1mg/0.2ml</i>	2	SP-Optum Specialty

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LUPRON DEPOT (1-MONTH)	3	NEDS
LUPRON DEPOT (3-MONTH)	3	NEDS
LUPRON DEPOT (4-MONTH)	3	NEDS
LUPRON DEPOT (6-MONTH)	3	NEDS
<i>mifepristone tabs 300mg</i>	2	QL(120 EA per 30 days); PA; NEDS
<i>octreotide acetate inj 100mcg/ml, 50mcg/ml</i>	2	
<i>octreotide acetate inj 1000mcg/ml</i>	2	NEDS; SP-Optum Specialty
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	2	SP-Optum Specialty
ORGOVYX	3	PA NSO; NEDS
SIGNIFOR	3	QL(60 ML per 30 days); PA; NEDS
SOMATULINE DEPOT	3	NEDS
SOMAVERT	3	PA; NEDS; SP-Optum Specialty
SYNAREL	3	NEDS
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b><i>Antithyroid Agents</i></b>		
<i>methimazole tabs 10mg, 5mg</i>	2	
<i>propylthiouracil tabs</i>	2	
<b>Immunological Agents</b>		
<b><i>Angioedema Agents</i></b>		
BERINERT	3	PA; NEDS
HAEGARDA	3	PA; NEDS; SP-Optum Specialty
<i>icatibant acetate</i>	2	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
<b><i>Immunoglobulins</i></b>		
BIVIGAM INJ 10%, 5GM/50ML	3	PA BvD; NEDS
CUVITRU	3	PA BvD; NEDS
FLEBOGAMMA DIF INJ 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	3	PA BvD; NEDS
GAMMAGARD LIQUID INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	3	PA BvD; NEDS
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	3	PA BvD; NEDS
HIZENTRA	3	PA BvD; NEDS

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OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	3	PA BvD; NEDS
PRIVIGEN	3	PA BvD; NEDS
<i>Immunological Agents, Other</i>		
ARCALYST	3	PA; NEDS
BENLYSTA	3	PA; NEDS; SP-Optum Specialty
COSENTYX SENSOREADY PEN	3	PA; NEDS; SP-Optum Specialty
COSENTYX UNOREADY	3	PA; NEDS
COSENTYX INJ 125MG/5ML	3	PA; NEDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	3	PA; NEDS; SP-Optum Specialty
DUPIXENT	3	PA; NEDS; SP-Optum Specialty
ORENCIA CLICKJECT	3	QL(4 ML per 28 days); PA; NEDS
ORENCIA INJ 50MG/0.4ML	3	QL(1.6 ML per 28 days); PA; NEDS
ORENCIA INJ 87.5MG/0.7ML	3	QL(2.8 ML per 28 days); PA; NEDS
ORENCIA INJ 125MG/ML	3	QL(4 ML per 28 days); PA; NEDS
OTEZLA TBPK 0	3	QL(110 EA per 365 days); PA; NEDS
RINVOQ	3	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
RINVOQ LQ	3	QL(360 ML per 30 days); PA; NEDS
SKYRIZI PEN	3	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 600MG/10ML	3	PA; NEDS
SKYRIZI INJ 150MG/ML	3	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 180MG/1.2ML	3	QL(1.2 ML per 28 days); PA; NEDS; SP-Optum Specialty

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SKYRIZI INJ 360MG/2.4ML	3	QL(2.4 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML	3	QL(1 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML, 90MG/ML	3	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
TAVNEOS	3	PA; NEDS
XELJANZ XR	3	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ SOLN	3	QL(300 ML per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ TABS	3	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
XOLAIR INJ 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	3	PA; NEDS
XOLAIR INJ 150MG/ML	3	PA; NEDS; SP-Optum Specialty
<b><i>Immunostimulants</i></b>		
ACTIMMUNE	3	NEDS; SP-Optum Specialty
BESREMI	3	PA NSO; NEDS
PEGASYS INJ 180MCG/ML	3	QL(4 ML per 28 days); NEDS; SP-Optum Specialty
<b><i>Immunosuppressants</i></b>		
<i>azathioprine tabs</i>	2	PA BvD
<i>cyclosporine modified</i>	2	PA BvD
<i>cyclosporine caps 100mg, 25mg</i>	2	PA BvD
ENBREL MINI	3	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL SURECLICK	3	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 50MG/ML	3	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty

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ENBREL INJ 25MG/0.5ML	3	QL(8.16 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENVARUSUS XR TB24 0.75MG, 1MG	3	PA BvD
ENVARUSUS XR TB24 4MG	3	PA BvD; NEDS
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	2	QL(60 EA per 30 days); PA BvD; NEDS
GENGRAF SOLN	2	PA BvD
GENGRAF CAPS 100MG, 25MG	2	PA BvD
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-CD/UC/HS STARTER	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PEDIATRIC UC STARTER PACK	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PS/UV STARTER	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 80MG/0.8ML	3	QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
JYLAMVO	3	NEDS
<i>leflunomide</i>	2	
<i>methotrexate sodium tabs</i>	2	
<i>methotrexate sodium inj 50mg/2ml</i>	2	
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml</i>	2	PA BvD
<i>methotrexate inj 50mg/2ml</i>	2	
<i>mycophenolate mofetil caps, tabs</i>	2	PA BvD
<i>mycophenolate mofetil susr</i>	2	PA BvD; NEDS
<i>mycophenolic acid dr</i>	2	PA BvD
NULOJIX	3	NEDS
PEGASYS INJ 180MCG/0.5ML	3	QL(4 ML per 28 days); NEDS; SP-Optum Specialty
PROGRAF PACK	3	PA BvD
REZUROCK	3	PA; NEDS

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<i>sirolimus tabs</i>	2	PA BvD
<i>sirolimus soln</i>	2	PA BvD; NEDS
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	PA BvD
TREXALL	3	
XATMEP	3	
<b>Vaccines</b>		
ABRYSVO	1	
ACTHIB INJ 0	1	
ADACEL	1	
AREXVY	1	
BCG VACCINE INJ 50MG	1	
BEXSERO	1	
BOOSTRIX	1	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	1	
DENGVAXIA	1	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	1	
ENGERIX-B	1	PA BvD
GARDASIL 9	1	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	1	
HEPLISAV-B	1	PA BvD
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	
INFANRIX	1	
IPOL INACTIVATED IPV	1	
IXCHIQ	1	
IXIARO	1	
JYNNEOS	1	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
MRESVIA	1	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
PEDVAX HIB INJ 7.5MCG/0.5ML	1	
PENBRAYA	1	
PENTACEL	1	
PREHEVBRIO	1	PA BvD
PRIORIX	1	

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PROQUAD	1	
QUADRACEL	1	
RABAVERT	1	
RECOMBIVAX HB	1	PA BvD
ROTARIX	1	
ROTATEQ SOLN	1	
SHINGRIX	1	
STAMARIL	1	
<i>tdvax</i>	1	
TENIVAC	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
YF-VAX	1	
<b>Inflammatory Bowel Disease Agents</b>		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	2	
<i>mesalamine dr</i>	2	
<i>mesalamine er</i>	2	
<i>mesalamine enem, kit, supp</i>	2	
<i>sulfasalazine tabs, tbec</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	2	NEDS
<i>budesonide cpep 3mg</i>	2	
<i>budesonide foam 2mg</i>	2	
CORTIFOAM FOAM	3	
<i>hydrocortisone crea 1%, 2.5%</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
<b>Metabolic Bone Disease Agents</b>		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln</i>	2	
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	2	
<i>calcitonin salmon inj</i>	2	
<i>calcitonin-salmon soln</i>	2	
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	

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<i>calcitriol soln 1mcg/ml</i>	2	
<i>cinacalcet hydrochloride</i>	2	
<i>paricalcitol caps</i>	2	
PROLIA	3	PA
RAYALDEE	3	NEDS
<i>risedronate sodium</i>	2	
<i>risedronate sodium dr</i>	2	
<i>teriparatide</i>	2	PA; NEDS
XGEVA	3	PA; NEDS
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	2	
<b>Miscellaneous Therapeutic Agents</b>		
<i>Miscellaneous Therapeutic Agents</i>		
<i>alcohol prep pads</i>	2	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	2	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	2	
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	2	
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	2	
<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	2	
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	2	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	2	
CAPSAICIN PTCH 0.025%	4	EC
CHEWABLE ACETAMINOPHEN CHILDRENS	4	EC
CHILDRENS APAP	4	EC
<i>curity gauze pads 2"x2" 12 ply</i>	2	
<i>droplet pen needles 29gx10mm</i>	2	
<i>gauze pads 2"x2"</i>	2	
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	2	
<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	2	
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	PA BvD
ISOPROPYL ALCOHOL SOLN 70%, 99%	4	EC
KETO-DIASTIX	4	EC
LANSINOH LANOLIN NIPPLE	4	EC
<i>levocarnitine tabs</i>	2	
MELATONIN GUMMIES CHEW 2.5MG	4	EC
MELATONIN QUICK DISSOLVE TBDP 5MG	4	EC
MELATONIN TR/VITAMIN B-6	4	EC
MELATONIN CHEW 5MG	4	EC
MELATONIN LIQD 1MG/ML	4	EC
MELATONIN SUBL 5MG	4	EC
MELATONIN TABS 1MG, 3MG, 5MG, 5MG; 10MG	4	EC
NUTRILIPID	3	PA BvD

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OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PDM KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
OMNIPOD GO 10 UNITS/DAY	3	
OMNIPOD GO 15 UNITS/DAY	3	
OMNIPOD GO 20 UNITS/DAY	3	
OMNIPOD GO 25 UNITS/DAY	3	
OMNIPOD GO 30 UNITS/DAY	3	
OMNIPOD GO 35 UNITS/DAY	3	
OMNIPOD GO 40 UNITS/DAY	3	
sodium chloride 0.9%	2	
sterile water for irrigation	2	
techlite insulin syringe u-100/0.5ml/30g x 1/2"	2	
trueplus insulin syringe /u-100/1ml/29g x 1/2"	2	
trueplus pen needles 29gx12mm	2	
WHITE PETROLEUM JELLY	4	EC
<b>Ophthalmic Agents</b>		
<b><i>Ophthalmic Agents, Other</i></b>		
ARTIFICIAL TEARS SOLN 0.2%; 0.2%; 1%	4	EC
atropine sulfate soln 1%	2	
bacitracin/polymyxin b	2	
brimonidine tartrate/timolol maleate	2	
cyclopentolate hcl soln 2%	2	
cyclopentolate hydrochloride	2	
cyclosporine emul 0.05%	2	
CYSTARAN	3	NEDS
dorzolamide hcl/timolol maleate	2	
dorzolamide hydrochloride/timolol maleate pf	2	
LUBRICANT EYE DROPS SOLN 0.6%	4	EC
LUBRICATING EYE DROPS SOLN 0.4%; 0.3%	4	EC
neo-polycin	2	
neo-polycin hc	2	
neomycin/bacitracin/polymyxin	2	
neomycin/polymyxin/bacitracin/hydrocortisone	2	
neomycin/polymyxin/dexamethasone	2	

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<i>neomycin/polymyxin/gramicidin</i>	2	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
QC ARTIFICIAL TEARS	4	EC
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	3	
<i>tobramycin/dexamethasone</i>	2	
XIIDRA	3	
<b>Ophthalmic Anti-allergy Agents</b>		
ALOCRIL	3	
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
<i>bepotastine besilate</i>	2	
<i>cromolyn sodium soln 4%</i>	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl</i>	2	
<i>olopatadine hydrochloride soln 0.2%</i>	2	
<b>Ophthalmic Anti-Infectives</b>		
<i>bacitracin ophthalmic oint 500unit/gm</i>	2	
BESIVANCE	3	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin</i>	2	
<i>gentak oint</i>	2	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	
<i>levofloxacin ophthalmic soln 1.5%</i>	2	
<i>moxifloxacin hydrochloride soln 0.5%</i>	2	
NATACYN	3	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
<i>sulfacetamide sodium oint 10%</i>	2	
<i>sulfacetamide sodium soln 10%</i>	2	
<i>tobramycin</i>	2	
<i>trifluridine</i>	2	
XDEMVY	3	PA; NEDS
ZIRGAN	3	
<b>Ophthalmic Anti-inflammatories</b>		

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<i>bromfenac</i>	2	
<i>bromfenac sodium soln 0.07%, 0.075%</i>	2	
BROMSITE	3	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	
<i>difluprednate</i>	2	
FLAREX	3	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	3	
ILEVRO	3	
<i>ketorolac tromethamine</i>	2	
LOTEMAX OINT	3	
<i>loteprednol etabonate</i>	2	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	
PROLENSA	3	
<b><i>Ophthalmic Beta-Adrenergic Blocking Agents</i></b>		
<i>betaxolol hcl</i>	2	
BETIMOL	3	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl soln 0.5%</i>	2	
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	2	
<b><i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i></b>		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
ALPHAGAN P SOLN 0.1%	3	
<i>apraclonidine</i>	2	
<i>brimonidine tartrate</i>	2	
<i>brinzolamide</i>	2	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tabs</i>	2	
PHOSPHOLINE IODIDE SOLR 0.125%	3	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
RHOPRESSA	3	
<b><i>Ophthalmic Prostaglandin and Prostanoid Analogs</i></b>		
<i>bimatoprost</i>	2	
<i>latanoprost soln</i>	2	
LUMIGAN	3	
<i>tafluprost</i>	2	

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<i>travoprost</i>	2	
VYZULTA	3	
<b>Otic Agents</b>		
<b><i>Otic Agents</i></b>		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	2	
<i>ciprofloxacin soln 0.2%</i>	2	
CORTISPORIN-TC	3	
<i>flac</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b><i>Anti-inflammatories, Inhaled Corticosteroids</i></b>		
BUDESONIDE NASAL SPRAY	4	QL(16.86 ML per 30 days); EC
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	2	PA BvD
FLOVENT DISKUS AEPB 100MCG/BLIST	3	QL(180 EA per 90 days); ST
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL(720 EA per 90 days); ST
FLOVENT DISKUS AEPB 50MCG/BLIST	3	ST
<i>flunisolide soln 0.025%</i>	2	QL(150 ML per 90 days)
<i>fluticasone propionate diskus aepb 100mcg/act</i>	2	QL(180 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 250mcg/act</i>	2	QL(720 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 50mcg/act</i>	2	ST
<i>fluticasone propionate hfa aero 44mcg/act</i>	2	QL(63.6 GM per 90 days); ST
<i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>	2	QL(72 GM per 90 days); ST
<i>fluticasone propionate susp 50mcg/act</i>	2	QL(48 GM per 90 days)
GNP BUDESONIDE NASAL SPRAY	4	QL(16.86 ML per 30 days); EC
<i>mometasone furoate susp 50mcg/act</i>	2	QL(102 GM per 90 days)
QVAR REDHALER	3	QL(63.6 GM per 90 days)

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TRIAMCINOLONE ACETONIDE AERO 55MCG/ACT	4	QL(16.9 ML per 30 days); EC
<b>Antihistamines</b>		
ACETAMINOPHEN PM EXTRA STRENGTH	4	EC
<i>azelastine hcl nasal soln 0.15%</i>	2	QL(120 ML per 90 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL(120 ML per 90 days)
CETIRIZINE HCL TABS 5MG	4	EC
CETIRIZINE HYDROCHLORIDE CHILDRENS ALLERGY SOLN 5MG/5ML	4	EC
CETIRIZINE HYDROCHLORIDE/PSEUDOEPHEDRINE HYDROCHLORIDE	4	EC
CETIRIZINE HYDROCHLORIDE TABS 10MG	4	EC
CHLORPHENIRAMINE MALEATE TABS, TBCR	4	EC
<i>cyproheptadine hcl syrp</i>	2	
<i>cyproheptadine hydrochloride tabs</i>	2	
<i>desloratadine</i>	2	
DIPHENHYDRAMINE HCL CAPS 50MG	4	EC
DIPHENHYDRAMINE HYDROCHLORIDE TABS	4	EC
DIPHENHYDRAMINE HYDROCHLORIDE CAPS 25MG	4	EC
<i>diphenhydramine hydrochloride inj</i>	2	
DIPHENHYDRAMINE HYDROCHLORIDE LIQD 12.5MG/5ML	4	EC
ED CHLORPED JR	4	EC
FEXOFENADINE HYDROCHLORIDE/PSEUDOEPHEDRINE HYDROCHLORIDE ER	4	EC
GNP ALLERGY RELIEF CHEW	4	EC
<i>hydroxyzine hcl inj 25mg/ml</i>	2	
<i>hydroxyzine hcl tabs 50mg</i>	2	
<i>hydroxyzine hydrochloride syrp</i>	2	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	2	
<i>hydroxyzine pamoate caps</i>	2	
<i>levocetirizine dihydrochloride tabs</i>	2	
LORATADINE CHILDRENS SOLN	4	EC
LORATADINE-D 24HR	4	EC
LORATADINE TABS	4	EC
NIGHTTIME SLEEP AID TABS 25MG	4	EC
SLEEP AID LIQD, TABS	4	EC
SLEEP-AID CAPS 50MG	4	EC
SM LORATADINE D 12HR	4	EC
<b>Antileukotrienes</b>		

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<i>montelukast sodium chew, pack, tabs</i>	2	
<i>zafirlukast</i>	2	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	3	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
<i>ipratropium bromide inhalation soln</i>	2	PA BvD
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL(180 ML per 90 days)
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL(90 ML per 90 days)
LONHALA MAGNAIR REFILL KIT	3	NEDS
LONHALA MAGNAIR STARTER KIT	3	NEDS
SPIRIVA RESPIMAT	3	QL(12 GM per 90 days)
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL(108 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL(40.2 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL(51 GM per 90 days)
<i>albuterol sulfate syrp, tabs</i>	2	
<i>albuterol sulfate nebu</i>	2	PA BvD
<i>arformoterol tartrate</i>	2	PA BvD
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	QL(2 EA per 1 days)
<i>formoterol fumarate nebu</i>	2	PA BvD
<i>levalbuterol hcl nebu</i>	2	PA BvD
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	2	PA BvD
<i>levalbuterol nebu</i>	2	PA BvD
PROAIR RESPICLICK	3	QL(6 EA per 90 days)
SEREVENT DISKUS	3	QL(180 EA per 90 days)
STRIVERDI RESPIMAT	3	QL(12 GM per 90 days)
<b>Cystic Fibrosis Agents</b>		
CAYSTON	3	PA; NEDS
KALYDECO TABS	3	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
KALYDECO PACK 13.4MG, 5.8MG	3	QL(56 EA per 28 days); PA; NEDS
KALYDECO PACK 25MG, 50MG, 75MG	3	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI TABS	3	QL(112 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI PACK 94MG; 75MG	3	QL(56 EA per 28 days); PA; NEDS

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ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	3	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
PULMOZYME	3	PA BvD; NEDS; SP-Optum Specialty
TOBI PODHALER	3	NEDS; SP-Optum Specialty
<b><i>Mast Cell Stabilizers</i></b>		
<i>cromolyn sodium nebu 20mg/2ml</i>	2	PA BvD
<b><i>Phosphodiesterase Inhibitors, Airways Disease</i></b>		
<i>elixophyllin</i>	2	
<i>roflumilast</i>	2	
<i>theophylline er tb12, tb24</i>	2	
<i>theophylline elix</i>	2	
<b><i>Pulmonary Antihypertensives</i></b>		
ADEMPAS	3	PA; NEDS
<i>alyq</i>	2	PA; SP-Optum Specialty
<i>ambrisentan</i>	2	PA; NEDS; SP-Optum Specialty
<i>bosentan</i>	2	PA; NEDS; SP-Optum Specialty
OPSUMIT	3	PA; NEDS
ORENITRAM TITRATION KIT MONTH 1	3	PA; NEDS
ORENITRAM TITRATION KIT MONTH 2	3	PA; NEDS
ORENITRAM TITRATION KIT MONTH 3	3	PA; NEDS
ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG	3	PA
ORENITRAM TBCR 5MG	3	PA; NEDS
<i>sildenafil citrate tabs</i>	2	PA; SP-Optum Specialty
<i>tadalafil tabs 20mg</i>	2	PA; SP-Optum Specialty
TRACLEER TBSO	3	PA; NEDS; SP-Optum Specialty
VENTAVIS	3	PA; NEDS
<b><i>Pulmonary Fibrosis Agents</i></b>		
OFEV	3	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone caps</i>	2	QL(270 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 534mg</i>	2	QL(135 EA per 30 days); PA; NEDS

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<i>pirfenidone tabs 267mg</i>	2	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone tabs 801mg</i>	2	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine soln</i>	2	PA BvD
ANORO ELLIPTA	3	QL(180 EA per 90 days)
BEVESPI AEROSPHERE	3	QL(10.7 GM per 30 days)
BREO ELLIPTA	3	QL(180 EA per 90 days)
BREYNA	2	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE	3	QL(32.1 GM per 90 days)
BRONCHITOL	3	NEDS
COMBIVENT RESPIMAT	3	QL(24 GM per 90 days)
FASENRA PEN	3	PA; NEDS; SP-Optum Specialty
FASENRA INJ 10MG/0.5ML	3	PA
FASENRA INJ 30MG/ML	3	PA; NEDS
<i>fluticasone propionate/salmeterol diskus</i>	2	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	2	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	2	QL(3 EA per 90 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	PA BvD
KP PSEUDOEPHEDRINE HCL TABS 60MG	4	EC
PSEUDOEPHEDRINE HCL ER	4	EC
PSEUDOEPHEDRINE HYDROCHLORIDE TABS 30MG	4	EC
SODIUM CHLORIDE NEBU 7%	4	EC
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
<i>wixela inhub</i>	2	QL(180 EA per 90 days)
<b>Skeletal Muscle Relaxants</b>		
<b><i>Skeletal Muscle Relaxants</i></b>		
<i>cyclobenzaprine hydrochloride tabs</i>	2	
<b>Sleep Disorder Agents</b>		
<b><i>Sleep Promoting Agents</i></b>		
BELSOMRA	3	
<i>eszopiclone</i>	2	
<i>flurazepam hcl</i>	2	
<i>flurazepam hydrochloride</i>	2	

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<i>ramelteon</i>	2	QL(30 EA per 30 days)
<i>tasimelteon</i>	2	PA; NEDS
<i>temazepam caps 15mg, 30mg, 7.5mg</i>	2	
<i>triazolam</i>	2	
<i>zaleplon</i>	2	
<i>zolpidem tartrate tabs</i>	2	
<b>Wakefulness Promoting Agents</b>		
<i>armodafinil</i>	2	PA
<i>modafinil tabs</i>	2	PA
<i>sodium oxybate</i>	2	PA; NEDS

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<i>accutane</i>	41	ALPHAGAN P	68
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ACETAMINOPHEN	3	ALUMINUM HYDROXIDE	51
ACETAMINOPHEN	39	ALUNBRIG	19
ACETAMINOPHEN ER 8 HOUR	3	<i>alyq</i>	72
ARTHRITIS PAIN		<i>amabelz</i>	56
ACETAMINOPHEN EXTRA STRENGTH	3	<i>amantadine hcl</i>	29
ACETAMINOPHEN PM EXTRA	70	<i>ambrisentan</i>	72
STRENGTH		<i>amcinonide</i>	42
<i>acetaminophen/codeine</i>	4	AMERIDERM PERISHIELD	43
<i>acetazolamide</i>	68	<i>amethia</i>	56
<i>acetazolamide er</i>	68	<i>amikacin sulfate</i>	6
<i>acetic acid</i>	69	<i>amiloride hcl</i>	37
<i>acetic acid 0.25%</i>	54	<i>amiloride/hydrochlorothiazide</i>	36
<i>acetylcysteine</i>	73	<i>aminocaproic acid</i>	34
<i>acitretin</i>	41	AMINOSYN II	44
ACTHIB	63	AMINOSYN-PF 7%	44
ACTIMMUNE	61	<i>amiodarone hydrochloride</i>	35
<i>acyclovir</i>	30	<i>amitriptyline hcl</i>	13
<i>acyclovir sodium</i>	30	<i>amitriptyline hydrochloride</i>	13
ADACEL	63	<i>amlodipine besylate</i>	35
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<i>amphetamine/dextroamphetamine</i>	39	<i>atovaquone</i>	24
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<i>ampicillin/sulbactam</i>	8	AUSTEDO	39
<i>ampicillin-sulbactam</i>	8	AUVELITY	12
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<i>anastrozole</i>	18	<i>avita</i>	41
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ANTACID CALCIUM RICH	51	AVONEX PEN	40
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ANTI-DANDRUFF SHAMPOO	42	<i>azelastine hcl</i>	70
<i>apraclonidine</i>	68	<i>azelastine hydrochloride</i>	70
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<i>asenapine maleate sl</i>	26	B-COMPLEX	47
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ASPIRIN REGULAR STRENGTH	3	<i>1/2"</i>	
<i>aspirin/dipyridamole er</i>	34	<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	65
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<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	65	BRAFTOVI	19
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	65	BREO ELLIPTA	73
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	65	BREYNA	73
BELSOMRA	73	BREZTRI AEROSPHERE	73
<i>benazepril hcl</i>	34	<i>briellyn</i>	56
<i>benazepril hydrochloride</i>	34	BRILINTA	34
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<i>bethanechol chloride</i>	54	<i>buprenorphine</i>	4
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BICILLIN L-A	8	<i>bupropion hydrochloride er (sr)</i>	6
BIKTARVY	27	<i>bupropion hydrochloride er (sr)</i>	12
<i>bimatoprost</i>	68	<i>bupropion hydrochloride er (xl)</i>	12
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BISMUTH	51	<i>butorphanol tartrate</i>	4
<i>bisoprolol fumarate</i>	35	BYDUREON BCISE	30
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<i>calcitriol</i>	64	<i>ceftazidime</i>	8
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CALCIUM 600 WITH VITAMIN D	44	<i>ceftriaxone sodium</i>	8
<i>calcium acetate</i>	47	<i>ceftriaxone/dextrose</i>	8
CALCIUM ANTACID	51	<i>cefuroxime axetil</i>	8
CALCIUM ASCORBATE	48	<i>cefuroxime sodium</i>	8
CALCIUM CARBONATE	44	<i>celecoxib</i>	3
CALCIUM CITRATE	44	<i>cephalexin</i>	8
CALCIUM HIGH POTENCY	44	CETIRIZINE HCL	70
CALQUENCE	19	CETIRIZINE HYDROCHLORIDE	70
<i>camila</i>	57	CETIRIZINE HYDROCHLORIDE	70
<i>candesartan cilexetil</i>	34	CHILDRENS ALLERGY	
<i>candesartan cilexetil/hydrochlorothiazide</i>	36	CETIRIZINE	70
CAPLYTA	26	HYDROCHLORIDE/PSEUDOEPHEDRIN	
CAPRELSA	19	E HYDROCHLORIDE	
CAPSAICIN	43	<i>cevimeline hydrochloride</i>	41
CAPSAICIN	65	CHELATED MAGNESIUM	45
<i>captopril</i>	34	CHEMET	47
<i>carbamazepine</i>	11	CHEWABLE ACETAMINOPHEN	65
<i>carbamazepine er</i>	11	CHILDRENS	
<i>carbidopa</i>	25	CHILDRENS APAP	65
<i>carbidopa/levodopa</i>	25	<i>chlorhexidine gluconate</i>	41
<i>carbidopa/levodopa er</i>	25	<i>chloroquine phosphate</i>	24
<i>carbidopa/levodopa odt</i>	25	CHLORPHENIRAMINE MALEATE	70
<i>carbidopa/levodopa/entacapone</i>	24	<i>chlorpromazine hcl</i>	25
<i>carglumic acid</i>	45	<i>chlorpromazine hydrochloride</i>	25
<i>carteolol hcl</i>	68	<i>chlorthalidone</i>	37
<i>cartia xt</i>	35	CHOCOLATED LAXATIVE REGULAR	50
<i>carvedilol</i>	35	STRENGTH	
CAYSTON	71	CHOLBAM	53
<i>cefaclor</i>	8	<i>cholestyramine</i>	38
<i>cefadroxil</i>	8	<i>cholestyramine light</i>	38
<i>cefazolin</i>	8	<i>ciclopirox</i>	44
<i>cefazolin sodium</i>	8	<i>ciclopirox nail lacquer</i>	44
<i>cefazolin sodium/dextrose</i>	8	<i>ciclopirox olamine</i>	44
<i>cefdinir</i>	8	<i>cidofovir</i>	27
<i>cefepime</i>	8	<i>cilostazol</i>	34
<i>cefepime hydrochloride</i>	8	CIMDUO	28
<i>cefepime/dextrose</i>	8	<i>cimetidine</i>	52
<i>cefixime</i>	8	<i>cinacalcet hydrochloride</i>	65
<i>cefotetan</i>	8	<i>ciprofloxacin</i>	9
<i>cefoxitin sodium</i>	8	<i>ciprofloxacin</i>	69

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<i>ciprofloxacin hcl</i>	9	COMETRIQ	19
<i>ciprofloxacin hydrochloride</i>	9	COMPLERA	28
<i>ciprofloxacin hydrochloride</i>	67	<i>constulose</i>	50
<i>ciprofloxacin i.v.-in d5w</i>	9	COPIKTRA	19
<i>ciprofloxacin/dexamethasone</i>	69	CORLANOR	36
<i>citalopram hydrobromide</i>	13	CORTIFOAM	64
<i>claravis</i>	41	CORTISPORIN-TC	69
<i>clarithromycin</i>	9	COSENTYX	60
<i>clarithromycin er</i>	9	COSENTYX SENSOREADY PEN	60
CLENPIQ	51	COSENTYX UNOREADY	60
<i>clindacin-p</i>	7	COTELLIC	19
<i>clindamycin hcl</i>	7	CREON	53
<i>clindamycin hydrochloride</i>	7	<i>cromolyn sodium</i>	53
<i>clindamycin palmitate hydrochloride</i>	7	<i>cromolyn sodium</i>	67
<i>clindamycin phosphate</i>	7	<i>cromolyn sodium</i>	72
<i>clindamycin phosphate</i>	44	CULTURELLE	51
<i>clindamycin phosphate/benzoyl peroxide</i>	41	<i>curity gauze pads 2"x2" 12 ply</i>	65
<i>clindamycin/benzoyl peroxide</i>	41	CUVITRU	59
CLINIMIX 6/5	45	CYANOCOBALAMIN	48
CLINIMIX 8/10	45	<i>cyclobenzaprine hydrochloride</i>	73
CLINIMIX E 8/10	45	<i>cyclopentolate hcl</i>	66
<i>clobazam</i>	11	<i>cyclopentolate hydrochloride</i>	66
<i>clobetasol propionate</i>	42	<i>cyclophosphamide</i>	17
<i>clobetasol propionate e</i>	42	<i>cyclosporine</i>	61
<i>clodan</i>	42	<i>cyclosporine</i>	66
<i>clomipramine hydrochloride</i>	13	<i>cyclosporine modified</i>	61
<i>clonazepam</i>	11	<i>cyproheptadine hcl</i>	70
<i>clonazepam odt</i>	11	<i>cyproheptadine hydrochloride</i>	70
<i>clonidine</i>	34	CYSTAGON	53
<i>clonidine hydrochloride</i>	34	CYSTARAN	66
<i>clonidine hydrochloride er</i>	39	D 5000	48
<i>clopidogrel</i>	34	D-5000	48
<i>clorazepate dipotassium</i>	30	<i>dabigatran etexilate</i>	33
CLOTRIMAZOLE	14	DAIRY RELIEF	51
<i>clotrimazole/betamethasone dipropionate</i>	43	<i>dalfampridine er</i>	40
<i>clozapine</i>	27	<i>danazol</i>	55
<i>clozapine odt</i>	27	<i>dantrolene sodium</i>	27
COARTEM	24	<i>dapsone</i>	16
COD LIVER OIL	48	DAPTACEL	63
<i>codeine sulfate</i>	4	<i>daptomycin</i>	7
<i>colchicine</i>	15	<i>daptomycin/sodium chloride</i>	7
<i>colestipol hcl</i>	38	<i>darifenacin hydrobromide er</i>	54
<i>colistimethate sodium</i>	7	<i>darunavir</i>	29
COMBIVENT RESPIMAT	73	DARZALEX	24

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DAURISMO	19	DIALYVITE VITAMIN D3 MAX	48
<i>deblitane</i>	57	<i>diazepam</i>	30
<i>deferasirox</i>	47	<i>diazepam intensol</i>	30
DELSTRIGO	28	<i>diazepam rectal gel</i>	11
DENGVAXIA	63	<i>diazoxide</i>	31
DENTAGEL	41	<i>dichlorphenamide</i>	53
DEPO-MEDROL	54	<i>diclofenac epolamine</i>	3
DEPO-SUBQ PROVERA 104	57	<i>diclofenac potassium</i>	3
DESCOVY	28	<i>diclofenac sodium</i>	3
<i>desipramine hydrochloride</i>	13	<i>diclofenac sodium</i>	43
DESITIN	43	<i>diclofenac sodium</i>	68
<i>desloratadine</i>	70	<i>diclofenac sodium dr</i>	3
<i>desmopressin acetate</i>	55	<i>diclofenac sodium er</i>	3
<i>desogestrel/ethinyl estradiol</i>	56	<i>dicloxacillin sodium</i>	8
<i>desonide</i>	42	<i>dicyclomine hcl</i>	51
<i>desoximetasone</i>	42	<i>dicyclomine hydrochloride</i>	51
DESRX	42	DIFICID	9
<i>desvenlafaxine er</i>	13	<i>diflunisal</i>	3
<i>dexamethasone</i>	55	<i>difluprednate</i>	68
<i>dexamethasone intensol</i>	54	<i>digitek</i>	35
<i>dexamethasone sodium phosphate</i>	55	<i>digoxin</i>	35
<i>dexamethasone sodium phosphate</i>	68	<i>dihydroergotamine mesylate</i>	16
<i>dexamethasone sodium phosphate + rfid</i>	54	<i>diltiazem hcl</i>	36
DEXLANSOPRAZOLE	52	<i>diltiazem hcl cd</i>	36
<i>dexmethylphenidate hcl</i>	39	<i>diltiazem hcl er</i>	36
<i>dexmethylphenidate hcl er</i>	39	<i>diltiazem hydrochloride</i>	36
<i>dexmethylphenidate hydrochloride</i>	39	<i>diltiazem hydrochloride er</i>	36
<i>dexmethylphenidate hydrochloride er</i>	39	<i>dilt-xr</i>	36
<i>dextroamphetamine sulfate</i>	39	<i>dimethyl fumarate</i>	40
<i>dextroamphetamine sulfate er</i>	39	DIPHENHYDRAMINE HCL	70
<i>dextrose 10%</i>	45	DIPHENHYDRAMINE	70
<i>dextrose 10%/sodium chloride 0.2%</i>	45	HYDROCHLORIDE	
<i>dextrose 10%/sodium chloride 0.45%</i>	45	<i>diphtheria/tetanus toxoids adsorbed</i>	63
<i>dextrose 2.5%/sodium chloride 0.45%</i>	45	<i>pediatric</i>	
<i>dextrose 5%</i>	45	<i>disulfiram</i>	5
<i>dextrose 5%/sodium chloride 0.2%</i>	45	<i>divalproex sodium</i>	11
<i>dextrose 5%/sodium chloride 0.3%</i>	45	<i>divalproex sodium dr</i>	11
<i>dextrose 5%/sodium chloride 0.33%</i>	45	<i>divalproex sodium er</i>	11
<i>dextrose 5%/sodium chloride 0.45%</i>	45	<i>docetaxel</i>	18
<i>dextrose 5%/sodium chloride 0.9%</i>	45	DOCUSATE CALCIUM	50
<i>dextrose 50%</i>	45	DOCUSATE MINI	50
<i>dextrose 70%</i>	45	DOCUSATE SODIUM	50
<i>dextrose/sodium chloride</i>	45	<i>dofetilide</i>	35
DIACOMIT	11	<i>donepezil hcl</i>	12

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<i>donepezil hydrochloride</i>	12	EMSAM	13
DOPTELET	34	<i>emtricitabine</i>	28
<i>dorzolamide hcl/timolol maleate</i>	66	<i>emtricitabine/tenofovir disoproxil</i>	28
<i>dorzolamide hydrochloride</i>	68	<i>emtricitabine/tenofovir disoproxil fumarate</i>	28
<i>dorzolamide hydrochloride/timolol maleate</i>	66	EMTRIVA	28
<i>pf</i>		<i>enalapril maleate</i>	34
<i>dotti</i>	56	<i>enalapril maleate/hydrochlorothiazide</i>	36
DOVATO	27	ENBREL	61
<i>doxazosin mesylate</i>	54	ENBREL MINI	61
<i>doxepin hcl</i>	13	ENBREL SURECLICK	61
<i>doxepin hydrochloride</i>	14	ENDARI	53
DOXY 100	10	<i>endocet</i>	4
<i>doxycycline</i>	10	ENDUR-ACIN	48
<i>doxycycline hyclate</i>	10	ENDUR-AMIDE	48
<i>doxycycline monohydrate</i>	10	ENEMA READY-TO-USE	50
DRIZALMA SPRINKLE	13	ENGERIX-B	63
<i>dronabinol</i>	14	<i>enilloring</i>	56
<i>droplet pen needles 29gx10mm</i>	65	<i>enoxaparin sodium</i>	33
<i>drospirenone/ethinyl estradiol</i>	56	<i>entacapone</i>	25
DROXIA	17	<i>entecavir</i>	27
<i>droxidopa</i>	34	ENTRESTO	36
<i>duloxetine hcl</i>	13	<i>enulose</i>	50
<i>duloxetine hydrochloride</i>	13	ENVARBUS XR	62
DUPIXENT	60	EPIDIOLEX	10
<i>dutasteride</i>	54	<i>epinastine hcl</i>	67
<i>dutasteride/tamsulosin hydrochloride</i>	54	<i>epinephrine</i>	71
<i>ec-naproxen</i>	3	<i>epitol</i>	11
<i>econazole nitrate</i>	15	<i>eplerenone</i>	38
ED CHLORPED JR	70	EPRONTIA	10
EDURANT	28	EPSOM SALT	50
<i>efavirenz</i>	28	ERGOCALCIFEROL	48
<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	28	<i>ergotamine tartrate/caffeine</i>	16
<i>fumarate</i>		ERIVEDGE	19
<i>efavirenz/lamivudine/tenofovir disoproxil</i>	28	ERLEADA	17
<i>fumarate</i>		<i>erlotinib hydrochloride</i>	19
<i>effe-k</i>	45	<i>errin</i>	57
ELIGARD	58	<i>ertapenem</i>	9
ELIQUIS	33	<i>ertapenem sodium</i>	9
ELIQUIS STARTER PACK	33	<i>ery</i>	44
<i>elixophyllin</i>	72	<i>erythromycin</i>	9
ELMIRON	54	<i>erythromycin</i>	44
<i>eluryng</i>	56	<i>erythromycin</i>	67
EMCYT	17	<i>erythromycin dr</i>	9
EMGALITY	16	<i>erythromycin ethylsuccinate</i>	9

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<i>escitalopram oxalate</i>	13	FEXOFENADINE	70
<i>esomeprazole magnesium</i>	53	HYDROCHLORIDE/PSEUDOEPHEDRIN	
<i>estradiol</i>	56	E HYDROCHLORIDE ER	
<i>estradiol valerate</i>	56	FIBER	50
<i>estradiol/norethindrone acetate</i>	56	FIBER TABS	50
ESTRING	56	<i>finasteride</i>	54
<i>eszopiclone</i>	73	<i> fingolimod hydrochloride</i>	40
<i>ethacrynic acid</i>	37	FINTEPLA	10
<i>ethambutol hydrochloride</i>	16	<i>finzala</i>	56
<i>ethosuximide</i>	10	FIRMAGON	58
<i>etodolac</i>	3	<i>flac</i>	69
<i>etodolac er</i>	3	FLAREX	68
<i>etonogestrel/ethinyl estradiol</i>	56	FLEBOGAMMA DIF	59
<i>etravirine</i>	28	<i>flecainide acetate</i>	35
<i>euthyrox</i>	58	FLOLIPID	37
EVAC	50	FLORASTOR	51
<i>everolimus</i>	20	FLOVENT DISKUS	69
<i>everolimus</i>	62	<i>fluconazole</i>	15
EVOTAZ	29	<i>fluconazole in sodium chloride</i>	15
<i>exemestane</i>	18	<i>flucytosine</i>	15
EXKIVITY	20	<i>fludrocortisone acetate</i>	55
<i>ezetimibe</i>	38	<i>flunisolide</i>	69
<i>ezetimibe/simvastatin</i>	38	<i>fluocinolone acetonide</i>	42
<i>falmina</i>	56	<i>fluocinolone acetonide</i>	69
<i>famciclovir</i>	30	<i>fluocinolone acetonide body</i>	42
<i>famotidine</i>	52	<i>fluocinolone acetonide scalp</i>	42
FAMOTIDINE MAXIMUM STRENGTH	52	<i>fluocinolone acetonide topical</i>	42
FAMOTIDINE ORIGINAL STRENGTH	52	<i>fluocinonide</i>	42
FANAPT	26	<i>fluocinonide emulsified base</i>	42
FANAPT TITRATION PACK	26	<i>fluorometholone</i>	68
FARXIGA	38	<i>fluorouracil</i>	43
FASENRA	73	<i>fluoxetine dr</i>	13
FASENRA PEN	73	<i>fluoxetine hydrochloride</i>	13
<i>felbamate</i>	10	<i>fluphenazine decanoate</i>	25
<i>felodipine er</i>	35	<i>fluphenazine hcl</i>	25
<i>fenofibrate</i>	37	<i>fluphenazine hydrochloride</i>	25
<i>fenofibrate micronized</i>	37	<i>flurazepam hcl</i>	73
<i>fenofibric acid dr</i>	37	<i>flurazepam hydrochloride</i>	73
<i>fentanyl</i>	4	<i>flurbiprofen</i>	3
<i>fentanyl citrate oral transmucosal</i>	4	<i>flurbiprofen sodium</i>	68
FERROUS GLUCONATE	45	<i>flutamide</i>	17
FERROUS SULFATE	45	<i>fluticasone propionate</i>	42
FETZIMA	13	<i>fluticasone propionate</i>	69
FETZIMA TITRATION PACK	13	<i>fluticasone propionate diskus</i>	69

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<i>fluticasone propionate hfa</i>	69	GILOTRIF	20
<i>fluticasone propionate/salmeterol</i>	73	<i>glatiramer acetate</i>	40
<i>fluticasone propionate/salmeterol diskus</i>	73	GLEOSTINE	17
<i>fluvastatin</i>	37	<i>glimepiride</i>	30
<i>fluvastatin sodium er</i>	38	<i>glipizide</i>	30
<i>fluvoxamine maleate</i>	13	<i>glipizide er</i>	30
FML	68	<i>glipizide/metformin hydrochloride</i>	30
FOLIC ACID	48	GLOPERBA	15
<i>fondaparinux sodium</i>	33	GLUCAGEN HYPOKIT	31
<i>formoterol fumarate</i>	71	GLUCAGON EMERGENCY KIT	31
<i>fosamprenavir calcium</i>	29	GLUCAGON EMERGENCY KIT FOR	31
<i>fosinopril sodium</i>	34	LOW BLOOD SUGAR	
<i>fosinopril sodium/hydrochlorothiazide</i>	36	GLUTOSE 5	32
FOTIVDA	20	<i>glyburide</i>	31
FRAGMIN	33	<i>glyburide micronized</i>	31
FRUZAQLA	20	<i>glyburide/metformin hydrochloride</i>	31
<i>furosemide</i>	37	GLYCERIN ADULT	50
FUZEON	29	GLYCERIN ADULT	50
<i>fyavolv</i>	56	GLYCERIN INFANTS & CHILDREN	50
FYCOMPA	10	<i>glycopyrrolate</i>	51
<i>gabapentin</i>	11	<i>glydo</i>	5
<i>galantamine hydrobromide</i>	12	GLYXAMBI	31
<i>galantamine hydrobromide er</i>	12	GNP ALLERGY RELIEF	70
GAMMAGARD LIQUID	59	GNP ANTACID & ANTI-GAS	51
GAMMAPLEX	59	MAXIMUM STRENGTH	
GARDASIL 9	63	GNP ANTI-DIARRHEAL	51
<i>gatifloxacin</i>	67	GNP BEST FIBER	50
<i>gauze pads 2"x2"</i>	65	GNP BUDESONIDE NASAL SPRAY	69
<i>gavilyte-c</i>	51	GNP CLOTRIMAZOLE 3	15
<i>gavilyte-g</i>	51	GNP FAST ACTING DAIRY RELIEF	51
<i>gavilyte-n/ flavor pack</i>	51	GNP FIBER POWDER	50
GAVRETO	20	GNP GLYCERIN ADULT	50
<i>gefitinib</i>	20	GNP GLYCERIN CHILD	50
<i>gemfibrozil</i>	37	GNP HYDROCORTISONE	42
GEMTESA	54	GNP HYDROCORTISONE MAXIMUM	42
<i>generlac</i>	50	STRENGTH	
GENGRAF	62	GNP HYDROGEN PEROXIDE	7
GENOTROPIN	55	GNP IBUPROFEN CHILDRENS	3
GENOTROPIN MINIQUICK	55	GNP IBUPROFEN INFANTS	3
<i>gentak</i>	67	<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	65
<i>gentamicin sulfate</i>	6	<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	65
<i>gentamicin sulfate</i>	67	GNP NAPROXEN	3
<i>gentamicin sulfate/0.9% sodium chloride</i>	6	GNP PINK BISMUTH	51
GENVOYA	27	GNP TRIPLE ANTIBIOTIC PLUS	7

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GNP VITAMIN E WATER DISPERSIBLE	48	HUMALOG MIX 50/50 KWIKPEN	32
GNP WART REMOVER	43	HUMALOG MIX 75/25	32
GOODSENSE ANTACID/EXTRA	52	HUMALOG MIX 75/25 KWIKPEN	32
STRENGTH		HUMIRA	62
GOODSENSE ASPIRIN	3	HUMIRA PEDIATRIC CROHNS	62
GOODSENSE IBUPROFEN CHILDRENS	3	DISEASE STARTER PACK	
GOODSENSE IBUPROFEN INFANTS	3	HUMIRA PEN	62
GOODSENSE MAGNESIUM CITRATE	50	HUMIRA PEN-CD/UC/HS STARTER	62
GOODSENSE NICOTINE	6	HUMIRA PEN-PEDIATRIC UC	62
GOODSENSE NICOTINE GUM	6	STARTER PACK	
GOODSENSE NICOTINE POLACRILEX	6	HUMIRA PEN-PS/UV STARTER	62
GUM		HUMULIN 70/30	32
<i>granisetron hydrochloride</i>	14	HUMULIN 70/30 KWIKPEN	32
<i>griseofulvin microsize</i>	15	HUMULIN N	32
<i>griseofulvin ultramicrosize</i>	15	HUMULIN N KWIKPEN	32
<i>guanfacine hydrochloride er</i>	39	HUMULIN R	32
GVOKE HYPOPEN 1-PACK	32	HUMULIN R U-500 (CONCENTRATED)	32
GVOKE HYPOPEN 2-PACK	32	HUMULIN R U-500 KWIKPEN	32
GVOKE KIT	32	<i>hydralazine hcl</i>	38
GVOKE PFS	32	<i>hydralazine hydrochloride</i>	38
HAEGARDA	59	<i>hydrochlorothiazide</i>	37
<i>halobetasol propionate</i>	42	<i>hydrocodone bitartrate/acetaminophen</i>	4
<i>haloette</i>	56	<i>hydrocodone/acetaminophen</i>	5
<i>haloperidol</i>	25	HYDROCORTISONE	42
<i>haloperidol decanoate</i>	25	HYDROCORTISONE	55
<i>haloperidol lactate</i>	25	<i>hydrocortisone</i>	64
HAVRIX	63	<i>hydrocortisone butyrate</i>	42
HEALTHY KIDS COD LIVER	48	<i>hydrocortisone valerate</i>	42
OIL/VITAMIN D		<i>hydrocortisone/acetic acid</i>	69
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<i>ipratropium bromide/albuterol sulfate</i>	73	<i>kcl 0.15%/d5w/nacl 0.45%</i>	45
<i>irbesartan</i>	34	<i>kcl 0.15%/d5w/nacl 0.9%</i>	45
<i>irbesartan/hydrochlorothiazide</i>	36	<i>kcl 0.3%/d5w/nacl 0.45%</i>	45
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<i>klor-con 8</i>	45	LENVIMA 10 MG DAILY DOSE	21
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<i>klor-con m15</i>	45	LENVIMA 14 MG DAILY DOSE	21
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KP FOLIC ACID	48	<i>letrozole</i>	18
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<i>k-prime</i>	45	LEUKERAN	17
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<i>labetalol hydrochloride</i>	35	<i>levalbuterol hydrochloride</i>	71
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<i>lamivudine/zidovudine</i>	28	<i>levofloxacin</i>	67
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<i>naloxone hcl</i>	6	NICOTINE TRANSDERMAL SYSTEM	6
<i>naloxone hydrochloride</i>	6	STEP 3	
<i>naltrexone hcl</i>	5	NICOTROL INHALER	6
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<i>naproxen dr</i>	4	NIGHTTIME SLEEP AID	70
<i>naproxen sodium</i>	4	<i>nikki</i>	57
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<i>oxazepam</i>	30	<i>phenobarbital</i>	11
<i>oxcarbazepine</i>	12	<i>phenytek</i>	12
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<i>oxycodone hydrochloride</i>	5	PHOSPHOLINE IODIDE	68
<i>oxycodone/acetaminophen</i>	5	PHYTONADIONE	49
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<i>paclitaxel</i>	18	<i>pilocarpine hcl</i>	68
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PANRETIN	24	<i>pindolol</i>	35
<i>pantoprazole sodium</i>	53	<i>pioglitazone hcl</i>	31
<i>paricalcitol</i>	65	<i>pioglitazone hcl/metformin hcl</i>	31
<i>paroxetine hcl</i>	13	<i>pioglitazone hcl-glimepiride</i>	31
<i>paroxetine hydrochloride</i>	13	<i>pioglitazone hydrochloride</i>	31
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<i>pazopanib hydrochloride</i>	21	PIQRAY 200MG DAILY DOSE	21
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PENTACEL	63	<i>posaconazole dr</i>	15
<i>pentamidine isethionate</i>	24	<i>potassium chloride</i>	46
<i>pentoxifylline er</i>	37	<i>potassium chloride er</i>	46
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<i>prasugrel hydrochloride</i>	34	PROLIA	65
<i>pravastatin sodium</i>	38	PROMACTA	33
<i>praziquantel</i>	24	<i>promethazine hcl</i>	14
<i>prazosin hydrochloride</i>	34	<i>promethazine hydrochloride</i>	14
<i>prednicarbate</i>	43	<i>promethazine hydrochloride plain</i>	14
<i>prednisolone</i>	55	<i>propafenone hcl</i>	35
<i>prednisolone acetate</i>	68	<i>propafenone hydrochloride er</i>	35
<i>prednisolone sodium phosphate</i>	55	<i>propranolol hcl</i>	35
<i>prednisolone sodium phosphate</i>	68	<i>propranolol hcl er</i>	35
<i>prednisone</i>	55	<i>propranolol hydrochloride</i>	35
<i>pregabalin</i>	11	<i>propranolol hydrochloride er</i>	35
PREHEVBRIO	63	<i>propylthiouracil</i>	59
PREMARIN	57	PROQUAD	64
PREMASOL	46	PROSOL	46
<i>premium lidocaine</i>	5	<i>protriptyline hcl</i>	14
PREMPHASE	57	PSEUDOEPHEDRINE HCL ER	73
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<i>prevalite</i>	38	HYDROCHLORIDE	
PREVIDENT 5000 BOOSTER PLUS	41	PSYLLIUM FIBER	50
PREVIDENT 5000 DRY MOUTH	41	PULMOZYME	72
PREVYMIS	27	PURIXAN	18
PREZCOBIX	29	<i>pyrazinamide</i>	16
PREZISTA	29	<i>pyridostigmine bromide</i>	16
PRIFTIN	16	<i>pyridostigmine bromide er</i>	16
<i>primaquine phosphate</i>	24	<i>pyrimethamine</i>	24
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<i>prochlorperazine</i>	14	<i>quinapril hydrochloride</i>	34
<i>prochlorperazine edisylate</i>	14	<i>quinapril/hydrochlorothiazide</i>	37
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<i>ramelteon</i>	74	<i>rivastigmine tartrate</i>	12
<i>ramipril</i>	34	<i>rivastigmine transdermal system</i>	12
<i>ranolazine er</i>	37	<i>rizatriptan benzoate</i>	16
<i>rasagiline mesylate</i>	25	<i>rizatriptan benzoate odt</i>	16
RAYALDEE	65	ROCKLATAN	67
REBIF	40	<i>roflumilast</i>	72
REBIF REBIDOSE	40	<i>ropinirole er</i>	25
REBIF REBIDOSE TITRATION PACK	40	<i>ropinirole hcl</i>	25
REBIF TITRATION PACK	40	<i>ropinirole hydrochloride</i>	25
RECOMBIVAX HB	64	<i>rosadan</i>	41
RECTIV	52	<i>rosuvastatin calcium</i>	38
REESES PINWORM MEDICINE	24	ROTARIX	64
REGULOID	50	ROTATEQ	64
RELENZA DISKHALER	30	<i>roweepira</i>	10
RENAL CAPS	49	ROZLYTREK	22
<i>repaglinide</i>	31	RUBRACA	22
REPATHA	38	<i>rufinamide</i>	12
REPATHA PUSHTRONEX SYSTEM	38	RUKOBIA	29
REPATHA SURECLICK	38	RYBELSUS	31
RESTASIS	67	RYDAPT	22
RESTASIS MULTIDOSE	67	<i>salsalate</i>	4
RETACRIT	33	SANTYL	43
RETEVMO	22	<i>sapropterin dihydrochloride</i>	53
REVCOVI	53	SAVELLA	40
REVLIMID	17	SAVELLA TITRATION PACK	40
REXULTI	26	<i>saxagliptin hydrochloride</i>	31
REYATAZ	29	<i>saxagliptin hydrochloride/metformin</i>	31
REZLIDHIA	22	<i>hydrochloride er</i>	
REZUROCK	62	SCEMBLIX	22
RHOPRESSA	68	<i>scopolamine</i>	14
<i>ribavirin</i>	27	SECUADO	26
<i>rifabutin</i>	16	<i>selegiline hcl</i>	25
<i>rifampin</i>	16	<i>selenium sulfide</i>	43
<i>riluzole</i>	39	SELZENTRY	29
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RINVOQ LQ	60	SEREVENT DISKUS	71
<i>risedronate sodium</i>	65	<i>sertraline hcl</i>	13
<i>risedronate sodium dr</i>	65	<i>sertraline hydrochloride</i>	13
RISPERDAL CONSTA	26	<i>sevelamer carbonate</i>	47
<i>risperidone</i>	26	<i>sf 5000 plus</i>	41
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SHINGRIX	64	<i>sorafenib</i>	22
SIGNIFOR	59	<i>sorafenib tosylate</i>	22
<i>sildenafil citrate</i>	72	<i>sorine</i>	35
<i>silver sulfadiazine</i>	43	<i>sotalol hcl</i>	35
SIMBRINZA	67	<i>sotalol hydrochloride (af)</i>	35
SIMETHICONE	52	SPIRIVA RESPIMAT	71
SIMETHICONE DROPS INFANTS	52	<i>spironolactone</i>	38
SIMETHICONE ULTRA STRENGTH	52	<i>spironolactone/hydrochlorothiazide</i>	37
<i>simvastatin</i>	38	SPRITAM	10
<i>sirolimus</i>	63	SPRYCEL	22
SIRTURO	16	<i>sps</i>	47
SKYRIZI	60	<i>ssd</i>	43
SKYRIZI PEN	60	STAMARIL	64
SLEEP AID	70	STELARA	61
SLEEP-AID	70	<i>sterile water for irrigation</i>	66
SM ALCOHOL	5	STIOLTO RESPIMAT	73
SM ANTI-DIARRHEAL	51	STIVARGA	22
SM CLOTRIMAZOLE VAGINAL	15	STOMACH RELIEF	52
SM LICE TREATMENT	44	STOMACH RELIEF EXTRA STRENGTH	52
SM LORATADINE D 12HR	70	STOOL SOFTENER	51
SM MICONAZOLE 3	15	<i>streptomycin sulfate</i>	6
SM TRIPLE ANTIBIOTIC PLUS	7	STRIBILD	28
MAXIMUM STRENGTH		STRIVERDI RESPIMAT	71
SODIUM BICARBONATE	52	<i>subvenite</i>	10
<i>sodium chloride</i>	46	<i>subvenite starter kit/blue</i>	10
SODIUM CHLORIDE	73	<i>subvenite starter kit/green</i>	10
<i>sodium chloride 0.45%</i>	46	<i>subvenite starter kit/orange</i>	10
<i>sodium chloride 0.9%</i>	66	SUCRAID	53
SODIUM FLUORIDE	46	<i>sucralfate</i>	52
<i>sodium fluoride 1.1</i>	41	<i>sulfacetamide sodium</i>	9
<i>sodium fluoride 5000 plus</i>	41	<i>sulfacetamide sodium</i>	67
<i>sodium fluoride 5000 ppm</i>	41	<i>sulfacetamide sodium/prednisolone sodium</i>	67
<i>sodium oxybate</i>	74	<i>phosphate</i>	
<i>sodium phenylbutyrate</i>	53	<i>sulfadiazine</i>	9
<i>sodium polystyrene sulfonate</i>	47	<i>sulfamethoxazole/trimethoprim</i>	9
<i>sodium sulfate/potassium sulfate/magnesium</i>	52	<i>sulfamethoxazole/trimethoprim ds</i>	9
<i>sulfate</i>		SULFAMYLON	44
<i>sofosbuvir/velpatasvir</i>	27	<i>sulfasalazine</i>	64
<i>solifenacin succinate</i>	54	<i>sulindac</i>	4
SOLTAMOX	17	<i>sumatriptan</i>	16
SOLUBLE FIBER	51	<i>sumatriptan succinate</i>	16
SOLU-CORTEF	55	<i>sumatriptan succinate refill</i>	16
SOMATULINE DEPOT	59	<i>sunitinib malate</i>	22
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SYMLINPEN 60	31	<i>terbinafine hcl</i>	15
SYMPAZAN	11	<i>terconazole</i>	15
SYMTUZA	29	<i>teriflunomide</i>	40
SYNAREL	59	<i>teriparatide</i>	65
SYNJARDY	31	<i>testosterone</i>	55
SYNJARDY XR	31	<i>testosterone cypionate</i>	55
SYNRIBO	18	<i>testosterone enanthate</i>	55
SYNTHROID	58	<i>testosterone pump</i>	55
TABLOID	18	<i>tetrabenazine</i>	39
TABRECTA	22	<i>tetracycline hydrochloride</i>	10
<i>tacrolimus</i>	43	THALOMID	17
<i>tacrolimus</i>	63	<i>theophylline</i>	72
<i>tadalafil</i>	54	<i>theophylline er</i>	72
<i>tadalafil</i>	72	<i>thioridazine hcl</i>	25
TAFINLAR	22	<i>thiothixene</i>	25
<i>tafluprost</i>	68	THYROID	58
TAGRISSO	23	<i>tiadylt er</i>	36
TALZENNA	23	<i>tiagabine hydrochloride</i>	11
<i>tamoxifen citrate</i>	17	TIBSOVO	23
<i>tamsulosin hydrochloride</i>	54	TICOVAC	64
<i>tarina fe 1/20 eq</i>	57	<i>tigecycline</i>	7
TASIGNA	23	<i>timolol maleate</i>	16
<i>tasimelteon</i>	74	<i>timolol maleate</i>	68
TAVNEOS	61	<i>timolol maleate ophthalmic gel forming</i>	68
<i>taysofy</i>	57	<i>tinidazole</i>	7
<i>tazarotene</i>	42	<i>tiopronin dr</i>	54
<i>tazicef</i>	8	TIVICAY	28
<i>taztia xt</i>	36	TIVICAY PD	28
TAZVERIK	23	<i>tizanidine hcl</i>	27
<i>tdvax</i>	64	<i>tizanidine hydrochloride</i>	27
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	66	TOBI PODHALER	72
TEFLARO	8	TOBRADEX ST	67
TEKTURNA HCT	37	<i>tobramycin</i>	67
<i>telmisartan</i>	34	<i>tobramycin sulfate</i>	7
<i>telmisartan/amlodipine</i>	37	<i>tobramycin/dexamethasone</i>	67
<i>telmisartan/hydrochlorothiazide</i>	37	TOLNAFTATE	15
<i>temazepam</i>	74	TOLNAFTATE ANTIFUNGAL	15
TENIVAC	64	<i>tolterodine tartrate</i>	54
<i>tenofovir disoproxil fumarate</i>	29	<i>tolterodine tartrate er</i>	54
TENSION HEADACHE	39	<i>topiramate</i>	10
TEPMETKO	23	<i>toremifene citrate</i>	17
<i>terazosin hcl</i>	54	<i>torse mide</i>	37
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TRACLEER	72	TROPHAMINE	47
TRADJENTA	31	<i>trospium chloride</i>	54
<i>tramadol hydrochloride</i>	5	<i>trueplus insulin syringe /u-100/1ml/29g x</i>	66
<i>tramadol hydrochloride er</i>	4	<i>1/2"</i>	
<i>tramadol hydrochloride/acetaminophen</i>	5	<i>trueplus pen needles 29gx12mm</i>	66
<i>trandolapril</i>	35	TRULICITY	31
<i>trandolapril/verapamil hcl er</i>	37	TRUMENBA	64
<i>tranexamic acid</i>	34	TRUQAP	23
<i>tranylcypromine sulfate</i>	13	TRUSELTIQ	18
TRAVASOL	46	TUKYSA	23
<i>travoprost</i>	69	TURALIO	23
<i>trazodone hydrochloride</i>	13	<i>turqoz</i>	57
TRECTOR	16	TWINRIX	64
TRELEGY ELLIPTA	73	TYBOST	29
TRESIBA	32	TYPHIM VI	64
TRESIBA FLEXTOUCH	32	TYRVAYA	6
<i>tretinoin</i>	24	UBRELVY	16
<i>tretinoin</i>	42	UDENYCA	33
<i>tretinoin microsphere</i>	42	UDENYCA ONBODY	33
TREXALL	63	<i>unithroid</i>	58
<i>triamcinolone acetonide</i>	43	<i>ursodiol</i>	52
<i>triamcinolone acetonide</i>	55	<i>valacyclovir hydrochloride</i>	30
TRIAMCINOLONE ACETONIDE	70	VALCHLOR	17
<i>triamcinolone acetonide dental paste</i>	41	<i>valganciclovir</i>	27
<i>triamterene</i>	37	<i>valganciclovir hydrochloride</i>	27
<i>triamterene/hydrochlorothiazide</i>	37	<i>valproic acid</i>	10
<i>triazolam</i>	74	<i>valsartan</i>	34
TRI-BUFFERED ASPIRIN	4	<i>valsartan/hydrochlorothiazide</i>	37
<i>trientine hydrochloride</i>	47	VALTOCO 10 MG DOSE	11
<i>trifluoperazine hcl</i>	25	VALTOCO 15 MG DOSE	11
<i>trifluoperazine hydrochloride</i>	25	VALTOCO 20 MG DOSE	11
<i>trifluridine</i>	67	VALTOCO 5 MG DOSE	11
<i>trihexyphenidyl hcl</i>	24	<i>vancomycin</i>	8
<i>trihexyphenidyl hydrochloride</i>	24	<i>vancomycin hcl</i>	7
<i>trimethoprim</i>	7	<i>vancomycin hydrochloride</i>	8
<i>trimipramine maleate</i>	14	VANFLYTA	23
TRINTELLIX	13	VAQTA	64
TRIPLE ANTIBIOTIC	7	<i>varenicline starting month box</i>	6
<i>tri-sprintec</i>	57	<i>varenicline tartrate</i>	6
TRITOCIN	43	VARIVAX	64
TRIUMEQ	29	<i>velivet</i>	57
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<i>venlafaxine hydrochloride</i>	13	VITAMINS A & D	50
<i>venlafaxine hydrochloride er</i>	13	VITRAKVI	23
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VEOZAH	40	VIZIMPRO	23
<i>verapamil hcl</i>	36	VONJO	18
<i>verapamil hcl er</i>	36	<i>voriconazole</i>	15
<i>verapamil hcl sr</i>	36	VOSEVI	27
<i>verapamil hydrochloride</i>	36	VOWST	52
<i>verapamil hydrochloride er</i>	36	VRAYLAR	26
VERQUVO	38	VUMERITY	40
VERSACLOZ	27	<i>vyfemla</i>	57
VERZENIO	23	VYZULTA	69
VIBRAMYCIN	10	<i>warfarin sodium</i>	33
<i>vigabatrin</i>	11	WART REMOVER MAXIMUM	43
<i>vigadrone</i>	11	STRENGTH	
<i>vigpoder</i>	11	WELIREG	53
VIIBRYD STARTER PACK	13	WHITE PETROLEUM JELLY	66
<i>vilazodone hydrochloride</i>	13	<i>wixela inhub</i>	73
VIRACEPT	29	XALKORI	23
VIREAD	29	XARELTO	33
VITAMIN A	49	XARELTO STARTER PACK	33
VITAMIN A & D	43	XATMEP	63
VITAMIN A PALMITATE	49	XCOPRI	12
VITAMIN B COMPLEX	49	XDEMVI	67
VITAMIN B1	47	XELJANZ	61
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VITAMIN B-1	49	XERMELO	51
VITAMIN B-12	49	XGEVA	65
VITAMIN B-2	49	XIFAXAN	52
VITAMIN B6	49	XIGDUO XR	31
VITAMIN B-6	49	XIIDRA	67
VITAMIN B-COMPLEX 100	49	XOFLUZA	30
VITAMIN C	49	XOLAIR	61
VITAMIN C GUMMIES	49	XOSPATA	23
VITAMIN C TR	49	XPOVIO	23
VITAMIN C-500 TIMED RELEASE	49	XPOVIO 60 MG TWICE WEEKLY	23
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<i>ziprasidone hcl</i>	27
<i>ziprasidone mesylate</i>	27
ZIRGAN	67
<i>zoledronic acid</i>	65
ZOLINZA	18
<i>zolpidem tartrate</i>	74
ZOMACTON	55
ZONISADE	12
<i>zonisamide</i>	12
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