	Page 1
1	IN THE UNITED STATES DISTRICT COURT
2	FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
3	HUNTINGTON DIVISION
4	
5	Christopher Fain, individually and on behalf of all
6	others similarly situated, et al.,
7	Plaintiffs,
8	vs. CIVIL ACTION NO. 3:20-cv-00740
9	William Crouch, et al.,
10	Defendants.
11	
12	
13	
14	REMOTE DEPOSITION OF BRIAN THOMPSON
15	
16	
17	
18	DATE: April 13, 2022
19	TIME: 8:00 a.m. CST
20	PLACE: Veritext Virtual Videoconference
21	
22	
23	
24	REPORTED BY: KELLEY E. ZILLES, RPR (Via Videoconference)
25	JOB NUMBER: 5128144

Page 2	Page 4
1 APPEARANCES	1 INDEX
2	2
3 On Behalf of the Plaintiffs (Via Videoconference):	3
4 TARA L. BORELLI, ESQ.	4 WITNESS: BRIAN THOMPSON PAGE
5 Lambda Legal Defense and Education Fund, Inc.	5
6 158 West Ponce De Leon Ave., Suite 105	6
7 Decatur, Georgia 30030	7 EXAMINATION BY ATTORNEY SMITH 8
8 470.225.5341	8
9 tborelli@lambdalegal.org	9
10	10
11 AVATARA SMITH-CARRINGTON, ESQ.	11 OBJECTIONS 25
12 Lambda Legal Defense and Education Fund, Inc.	12
13 3500 Oak Lawn Avenue, Suite 500	13
14 Dallas, Texas 75219	14
15 214.219.8585	15 REQUEST FOR CONFIDENTIAL PORTION 89
16 asmithcarrington@lambdalegal.org	16
17	17
18 ANNA PRAKASH, ESQ.	18
19 Nichols Kaster PLLP	19 EXHIBITS MARKED AND REFERRED TO:
20 80 South 8th Street, Suite 4700	20
21 Minneapolis, Minnesota 55402-2224	21 Exhibit 1 Plaintiffs' Amended Notice of
22 612.256.3291	22 30(b)(6) Deposition 20
23 aprakash@nka.com	23
24	24 Exhibit 2 Plaintiffs' Second Amended Notice of
25	25 30(b)(6) Deposition 22
Page 3	Page 5
1 WALT AUVIL, ESQ.	1 Exhibit 3 Defendants' Response to Plaintiffs'
2 The Employment Law Center, PLLC	2 First Set of Interrogatories to
3 1208 Market Street	3 Defendants William Crouch, Cynthia Beane,
4 Parkersburg, West Virginia 26101	4 and West Virginia Department of Health
5 304.485.3058	5 and Human Resources, Bureau For Medical
6 auvil@theemploymentlawcenter.com	6 Services 24
7	7
8 On Behalf of Defendants William Crouch; Cynthia Beane;	8 Exhibit 4 Email Chain to James Becker, From
9 and West Virginia Department of Health and Human	9 Cynthia Beane, 10/8/20, Subject: FW: Re:
10 Resources, Bureau for Medical Services (Via	10Gender Dysphoria (DHHRBMS012665-68)38
11 Videoconference):	11
12 KIMBERLY M. BANDY, ESQ.	12 Exhibit 5 Defendants' Ninth Supplemental Response
13 Shuman McCuskey Slicer, PLLC	13 to Plaintiffs' First Set of Requests
14 1411 Virginia Street East, Suite 200	14 for Production to Defendants William
15 Charleston, West Virginia 25301	15 Crouch, Cynthia Beane, and West Virginia
16 304.345.1400	16 Department of Health and Human Resources,
17 kbandy@shumanlaw.com	17Bureau For Medical Services
18	18
19	19 Exhibit 6 Email Chain From Stephen Small, 9/29/16,
20	20 Subject: FW: Transgender Information
21	21 (DHHRBMS021582-620) 47
22 NOTE: The original deposition transcript will be	22
23 delivered to Attorney Smith, Esq., as the taking	23
24 attorney.	24
25	25

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1	Exhibit 7 Defendants' First Supplemental Response	1	BRIAN THOMPSON,
2	to Plaintiffs' First Set of Requests For	2	duly sworn, was examined and testified as follows:
3	Production to Defendants William Crouch,	3	EXAMINATION
4	Cynthia Beane, and West Virginia Department	4	BY ATTORNEY SMITH:
5	Of Health and Human Resources, Bureau For	5	Q. Good morning, Mr. Thompson. My name is Avatara
6	Medical Services 52	6	Smith-Carrington, I'm an attorney with Lambda Legal. I
7		7	use they/them pronouns, so feel free to use either
8	Exhibit 8 Chapter 518 Pharmacy Services	8	counsel or Counsel Smith if needed during this. And
9	(DHHRBMS000109-144) 56	9	also, just so you know, I represent the plaintiffs in
10		10	this matter, okay?
11	Exhibit 9 Preferred Drug List With Prior	11	A. Nice to meet you.
12	Authorization Criteria	12	Q. It's nice to meet you as well. So before we get
13	(DHHRBMS000145-198) 58	13	into the substance of this, I wanted to go over some
14		14	ground rules with the hopes of making things a little
15	Exhibit 10 2022 Limits Preferred Drug List	15	easier and we don't hit any bumpy pieces, okay?
16	(DHHRBMS021564-81) 69	16	A. All right.
17		17	Q. So, let's see. Let's do our best to not speak
18	Exhibit 11 Hormone Data (DHHRBMS021563)	18	over each other and please use verbal answers so the
19		19	court reporter can transcribe your answers accurately.
20	Exhibit 12 Defendants' Sixth Supplemental Response	20	Nodding or shaking your head cannot be captured by the
21	to Plaintiffs' First Set of Requests	21	court reporter. Is that fair?
22	For Production to Defendants William	22	A. Yes.
23	Crouch, Cynthia Beane, and West Virginia	23	Q. You're aware that this deposition is happening
24	Department of Health and Human Resources,		virtually and that means that we are not in a shared
25	Bureau For Medical Services	25	physical space, so to the extent that you have any
	Page 7		Page 9
	Exhibit 13 Claim Information for Hormones	1	documents in front of you or that you're planning to
2	(DHHRBMS016224)		refer to something or you're looking at something else
3			on your screen, it would be helpful to know what that
	Exhibit 14 West Virginia Controlled Substance		might be, of course this is besides Exhibit Share, okay?
5	Full Name Report (DHHRBMS016226-28) 89	5	5
6		6	Q. All right. We can take breaks whenever you need
/	Exhibit 15 Controlled Substance Member Notes		
0	(DUUDD) (001 (000 000) 00		to, however, if there's an outstanding question that I
8	(DHHRBMS016229-230) 90	8	have asked that you have not answered, I would ask that
9		8 9	have asked that you have not answered, I would ask that you answer that question first before we take a break,
9 10	Exhibit 16 Substance Report Member Notes	8 9 10	have asked that you have not answered, I would ask that you answer that question first before we take a break, okay?
9 10 11		8 9 10 11	have asked that you have not answered, I would ask that you answer that question first before we take a break, okay?A. Okay.
9 10 11 12	Exhibit 16 Substance Report Member Notes (DHHRBMS021560-562) 92	8 9 10 11 12	have asked that you have not answered, I would ask that you answer that question first before we take a break, okay?A. Okay.Q. As to be expected, sometimes we have technology
9 10 11 12 13	Exhibit 16 Substance Report Member Notes (DHHRBMS021560-562)	8 9 10 11 12 13	have asked that you have not answered, I would ask that you answer that question first before we take a break, okay?A. Okay.Q. As to be expected, sometimes we have technology issues. So if ever there's a moment that you can't hear
9 10 11 12 13 14	 Exhibit 16 Substance Report Member Notes (DHHRBMS021560-562)	8 9 10 11 12 13 14	have asked that you have not answered, I would ask that you answer that question first before we take a break, okay?A. Okay.Q. As to be expected, sometimes we have technology issues. So if ever there's a moment that you can't hear me or you're having issues on your end, whether it's
9 10 11 12 13 14 15	 Exhibit 16 Substance Report Member Notes (DHHRBMS021560-562)	8 9 10 11 12 13 14 15	 have asked that you have not answered, I would ask that you answer that question first before we take a break, okay? A. Okay. Q. As to be expected, sometimes we have technology issues. So if ever there's a moment that you can't hear me or you're having issues on your end, whether it's being heard or your camera is acting wonky, just wave
9 10 11 12 13 14 15 16	 Exhibit 16 Substance Report Member Notes (DHHRBMS021560-562)	8 9 10 11 12 13 14 15 16	 have asked that you have not answered, I would ask that you answer that question first before we take a break, okay? A. Okay. Q. As to be expected, sometimes we have technology issues. So if ever there's a moment that you can't hear me or you're having issues on your end, whether it's being heard or your camera is acting wonky, just wave your hand. Also, it might be beneficial to pay
9 10 11 12 13 14 15 16 17	 Exhibit 16 Substance Report Member Notes (DHHRBMS021560-562)	8 9 10 11 12 13 14 15 16 17	 have asked that you have not answered, I would ask that you answer that question first before we take a break, okay? A. Okay. Q. As to be expected, sometimes we have technology issues. So if ever there's a moment that you can't hear me or you're having issues on your end, whether it's being heard or your camera is acting wonky, just wave your hand. Also, it might be beneficial to pay attention to your screen because sometimes the court
9 10 11 12 13 14 15 16 17 18	 Exhibit 16 Substance Report Member Notes (DHHRBMS021560-562)	8 9 10 11 12 13 14 15 16 17 18	have asked that you have not answered, I would ask that you answer that question first before we take a break, okay? A. Okay. Q. As to be expected, sometimes we have technology issues. So if ever there's a moment that you can't hear me or you're having issues on your end, whether it's being heard or your camera is acting wonky, just wave your hand. Also, it might be beneficial to pay attention to your screen because sometimes the court reporter will also wave her hand to let you know if she
 9 10 11 12 13 14 15 16 17 18 19 	 Exhibit 16 Substance Report Member Notes (DHHRBMS021560-562)	8 9 10 11 12 13 14 15 16 17 18 19	have asked that you have not answered, I would ask that you answer that question first before we take a break, okay? A. Okay. Q. As to be expected, sometimes we have technology issues. So if ever there's a moment that you can't hear me or you're having issues on your end, whether it's being heard or your camera is acting wonky, just wave your hand. Also, it might be beneficial to pay attention to your screen because sometimes the court reporter will also wave her hand to let you know if she can't hear you or if she needs you to slow down or needs
 9 10 11 12 13 14 15 16 17 18 19 20 	 Exhibit 16 Substance Report Member Notes (DHHRBMS021560-562)	8 9 10 11 12 13 14 15 16 17 18 19 20	 have asked that you have not answered, I would ask that you answer that question first before we take a break, okay? A. Okay. Q. As to be expected, sometimes we have technology issues. So if ever there's a moment that you can't hear me or you're having issues on your end, whether it's being heard or your camera is acting wonky, just wave your hand. Also, it might be beneficial to pay attention to your screen because sometimes the court reporter will also wave her hand to let you know if she can't hear you or if she needs you to slow down or needs you to repeat something, okay?
 9 10 11 12 13 14 15 16 17 18 19 20 21 	 Exhibit 16 Substance Report Member Notes (DHHRBMS021560-562)	8 9 10 11 12 13 14 15 16 17 18 19 20 21	 have asked that you have not answered, I would ask that you answer that question first before we take a break, okay? A. Okay. Q. As to be expected, sometimes we have technology issues. So if ever there's a moment that you can't hear me or you're having issues on your end, whether it's being heard or your camera is acting wonky, just wave your hand. Also, it might be beneficial to pay attention to your screen because sometimes the court reporter will also wave her hand to let you know if she can't hear you or if she needs you to slow down or needs you to repeat something, okay? A. Okay.
9 10 11 12 13 14 15 16 17 18 19 20 21 22	 Exhibit 16 Substance Report Member Notes (DHHRBMS021560-562)	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 have asked that you have not answered, I would ask that you answer that question first before we take a break, okay? A. Okay. Q. As to be expected, sometimes we have technology issues. So if ever there's a moment that you can't hear me or you're having issues on your end, whether it's being heard or your camera is acting wonky, just wave your hand. Also, it might be beneficial to pay attention to your screen because sometimes the court reporter will also wave her hand to let you know if she can't hear you or if she needs you to slow down or needs you to repeat something, okay? A. Okay. Q. I am going to ask you questions and you must
9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 Exhibit 16 Substance Report Member Notes (DHHRBMS021560-562)	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 have asked that you have not answered, I would ask that you answer that question first before we take a break, okay? A. Okay. Q. As to be expected, sometimes we have technology issues. So if ever there's a moment that you can't hear me or you're having issues on your end, whether it's being heard or your camera is acting wonky, just wave your hand. Also, it might be beneficial to pay attention to your screen because sometimes the court reporter will also wave her hand to let you know if she can't hear you or if she needs you to slow down or needs you to repeat something, okay? A. Okay. Q. I am going to ask you questions and you must answer unless your counsel instructs you otherwise,
 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 	 Exhibit 16 Substance Report Member Notes (DHHRBMS021560-562)	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 have asked that you have not answered, I would ask that you answer that question first before we take a break, okay? A. Okay. Q. As to be expected, sometimes we have technology issues. So if ever there's a moment that you can't hear me or you're having issues on your end, whether it's being heard or your camera is acting wonky, just wave your hand. Also, it might be beneficial to pay attention to your screen because sometimes the court reporter will also wave her hand to let you know if she can't hear you or if she needs you to slow down or needs you to repeat something, okay? A. Okay. Q. I am going to ask you questions and you must answer unless your counsel instructs you otherwise, okay?

3 a 4	Q. If your counsel objects you still need to answer ny question unless they specifically instruct you not to	 care organization is? A. Yes.
3 a 4		
3 a 4		\angle A. 168.
4	answer. Do you understand?	3 Q. Okay. Can you tell me what one is?
	A. Yes.	4 A. Okay. We have three of them in West Virginia
5	Q. Okay. If you don't understand a question that I	5 and they typically manage the care of their own members,
	have asked, please let me know and I'm happy to try to	6 and we have something called fee for services, which is
	rephrase it and to clear it up for you. If you answer	7 what I'm in charge of. The managed care is paid a rate
	he question I will assume that you understood. Do you	8 to take care of their members, they're given a certain
	inderstand?	9 amount of money, and with that money they are expected
10	A. I do.	10 to provide medical care as necessary for their own
11	Q. Great. So, Mr. Thompson, how are you doing	11 members.
	oday?	12 Q. Okay. So if I refer to managed care
12 0	A. I'm fine. How are you?	13 organization by the abbreviation MCO, will you know what
13	Q. I'm doing well, thank you for asking. Is there	14 I mean?
	anything that would prevent you from testifying	15 A. Yes.
	ruthfully today? A. No.	16 Q. Great. We will be discussing care that
17		17 transgender people receive for the treatment of gender
18	Q. Okay. Have you ever been deposed before?	18 dysphoria, this care can include hormone replacement
19	A. No, this is my first time.	19 therapy, surgery, medical appointments and therapy. If
20	Q. All right. Well, I will hopefully make this a	20 I use gender confirming care during the deposition, will
	relatively smooth process for you, okay?	21 you understand what I mean?
22	A. Okay.	22 A. I do, yes.
23	Q. Have you ever testified in court before?	23 Q. Okay. We will also be talking today about the
24	A. No, I have not.	24 exclusion of care in Medicaid coverage for transgender
25	Q. Okay. So are you aware that you're giving	25 people. Are you familiar with the specific exclusion
	Page 11	Page 13
	deposition testimony today in a case called Fain versus	1 being challenged?
2 0	Crouch?	2 A. I believe so, yes.
3	A. I am, yes.	3 Q. Okay. And what is your understanding of that
4	Q. Okay. And are you familiar with what the	4 exclusion?
5 1	awsuit is about?	5 A. My understanding is that we, we do not pay for,
6	A. I am.	6 we do not cover the medical part of this, the surgeries,
7	Q. Okay. What is your understanding of what this	7 but we do cover hormone therapy.
81	awsuit is about?	8 Q. Okay. So if I refer to the exclusion throughout
9	A. So initially I, I thought it was about denial of	9 today you'll understand what I mean?
	services for treatment of gender dysphoria. From a	10 A. Yes, from a broad standpoint, yes.
_	pharmacy standpoint I understand, my understanding is	11 Q. Okay. So, Mr. Thompson, you are the director of
	hat the plaintiffs agree that we did not deny services,	12 pharmacy services of BMS at the West Virginia Departmen
13 s	so now this is to clarify policy surrounding gender	13 of Health and Human Resources, correct?
14 d	dysphoria.	14 A. Correct.
15	Q. Okay. I'd like to make sure that we're using	15 Q. All right. And what responsibilities fall under
16 c	common vocabulary for some of the questions that I'm	16 your role within BMS?
17 g	going to be asking today, okay?	17 A. So I'm expected to make policy regarding
18	A. Okay.	18 pharmaceutical coverage, I manage the budget for the
19	Q. We'll be talking about the West Virginia	19 pharmacy department and I have staff that configure
20 I	Department of Health and Human Resources, Bureau for	20 benefits for certain drugs and I also make policy around
21 1	Medical Services. If I refer to that governmental	21 exceptions to our criteria. In those cases a lot of
1 1 1	entity as BMS, will you understand what I mean?	22 times things are used off label, which we are given some
	A. Mm-hmm.	23 leeway as to how, how to choose to cover as a state.
22 e	A. Mm-hmm.Q. Okay, great. We will also be discussing managed	23 leeway as to how, how to choose to cover as a state.24 Q. Got it. And who is your direct supervisor?

Page 14	Page 16
1 Q. Okay. And how often do you report to him on	1 Q. Got it. And is there anything else before that
2 your work?	2 or would you say that that kind of accurately describes
A. I try to talk to him if not on a daily basis,	3 your previous history before BMS?
4 every couple days we do lunch, I see him twice a week	4 A. I would say that describes most of the work. I
5 maybe.	5 did, you know, I went through college, got my bachelors,
6 Q. Okay. And does anyone report to you?	6 went to graduate school and got my masters in
7 A. Yes, I have seven staff.	7 biochemistry, worked for a while in various labs,
8 Q. Okay. And do you mind going through who the	8 academic labs before deciding to get into pharmacy.
9 seven staff would be?	9 Q. Got it. So I think you kind of started
10 A. Sure, sure. So I have Bill Hopkins, he's our	10 discussing a little bit of your education history, but
11 operations manager, essentially a pharmacy technician;	11 let's see if I got this correct. Did you attend Case
12 I've got Gail Goodnight, she's our rebate pharmacist;	12 Western University?
13 I've got Anita Souder, she's a temp, long-time temp, she	13 A. I did.
14 works for outstanding claims, unusual claims, helps us	14 Q. Okay. And what degree was that for?
15 kind of manage our fraud abuse; Vickie Cunningham still	15 A. That was for biochemistry.
16 works part-time doing various, right now she's managing	16 Q. Okay. And what years?
17 Methadone reports and making sure patients are not	17 A. '91 to '95.
18 getting treated with dangerous combinations of	18 Q. Okay. And then did you also attend University
19 medication; I've got Lori Moles who is my appeals	19 of Kentucky?
20 pharmacist; and I have Priya Shah who is my drug	20 A. Yes, that was for graduate school.
21 utilization review coordinator, she's also a pharmacist;	21 Q. Okay. And what degree?
22 and I have Doug Sorvig, he's a data analyst.	A. That was a masters in biochemistry and medical
23 Q. Okay. And how long have you held your current	23 sciences.
24 role at BMS?	24 Q. Got it. And did you have any additional
A. This would be going on I believe three years	25 schooling?
Page 15	Page 17
1 now. I, I've been at Medicaid for about eight years	1 A. Pharm-D, a pharmacy degree, so I did that at
2 first as a DUR coordinator and then now as director the	2 University of Kentucky as well, and that's a four-year
3 last three.	3 program.
4 Q. And just so I understand what you just	4 Q. Okay.
5 mentioned, what exactly is a DUR coordinator?	5 A. And pharm-D is doctor of pharmacy.
6 A. Sure, sure. DUR stands for drug utilization	6 Q. Thank you very much, you caught onto what I was
7 review, so it's the generation, the DUR coordinator is a	7 getting to next. So, Mr. Thompson, we're here to take
8 federally required position that generates criteria for	8 the deposition of an organizational representative for
9 prior authorization and also ensures appropriate safety	9 BMS. Do you understand that?
10 edits are being used so the patient doesn't get harmed	10 A. Yes.
11 when we are covering medications.	11 Q. Okay. And you have been designated to give
12 Q. Great. So can you walk me through some of your	12 testimony as the organizational representative for BMS
13 previous employment history prior to joining BMS?	13 on certain topics that we'll discuss today. Do you
A. Sure. Well, before I became a pharmacist I was	14 understand that?
1. I. Sure. Wen, before i became a pharmacist i was	14 understand that:
15 a biochemist for 13 years and then started pharmacy	15 A. Yes.
15 a biochemist for 13 years and then started pharmacy	15 A. Yes.
15 a biochemist for 13 years and then started pharmacy16 school kind of late, got into pharmacy. My first job	15 A. Yes.16 Q. Okay. When were you notified that you would be
15 a biochemist for 13 years and then started pharmacy16 school kind of late, got into pharmacy. My first job17 was at CAMC here, a hospital pharmacist as an inpatient,	15 A. Yes.16 Q. Okay. When were you notified that you would be17 giving testimony as the organizational representative
15 a biochemist for 13 years and then started pharmacy16 school kind of late, got into pharmacy. My first job17 was at CAMC here, a hospital pharmacist as an inpatient,18 I did that for five years before coming to Medicaid.	 A. Yes. Q. Okay. When were you notified that you would be giving testimony as the organizational representative for BMS on some topics that plaintiffs have identified?
 15 a biochemist for 13 years and then started pharmacy 16 school kind of late, got into pharmacy. My first job 17 was at CAMC here, a hospital pharmacist as an inpatient, 18 I did that for five years before coming to Medicaid. 19 Q. And you quickly, you just mentioned CAMC, what 	 15 A. Yes. 16 Q. Okay. When were you notified that you would be 17 giving testimony as the organizational representative 18 for BMS on some topics that plaintiffs have identified? 19 A. February, like towards the end of February. I
 15 a biochemist for 13 years and then started pharmacy 16 school kind of late, got into pharmacy. My first job 17 was at CAMC here, a hospital pharmacist as an inpatient, 18 I did that for five years before coming to Medicaid. 19 Q. And you quickly, you just mentioned CAMC, what 20 does that stand for? 	 15 A. Yes. 16 Q. Okay. When were you notified that you would be 17 giving testimony as the organizational representative 18 for BMS on some topics that plaintiffs have identified? 19 A. February, like towards the end of February. I 20 don't know the exact date, I was at a conference and I
 15 a biochemist for 13 years and then started pharmacy 16 school kind of late, got into pharmacy. My first job 17 was at CAMC here, a hospital pharmacist as an inpatient, 18 I did that for five years before coming to Medicaid. 19 Q. And you quickly, you just mentioned CAMC, what 20 does that stand for? 21 A. Charleston Area Medical Center, it's the largest 	 15 A. Yes. 16 Q. Okay. When were you notified that you would be 17 giving testimony as the organizational representative 18 for BMS on some topics that plaintiffs have identified? 19 A. February, like towards the end of February. I 20 don't know the exact date, I was at a conference and I 21 got a text saying that I was a person of interest, so.
 15 a biochemist for 13 years and then started pharmacy 16 school kind of late, got into pharmacy. My first job 17 was at CAMC here, a hospital pharmacist as an inpatient, 18 I did that for five years before coming to Medicaid. 19 Q. And you quickly, you just mentioned CAMC, what 20 does that stand for? 21 A. Charleston Area Medical Center, it's the largest 22 hospital system in the state. 	 A. Yes. Q. Okay. When were you notified that you would be giving testimony as the organizational representative for BMS on some topics that plaintiffs have identified? A. February, like towards the end of February. I don't know the exact date, I was at a conference and I got a text saying that I was a person of interest, so. Fred Lewis let me know, yeah.

	Page 18		Page 20
1	A. I met with Kim Bandy, we went over various	1	Q. Exactly. So if you go into that folder you
2	exhibits that were submitted to, to the plaintiffs as	2	probably won't see anything yet, but there's a reason
	well, so we did that. When this first came to my		for me asking this question because I'm going to
	attention I also specifically looked into Christopher		actually introduce the first exhibit, okay?
	Fain's profile to see if there was anything I could do	5	A. Okay.
	at the time to assist in coverage, and so I became a	6	(Exhibit 1 marked for identification.)
	little familiarized with, I became pretty familiar with	7	Q. Okay. So if you refresh your screen you should
	that particular member's situation. And it's only been	8	be able to view an exhibit.
	recently that I became, you know, became aware of Shawn	9	A. Okay, yeah, I see Exhibit 1.
	Anderson's, Shauntae Anderson's as well. So I looked at	10	Q. Okay. So I'm guessing that you see what has
11	the profiles, I looked at the exhibits that you had as	11	been marked as, let's see, and I have Exhibit BT0001 and
	well.	12	I'm showing you what is essentially, what is the amended
13	Q. Okay. And did you have any other conversations	13	notice of 30(b)(6) deposition. Mr. Thompson, please
14	besides the one that you had with your attorney?	14	take a minute to review the document. Do you, do you
15	A. No, just I'm aware of some of the people that	15	recognize this document?
16	have been deposed as well, so we've had casual	16	A. Yes, it looks like basically the explanation of
17	conversations over, you know, what, what certain, where	17	the, of the case, isn't it? Let's see well, this is
18	some of the information came from, you know, just in	18	the notification of deposition, yes.
19	helping them get prepared as well, but nothing in depth.	19	Q. Got it.
20	Most of the conversations with, with Kim and Lou Ann	20	A. It's a list of everybody that you wanted to talk
21	Cyrus.	21	to.
22	Q. Okay.	22	Q. Exactly. Okay. And have you seen this document
23	A. I guess I did speak to Angie Wowczuk as well,	23	before?
24	she's the director at Rational Drug Therapy Program, so	24	A. I think I saw it yesterday actually, I can't say
	I asked her specifically what she knew about the	25	for sure it's the same one, but I remember seeing the
	Page 19		Page 21
1	situation as well since they are our prior authorization	1	list and I remember seeing, you know, there was a lot of
2	vendor.	2	exhibits.
3	Q. Got it. And just to make sure that I understood	3	Q. Okay.
4	you correctly, so you said Angie Wowczuk, and what is	4	A. I think I have seen this one, yes.
5	her position again?	5	Q. Okay. And have you been told that you've been
6	A. She's the director of Rational Drug Therapy	6	designated to speak as the organizational representative
7	Program, which we commonly refer to as RDTP, they're our	7	of BMS in response to certain topics contained in this
8	prior authorization vendor, so they would have been the	8	deposition notice?
9	first level of prior authorization. So if a drug gets	9	A. Yes, yeah.
10	denied when you go to the pharmacy, they have to call	10	Q. Okay, great. So we'll come back to this
11	Rational Drug Therapy Program to find out what's going	11	document throughout the day as we get through each
12	on. And so I called her to see if she could get me any	12	topic, but I just wanted to show it to you, okay?
13	information about the case. Normally I have access to	13	A. Okay. I thought the one I saw had my name on it
14	the prior authorization software, I wanted to make sure	14	too.
1		15	Q. Let's see. So this is interesting, this is the
15	I had everything that they had because sometimes they		
15	I had everything that they had because sometimes they record calls and things like that that I don't see.		one that doesn't actually have your name on it. Okay.
15		16 17	All right. I'm going to pull up the right one that has
15 16 17 18	record calls and things like that that I don't see. Q. Got it. Understood. All right. So I believe, Mr. Thompson, you said that you have access to Exhibit	16 17 18	All right. I'm going to pull up the right one that has your name on it. Actually, if it's okay, can we take a
15 16 17 18	record calls and things like that that I don't see. Q. Got it. Understood. All right. So I believe,	16 17 18	All right. I'm going to pull up the right one that has your name on it. Actually, if it's okay, can we take a quick five-minute break.
15 16 17 18	record calls and things like that that I don't see. Q. Got it. Understood. All right. So I believe, Mr. Thompson, you said that you have access to Exhibit	16 17 18	All right. I'm going to pull up the right one that has your name on it. Actually, if it's okay, can we take a
15 16 17 18 19	record calls and things like that that I don't see. Q. Got it. Understood. All right. So I believe, Mr. Thompson, you said that you have access to Exhibit Share?	16 17 18 19	All right. I'm going to pull up the right one that has your name on it. Actually, if it's okay, can we take a quick five-minute break.
15 16 17 18 19 20 21	record calls and things like that that I don't see.Q. Got it. Understood. All right. So I believe,Mr. Thompson, you said that you have access to ExhibitShare?A. Yes, yeah, I have it pulled up here.Q. All right. And were you able to find yourfolder specifically?	16 17 18 19 20	All right. I'm going to pull up the right one that has your name on it. Actually, if it's okay, can we take a quick five-minute break. A. Sure.
15 16 17 18 19 20 21 22 23	 record calls and things like that that I don't see. Q. Got it. Understood. All right. So I believe, Mr. Thompson, you said that you have access to Exhibit Share? A. Yes, yeah, I have it pulled up here. Q. All right. And were you able to find your folder specifically? A. I just pulled it up. I haven't done, I've never 	16 17 18 19 20 21 22	All right. I'm going to pull up the right one that has your name on it. Actually, if it's okay, can we take a quick five-minute break.A. Sure.Q. Great. Thank you very much, I'll be right back. ATTORNEY SMITH: Kelley, can we go off the record.
15 16 17 18 19 20 21 22 23 24	record calls and things like that that I don't see.Q. Got it. Understood. All right. So I believe,Mr. Thompson, you said that you have access to ExhibitShare?A. Yes, yeah, I have it pulled up here.Q. All right. And were you able to find yourfolder specifically?	16 17 18 19 20 21 22	All right. I'm going to pull up the right one that has your name on it. Actually, if it's okay, can we take a quick five-minute break.A. Sure.Q. Great. Thank you very much, I'll be right back. ATTORNEY SMITH: Kelley, can we go off the

	Page 22	Page 24
1	to introduce another exhibit.	1 requests, requests for admissions and request for
2	(Exhibit 2 marked for identification.)	2 production of documents directed to Defendants William
	BY ATTORNEY SMITH:	3 Crouch, Cynthia Beane and West Virginia Department of
4	Q. Okay. Mr. Thompson, if you refresh your page	4 Health and Human Resources, Bureau for Medical Services,
5	for Exhibit Share you should see a new exhibit, it will	5 and any discovery responses, responsive documents,
	have the Exhibit Number BT0002.	6 filings or productions by or on behalf of Defendants
7	A. Yep, I see it.	7 William Crouch, Cynthia Beane and West Virginia
8	Q. Great, okay. I have just introduced plaintiffs'	8 Department of Health and Human Resources, Bureau for
	second amended notice of 30(b)(6) deposition, Exhibit	9 Medical Services." Did I read that correctly?
	Number BT0002. If you want to take a minute to review	10 A. Yes.
	this document as well, Mr. Thompson, please feel free to	11 Q. Okay. If you will just hold on one second, I'm
	do so.	12 going to introduce another exhibit.
13	A. Okay.	13 (Exhibit 3 marked for identification.)
14	Q. Okay. So do you recognize this document?	14 Q. So if you refresh your Exhibit Share you should
15	A. Yes.	15 see what is marked as BT0003.
16	Q. And do you see your name at No. 10?	16 A. Okay, I have it open.
17	A. I do.	17 Q. Okay. So as we discussed earlier, you have been
18	Q. Okay, great. So this is the document that we	18 identified to speak about the following interrogatory.
	will come back to throughout the rest of the day and	19 And just so you know, I am showing you what has been
20		20 marked as BT0003, "Defendants' response to plaintiffs'
20	A. Okay.	21 first set of interrogatories to Defendants William
$\begin{vmatrix} 21\\22 \end{vmatrix}$	Q. All right. As an organizational representative	22 Crouch, Cynthia Beane and West Virginia Department of
	did you meet with any Medicaid participants who are	23 Health and Human Resources, Bureau for Medical
	transgender to prepare for today?	24 Services." Mr. Thompson, you have been designated to
25	A. No, I have several acquaintances that are	25 testify in response to interrogatory No. 3. Please take
-		
	D 22	D 25
1	Page 23 transgender, but L did not meet about this case with	Page 25
	transgender, but I did not meet about this case with	1 a moment to review this document, specifically the
2	transgender, but I did not meet about this case with them, I just know them.	 a moment to review this document, specifically the bottom of Page 2 and top of Page 3. Do you recognize
2 3	transgender, but I did not meet about this case with them, I just know them. Q. Okay. And as an organizational representative	 a moment to review this document, specifically the bottom of Page 2 and top of Page 3. Do you recognize this document?
2 3 4	transgender, but I did not meet about this case with them, I just know them. Q. Okay. And as an organizational representative did you meet with any mental health providers who	 a moment to review this document, specifically the bottom of Page 2 and top of Page 3. Do you recognize this document? A. Yeah, it does look familiar, yes.
2 3 4 5	transgender, but I did not meet about this case withthem, I just know them.Q. Okay. And as an organizational representativedid you meet with any mental health providers whospecialize in care for transgender people to prepare for	 a moment to review this document, specifically the bottom of Page 2 and top of Page 3. Do you recognize this document? A. Yeah, it does look familiar, yes. Q. Okay. And then did you review this document in
2 3 4 5 6	transgender, but I did not meet about this case with them, I just know them. Q. Okay. And as an organizational representative did you meet with any mental health providers who specialize in care for transgender people to prepare for today?	 a moment to review this document, specifically the bottom of Page 2 and top of Page 3. Do you recognize this document? A. Yeah, it does look familiar, yes. Q. Okay. And then did you review this document in connection with your testimony as the organizational
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Page 26	Page 28
1 pharmacy claims. I just wanted to pose that objection	1 and some of them we can create and customize according
2 there to the extent that there's any question about the	2 to our needs.
3 extent to which he was designated on this question.	3 Q. Okay. And, let's see. I'm going to read the
4 ATTORNEY SMITH: Understood.	4 response that was provided to this interrogatory. So if
5 Q. So I'll follow up. I understand from your	5 you start at the top of Page 3, I will read a section of
6 counsel that you have been designated to address this	6 that response, okay?
7 interrogatory as it relates to pharmacy claims, is that	7 A. Okay.
8 your understanding as well?	8 Q. Okay. So, "Further without waiving the
9 A. Yes.	9 objection with regard to hormone therapy, these
10 Q. Okay. Are you prepared to testify about this	10 defendants do not have a database where they keep track
11 interrogatory?	11 of the information in the manner requested. The data is
12 A. I am.	12 not kept in a manner which would allow them to identify
13 Q. Okay. And with respect to interrogatory 3	13 which patients have requested hormone therapy for gender
14 specifically, what did you do to prepare to testify	14 confirming care. Information is tracked by the
15 today?	15 medication or drug requested, not the diagnosis or
16 A. I tried to look at the history of our edits and	16 reason for the request. Upon information and belief,
17 coverage over certain medications that might be of	17 there are no gender edits for most estrogen and
18 interest to the case. You know, I had to research which	18 testosterone containing products, so coverage would not
19 drugs might be of interest. With pharmacy claims we	19 be denied on the basis that the hormone therapy was
20 don't, we don't separate things necessarily by	20 sought as part of gender confirming care." Did I read
21 diagnosis, they have to come in very quickly, so	21 that correctly?
22 diagnoses take a long time to get in there. So I had to	22 A. You did.
23 kind of look and see what the coverage policies were,	23 Q. Okay. And then, let's see. So just to confirm,
24 there's lots of different edits, some of them come from	24 BMS covers hormone replacement therapy for treatment of
25 federal sources, national sources, some of them are	25 gender dysphoria, correct?
Page 27	Page 29
1 things that we have customized over the course of the	1 A. Yes. I think it would be more accurate to say
2 generation of the program, you know, through multiple	2 that we don't restrict it. We would never, for
3 directors and with as many drugs as there are, you know,	3 instance, if testosterone is run through, we would never
4 there's no way for me to know every edit on every drug,	4 know what it was being used for unless a human being
5 so I had to do a little bit of research on that.	5 told us what it was being used for. There's not a
6 Q. Okay. So just as a follow-up to that, what is	6 diagnosis requirement when you enter a claim at a retail
7 an edit?	7 pharmacy that would stop it. It might get stopped for
8 A. So an edit is anything that might well, it's	8 some other reason at which case then you would have a
0 comparelly algorithmic 11 it is -1 - to if	
9 generally electronic, well, it is electronic. So if you	9 conversation and find out what it's being used for.
	-
10 imagine going to the pharmacy with your prescription and	9 conversation and find out what it's being used for.
10 imagine going to the pharmacy with your prescription and 11 they try and lump bill it to Medicaid, Medicaid's	9 conversation and find out what it's being used for.10 Q. Okay. So just to make sure that I understand
10 imagine going to the pharmacy with your prescription and11 they try and lump bill it to Medicaid, Medicaid's12 pharmacy software will take that drug and look to see if	 9 conversation and find out what it's being used for. 10 Q. Okay. So just to make sure that I understand 11 what you're describing, so essentially, and correct me
 10 imagine going to the pharmacy with your prescription and 11 they try and lump bill it to Medicaid, Medicaid's 12 pharmacy software will take that drug and look to see if 13 there's any other dangerous drugs that you have that 	 9 conversation and find out what it's being used for. 10 Q. Okay. So just to make sure that I understand 11 what you're describing, so essentially, and correct me 12 if I'm wrong, the diagnosis would not stop the claim,
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 10 imagine going to the pharmacy with your prescription and 11 they try and lump bill it to Medicaid, Medicaid's 12 pharmacy software will take that drug and look to see if 13 there's any other dangerous drugs that you have that 14 might be dangerous if taken at the same time. 15 It is also going to look at things like age, in 	 9 conversation and find out what it's being used for. 10 Q. Okay. So just to make sure that I understand 11 what you're describing, so essentially, and correct me 12 if I'm wrong, the diagnosis would not stop the claim, 13 but there are other data points that could? 14 A. Yeah, like those edits that I was talking about,
 10 imagine going to the pharmacy with your prescription and 11 they try and lump bill it to Medicaid, Medicaid's 12 pharmacy software will take that drug and look to see if 13 there's any other dangerous drugs that you have that 14 might be dangerous if taken at the same time. 15 It is also going to look at things like age, in 16 some cases it might be gender depending on, there are 	 9 conversation and find out what it's being used for. 10 Q. Okay. So just to make sure that I understand 11 what you're describing, so essentially, and correct me 12 if I'm wrong, the diagnosis would not stop the claim, 13 but there are other data points that could? 14 A. Yeah, like those edits that I was talking about, 15 if you try to fill it too early. A lot of injectables
 10 imagine going to the pharmacy with your prescription and 11 they try and lump bill it to Medicaid, Medicaid's 12 pharmacy software will take that drug and look to see if 13 there's any other dangerous drugs that you have that 14 might be dangerous if taken at the same time. 15 It is also going to look at things like age, in 16 some cases it might be gender depending on, there are 17 some drugs that are handled differently by a female 	 9 conversation and find out what it's being used for. 10 Q. Okay. So just to make sure that I understand 11 what you're describing, so essentially, and correct me 12 if I'm wrong, the diagnosis would not stop the claim, 13 but there are other data points that could? 14 A. Yeah, like those edits that I was talking about, 15 if you try to fill it too early. A lot of injectables 16 are only stopped because they are an injectable because
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 10 imagine going to the pharmacy with your prescription and 11 they try and lump bill it to Medicaid, Medicaid's 12 pharmacy software will take that drug and look to see if 13 there's any other dangerous drugs that you have that 14 might be dangerous if taken at the same time. 15 It is also going to look at things like age, in 16 some cases it might be gender depending on, there are 17 some drugs that are handled differently by a female 18 versus a male, different dosing. Early refills, so if 19 you go and you filled it two days ago and you're trying 20 to get another 30-day supply, those are edits, anything 21 that will stop a claim from paying immediately. 	 9 conversation and find out what it's being used for. 10 Q. Okay. So just to make sure that I understand 11 what you're describing, so essentially, and correct me 12 if I'm wrong, the diagnosis would not stop the claim, 13 but there are other data points that could? 14 A. Yeah, like those edits that I was talking about, 15 if you try to fill it too early. A lot of injectables 16 are only stopped because they are an injectable because 17 of the nature, it's just a little bit more of a concern 18 for safety when you're injecting something as opposed to 19 giving somebody pills that you can discontinue the pills 20 mid therapy. If you inject it, you know, there's
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 10 imagine going to the pharmacy with your prescription and 11 they try and lump bill it to Medicaid, Medicaid's 12 pharmacy software will take that drug and look to see if 13 there's any other dangerous drugs that you have that 14 might be dangerous if taken at the same time. 15 It is also going to look at things like age, in 16 some cases it might be gender depending on, there are 17 some drugs that are handled differently by a female 18 versus a male, different dosing. Early refills, so if 19 you go and you filled it two days ago and you're trying 20 to get another 30-day supply, those are edits, anything 21 that will stop a claim from paying immediately. 22 And so there's a whole library of these, there's 	 9 conversation and find out what it's being used for. 10 Q. Okay. So just to make sure that I understand 11 what you're describing, so essentially, and correct me 12 if I'm wrong, the diagnosis would not stop the claim, 13 but there are other data points that could? 14 A. Yeah, like those edits that I was talking about, 15 if you try to fill it too early. A lot of injectables 16 are only stopped because they are an injectable because 17 of the nature, it's just a little bit more of a concern 18 for safety when you're injecting something as opposed to 19 giving somebody pills that you can discontinue the pills 20 mid therapy. If you inject it, you know, there's 21 nothing you can do until they metabolize the drug, so. 22 So in the conversation of, if you do have a conversation

	Page 30		Page 32
1	that, no policy for that.	1	Q. Okay. But claims for hormone replacement
2	Q. Okay. And does that apply, or does that include	2	therapy must have a diagnosis code at some point in the
3	both estrogen and testosterone, so talking about hormone	3	process, correct?
4	replacement therapy broadly, does that when you narrow	4	A. Not for pharmacy. So pharmacy claims are
5	it down include estrogen and testosterone?	5	real-time, they have to, you know, in any given second,
6	A. It does, yes.	6	I forgot what it is, it's like .2 seconds or something,
7	Q. And does that include any other hormones?	7	they have to go very quickly. And when you have a drug
8	A. Yeah, if it's so all of these, so the use of	8	that requires prior authorization the typical standard
9	testosterone and estrogen in various other drugs that	9	is to get a prior authorization handled in three days.
10	are typically used in gender confirming care, they are	10	The problem with requiring a diagnosis is on the
11	all off label use right now, the FDA hasn't approved	11	medical side a diagnosis might not be documented for up
12	those. So there's not, there's not a policy around, so	12	to a year, so it's impractical from the pharmacy side to
13	I guess what I'm saying is that with off label use they	13	require somebody enter a diagnosis on every claim
14	often require discussion about why it's being used,	14	because that diagnosis might simply not exist. But in
15	about the proper dosing and the proper frequency of use.	15	the course of a conversation with a physician's office,
16	So there is no, like there are no edits that would stop	16	that is a little different, you can ask them why they
17	those from going through for various diagnoses.	17	prescribed it. But as I said, we don't have a
18	The only time that we would even become aware of	18	requirement for any, for ICD-10 codes, things like that,
19	why it would be used would be if there's some other	19	diagnosis codes on these drugs.
20	reason that the drug stops. Estrogens don't get stopped	20	There are drugs that do have criteria where we
21	a lot because of birth control, things like that,	21	want to know what they're using it for because there's
22	they're oral. Testosterones get stopped a little bit	22	different dosing regimens and things like that, but in
23	more because they are very common used injectables, so	23	general we can't, it's not practical to require
24	they are stopped just simply because they're an	24	diagnosis codes on a pharmacy claim.
25	injectable.	25	Q. Understood. And just as a follow-up to that, on
	Page 31		Page 33
1	Q. Understood. And I think you clarified this, but	1	prior authorization forms is there a field that collects
2	just to make sure, so if a claim was submitted and the	2	information regarding diagnosis?
3	only code attached was for gender dysphoria, that care	3	A. Yeah, yes. So some drugs have specific prior
4	would be covered?	4	authorization forms designed to help the flow of
5	A. Yeah, I don't even know how you would attach		questions for that drug, but we have a general PA form
6	that code. So in the specific case if somebody was to	6	which can be used for any drug, anything that you're
7	order testosterone cypionate, an injectable form of	7	using off label or whatever and there is a little spot
8	testosterone, it would require a PA, a prior	8	where you put in what it's being used for and also what
9	authorization simply because it's an injectable and in	9	you previously used for treatment of whatever you're
	authorization simply because it's an injectable and in the course of the conversation it might be asked why		you previously used for treatment of whatever you're asking it for.
10			
10 11	the course of the conversation it might be asked why	10 11	asking it for.
10 11 12	the course of the conversation it might be asked why they're using it. Because normally if you're using it	10 11 12	asking it for. Q. Okay. And just to confirm what I think I heard
10 11 12 13	the course of the conversation it might be asked why they're using it. Because normally if you're using it for hypogonadism, there would be levels, testosterone	10 11 12 13	asking it for. Q. Okay. And just to confirm what I think I heard you say earlier, if a patient required hormone
10 11 12 13 14	the course of the conversation it might be asked why they're using it. Because normally if you're using it for hypogonadism, there would be levels, testosterone levels that you'd have to get because it could harm a	10 11 12 13 14	asking it for. Q. Okay. And just to confirm what I think I heard you say earlier, if a patient required hormone replacement therapy for treatment of gender dysphoria
10 11 12 13 14 15	the course of the conversation it might be asked why they're using it. Because normally if you're using it for hypogonadism, there would be levels, testosterone levels that you'd have to get because it could harm a patient, if you gave it to somebody who had normal	10 11 12 13 14	asking it for. Q. Okay. And just to confirm what I think I heard you say earlier, if a patient required hormone replacement therapy for treatment of gender dysphoria only, they would receive treatment for that hormone
10 11 12 13 14 15 16	the course of the conversation it might be asked why they're using it. Because normally if you're using it for hypogonadism, there would be levels, testosterone levels that you'd have to get because it could harm a patient, if you gave it to somebody who had normal testosterone levels you could actually cause	10 11 12 13 14 15	asking it for. Q. Okay. And just to confirm what I think I heard you say earlier, if a patient required hormone replacement therapy for treatment of gender dysphoria only, they would receive treatment for that hormone replacement therapy, correct?
10 11 12 13 14 15 16 17	the course of the conversation it might be asked why they're using it. Because normally if you're using it for hypogonadism, there would be levels, testosterone levels that you'd have to get because it could harm a patient, if you gave it to somebody who had normal testosterone levels you could actually cause infertility, so there are safety reasons to ask why	10 11 12 13 14 15 16 17	 asking it for. Q. Okay. And just to confirm what I think I heard you say earlier, if a patient required hormone replacement therapy for treatment of gender dysphoria only, they would receive treatment for that hormone replacement therapy, correct? A. Oh, definitely, yes.
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 10 11 12 13 14 15 16 17 18 19 	the course of the conversation it might be asked why they're using it. Because normally if you're using it for hypogonadism, there would be levels, testosterone levels that you'd have to get because it could harm a patient, if you gave it to somebody who had normal testosterone levels you could actually cause infertility, so there are safety reasons to ask why you're using it. But in this case when you're made aware it's for gender dysphoria, you don't have to worry	10 11 12 13 14 15 16 17 18 19	 asking it for. Q. Okay. And just to confirm what I think I heard you say earlier, if a patient required hormone replacement therapy for treatment of gender dysphoria only, they would receive treatment for that hormone replacement therapy, correct? A. Oh, definitely, yes. Q. Okay. BMS sometimes covers puberty delaying care for the treatment of gender dysphoria, correct?
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 10 11 12 13 14 15 16 17 18 19 20 21 22 	the course of the conversation it might be asked why they're using it. Because normally if you're using it for hypogonadism, there would be levels, testosterone levels that you'd have to get because it could harm a patient, if you gave it to somebody who had normal testosterone levels you could actually cause infertility, so there are safety reasons to ask why you're using it. But in this case when you're made aware it's for gender dysphoria, you don't have to worry about those levels as much because you're not, you're using it for a different reason. So in the course of conversation for any drug,	10 11 12 13 14 15 16 17 18 19 20 21 22	 asking it for. Q. Okay. And just to confirm what I think I heard you say earlier, if a patient required hormone replacement therapy for treatment of gender dysphoria only, they would receive treatment for that hormone replacement therapy, correct? A. Oh, definitely, yes. Q. Okay. BMS sometimes covers puberty delaying care for the treatment of gender dysphoria, correct? A. Yes, we have. It's a little bit more, there's a little bit more safety concern when you're dealing with children because there are long-term effects from
 10 11 12 13 14 15 16 17 18 19 20 21 22 23 	the course of the conversation it might be asked why they're using it. Because normally if you're using it for hypogonadism, there would be levels, testosterone levels that you'd have to get because it could harm a patient, if you gave it to somebody who had normal testosterone levels you could actually cause infertility, so there are safety reasons to ask why you're using it. But in this case when you're made aware it's for gender dysphoria, you don't have to worry about those levels as much because you're not, you're using it for a different reason. So in the course of conversation for any drug, the reason, the diagnosis is very important to how you	10 11 12 13 14 15 16 17 18 19 20 21 22 23	 asking it for. Q. Okay. And just to confirm what I think I heard you say earlier, if a patient required hormone replacement therapy for treatment of gender dysphoria only, they would receive treatment for that hormone replacement therapy, correct? A. Oh, definitely, yes. Q. Okay. BMS sometimes covers puberty delaying care for the treatment of gender dysphoria, correct? A. Yes, we have. It's a little bit more, there's a little bit more safety concern when you're dealing with children because there are long-term effects from delaying puberty. So every case with something like

Page 34	Page
1 A. Jim Becker.	1 A. Yes.
2 Q. Okay. And I'm sorry if I cut you off, were you	2 Q. Okay. And does the EPSDT program sometimes
3 going to explain something further?	3 approve broader coverage for minors than the Medicaid
4 A. I was just going to say in my memory I think	4 program does for adults? I think I heard you say yes,
5 we've maybe only done, we've maybe done this two or	5 but I just want to make sure I'm correct on that.
6 three times since I've been here. Usually there is, the	6 A. Yes, they definitely do, yes.
7 FDA approves indications for precocious puberty, but	7 Q. Okay. And is it possible for puberty delaying
8 specifically delaying puberty for gender dysphoria is a,	8 treatment to be covered through the EPSDT program?
9 that's a very, that's something we have to review on	9 A. I imagine it could be, I've never seen one
10 very case-by-case basis.	10 requested in that manner. As I said, as both father and
11 Q. Okay.	11 a pharmacist, I'm concerned when you are doing a care
12 A. Because there's long-term effects, yeah.	12 for a child that is very young and still developing that
13 Q. And just to make sure I understood or heard you	13 could have long-term health effects like detrimental
14 correctly, in the past there have been times where BMS	14 effects because there are a lot of concerns when you're
15 has covered puberty delaying treatment at least two or	15 treating a child. So I think that might be why I don't
16 three times, correct?	16 get requests very commonly.
17 A. Yes, but as I said, I think most of those may	17 Like I said, I can only recall one request for
18 have been for precocious puberty, which is an FDA	18 gender care, it was actually in I think an 11-year-old.
19 approved indication. I may have only seen one where	19 So the vast majority of these things come on in adults
20 there was a discussion over gender, you know, gender	20 that can make decisions for themselves. So I, I haven't
21 dysphoria for a very young child and that is sort of a	21 seen any EPSDT requests used in that manner. Usually
22 policy decision that goes above me.	22 they're used for nutritional supplements and things like
23 Q. And by policy decision that goes above you,	23 that for very young children because those are not,
24 could you explain what that means?	24 nutritional supplements are not normally covered by
A. It was a medical claim. So some drugs are, they	25 Medicaid.
Page 35	Page
1 are implants, so they're not really a pharmacy claim,	1 Q. But you said that puberty delaying coverage
2 you know, they're not something you can just go into the	2 could conceivably be covered through EPSDT, is that
3 pharmacy and just get or have the doctor administer it.	3 correct?
4 This was one that required a surgical procedure I	4 A. I say that only because I've always been told
5 believe. And so ultimately I was asked my opinion on	5 that anything could get approved through EPSDT if you
6 it, I discussed it with Dr. Becker, but I think it went	6 could defend why it was medically necessary.
7 up to the commissioner as well about it, so.	7 Q. Okay.
8 Q. Okay. Are you familiar with the early and	8 A. But the other thing you have to remember is with
9 periodic screening diagnosis and treatment program?	9 EPSDT it's not really necessary if they have full
10 A. Mm-hmm, yes.	10 Medicaid and it's already something we cover, it's
11 Q. Okay. And what is it?	11 generally used for those things that we don't already
12 A. It's a, it's a benefit that's offered, it's	12 cover or for children that don't have full Medicaid.
13 actually required for children. It's basically, the	13 Q. You testified earlier that requests for puberty
	14 delaying treatment are subject to a review process,
14 simplest way to say it is it's a route to get anything	15 correct?
15 you need that can be demonstrated medically necessary	
15 you need that can be demonstrated medically necessary16 for a child that would not normally be covered under	16 A. Yeah. Well, every drug is subject to some sort
15 you need that can be demonstrated medically necessary16 for a child that would not normally be covered under17 Medicaid. So you can get probiotics, you can get soaps,	A. Yeah. Well, every drug is subject to some sortof drug utilization review, whether it's automatic or
15 you need that can be demonstrated medically necessary16 for a child that would not normally be covered under17 Medicaid. So you can get probiotics, you can get soaps,18 anything that if the doctor can give medical reasoning	A. Yeah. Well, every drug is subject to some sortof drug utilization review, whether it's automatic orelectronic edits or because it requires a prior
 15 you need that can be demonstrated medically necessary 16 for a child that would not normally be covered under 17 Medicaid. So you can get probiotics, you can get soaps, 18 anything that if the doctor can give medical reasoning 19 why it needs to be covered, you can get it through 	 A. Yeah. Well, every drug is subject to some sort of drug utilization review, whether it's automatic or electronic edits or because it requires a prior authorization. And in those cases they would require
 15 you need that can be demonstrated medically necessary 16 for a child that would not normally be covered under 17 Medicaid. So you can get probiotics, you can get soaps, 18 anything that if the doctor can give medical reasoning 19 why it needs to be covered, you can get it through 20 EPSDT. It's not a guarantee that it will be covered, 	 A. Yeah. Well, every drug is subject to some sort of drug utilization review, whether it's automatic or electronic edits or because it requires a prior authorization. And in those cases they would require prior authorization just because a lot of those are
 15 you need that can be demonstrated medically necessary 16 for a child that would not normally be covered under 17 Medicaid. So you can get probiotics, you can get soaps, 18 anything that if the doctor can give medical reasoning 19 why it needs to be covered, you can get it through 20 EPSDT. It's not a guarantee that it will be covered, 21 you still have a bunch of forms that you have to fill 	 A. Yeah. Well, every drug is subject to some sort of drug utilization review, whether it's automatic or electronic edits or because it requires a prior authorization. And in those cases they would require prior authorization just because a lot of those are injectable if you're talking about the delaying, they're
 15 you need that can be demonstrated medically necessary 16 for a child that would not normally be covered under 17 Medicaid. So you can get probiotics, you can get soaps, 18 anything that if the doctor can give medical reasoning 19 why it needs to be covered, you can get it through 20 EPSDT. It's not a guarantee that it will be covered, 21 you still have a bunch of forms that you have to fill 22 out, but it's a program that will provide care to 	 A. Yeah. Well, every drug is subject to some sort of drug utilization review, whether it's automatic or electronic edits or because it requires a prior authorization. And in those cases they would require prior authorization just because a lot of those are injectable if you're talking about the delaying, they're typically injectable, long-acting injectable agents.
 15 you need that can be demonstrated medically necessary 16 for a child that would not normally be covered under 17 Medicaid. So you can get probiotics, you can get soaps, 18 anything that if the doctor can give medical reasoning 19 why it needs to be covered, you can get it through 20 EPSDT. It's not a guarantee that it will be covered, 21 you still have a bunch of forms that you have to fill 22 out, but it's a program that will provide care to 23 children under the age of 18. 	 A. Yeah. Well, every drug is subject to some sort of drug utilization review, whether it's automatic or electronic edits or because it requires a prior authorization. And in those cases they would require prior authorization just because a lot of those are injectable if you're talking about the delaying, they're typically injectable, long-acting injectable agents. Q. Does that mean that under the right
 15 you need that can be demonstrated medically necessary 16 for a child that would not normally be covered under 17 Medicaid. So you can get probiotics, you can get soaps, 18 anything that if the doctor can give medical reasoning 19 why it needs to be covered, you can get it through 20 EPSDT. It's not a guarantee that it will be covered, 21 you still have a bunch of forms that you have to fill 22 out, but it's a program that will provide care to 	 A. Yeah. Well, every drug is subject to some sort of drug utilization review, whether it's automatic or electronic edits or because it requires a prior authorization. And in those cases they would require prior authorization just because a lot of those are injectable if you're talking about the delaying, they're typically injectable, long-acting injectable agents.

	Page 38		Page 40
1	A. Yes, I would say so.	1	indication. So they're the same, they're the same drug.
2	Q. I'm going to introduce another exhibit.	2	Histrelin has two different names, brand names. I don't
3	(Exhibit 4 marked for identification.)	3	know if the dosing is different or anything like that,
4	Q. All right. Do you see what has been marked as	4	but Supprelin LA I believe is, I believe that's an
5	Exhibit BT0004?	5	injection and that's used for precocious puberty. But
6	A. Let me refresh. Yep, I have it.	6	Vantas itself, the implant, is not used for, that's
7	Q. Okay. I'm showing you what has been marked as	7	typically used for prostate cancer.
8	Exhibit BT0004, it is an email with a subject, "Gender	8	Q. Has Vantas ever been used for precocious
9	dysphoria." In the lower right-hand corner of the	9	puberty, because I heard you mention typically?
10	document is Bates stamped DHHRBMS012665. Do you see	10	A. I've never seen, that was the first time I ever
11	that?	11	seen Vantas actually requested. As I said, it's a
12	A. I do.	12	medical claim. So that's when I looked it up and I was
13	Q. Okay. Please take a moment to review this	13	like this is an implant, this isn't even something that
14	email.	14	we would be responsible for covering as a pharmacy,
15	A. Yes.	15	we're an outpatient pharmacy. So I didn't know that it
16	Q. Okay.	16	would be, I've never seen it used for that, I don't know
17	A. This is the one I was referring to, yes.	17	if it's got a history of being used off label for that
18	Q. So you recognize this email, correct?	18	use either.
19	A. Yes.	19	Q. Okay. So what led you to drafting this email?
20	Q. Okay. So please scroll down to the page with	20	A. Excuse me?
21	the Bates stamp DHHRBMS012666.	21	Q. I'm sorry, what led you to drafting the email?
22	A. Okay.	22	So if I'm correct, it says, "Hi, Cindy," and I believe
23	Q. All right. I am going to read a portion of that	23	it's from you, correct?
24	email, it says, "Unfortunately Jim and I discussed this	24	A. Yes, yes. So my recollection is Jim walked into
25	case today before I saw your email. I did determine	25	my office one day and said that there was a request for
	Page 39		Page 41
1	that this isn't coverable through pharmacy services	1	this Vantas for use in a child and he wanted to know my
	because Vantas is a medical claim that requires surgical	2	thoughts on it, so we had this discussion. And I
3	implementation. We were in favor of approving their	-	believe that after he and I discussed it we were in
	request however and I faxed our response to RDTP before		favor of covering it, and so we were going to send an
	seeing your request to hold on a decision." Did I read		approval. Then we realized that there was actually some
6	that correctly?		opinions from above us that, you know, that were not
7	A. Yes.		sure that we should cover it, and partly because I think
8	Q. And what is Vantas?		it's a medical claim and the policies are a little
9	A. So Vantas is a drug called Histrelin, it's often		different from the medical side is my understanding.
	used to, it's actually FDA's, the FDA indication is for		You know, I'm just in charge of pharmacy, so.
	prostate cancer. So it's also something called a GnRH	11	So that's why I figured I better tell Cindy
	antagonist, so it's a gonadotropin-releasing hormone		about the conversation that we had. And I think that's,
	antagonist, so it can delay puberty in an off label		I have to reread this whole email again, but I believe
	sense. So it's one of these hormone therapies that I		that's why is because Cindy is my boss' boss, so I don't
	said a lot of them require prior authorization because		want to go against what she wants us to do either, so I
	they're an injectable, this one is an implant. So when		like to make sure that everybody is on the same page.
1	you're talking about using it in anybody, it's something		And so I think that when I realized that there had
1	you want to make sure it's being used safely. But when		already been a discussion at the higher level, I wrote
	you're talking about using it in a child, you know,		the email to let her know what we had talked about.
	there's a lot more to take into consideration.	20	Q. But after the discussion you had with Dr. Becker
21	Q. Is Vantas sometimes prescribed for the treatment		the two of you were in favor of covering it, correct?
	of precocious puberty?	22	A. Yeah, if asked our opinion would have been to
	A. There's a similar drug called Supprelin LA is	23	cover it. And to be honest, I don't know if I'd make
23		- ·	
24	used for precocious puberty. Vantas itself, the drug itself doesn't have, the manufacturer did not get that		that same decision right now, I'd have to see the case again, it's been a long time since I looked at it, I

Page 4	2 Page 44
1 don't know that I'd always make that decision.	1 Q. Did you review this document in connection with
2 But as I said, these are very case-by-case	2 your testimony as the organizational representative for
3 basis. Off label use, any time you're looking at a drug	3 BMS?
4 off label you're kind of putting yourself out there	4 A. Let me see if I can recognize it for sure. I'm
5 because the last thing you want to do is harm a patient,	5 sure we did, I can specifically speak to 15, but I think
6 and so we take that job very seriously. So I can't say	6 we have, yes.
7 that we would have approved this on any other patient	7 Q. Okay. In the middle of Page 4 you'll see text
8 and I can't exactly remember all the details about this	8 for plaintiffs' request for production of documents
9 case, why we decided in our opinion it should be	9 No. 15 that reads, "The Rational Drug Therapy Program
10 covered.	10 criteria for coverage of hormone therapy for transgender
11 Q. But in the appropriate case you might decide	11 and non-transgender West Virginia Medicaid
12 that coverage for puberty delaying treatment should be	12 participants." Did I read that correctly?
13 covered for gender dysphoria?	13 A. Yes.
14 A. Yes, I wouldn't rule it out. Again, you would	14 Q. Okay. And are you aware that counsel identified
15 have to have a good case, I would have to make sure that	15 you as the organizational representative to testify
16 the doctors involved were experts in the field, it	16 about documents produced by BMS in response to request
17 wasn't just, you know, a mid level practitioner doing	17 for production 15?
18 this, yeah.	18 A. Yes.
19 Q. You mentioned earlier and I did too Cindy, who	19 Q. Are you prepared to testify about this response?
20 exactly is Cindy?	20 A. I am.
21 A. Cindy Beane is the commissioner for Medicaid.	21 Q. And with respect to request for production 15
22 Q. Okay.	22 specifically, what did you do to prepare to testify
23 A. For BMS.	23 today?
24 Q. Okay. I'm going to introduce another exhibit	A. So I talked to Angie Wowczuk, asked for any
25 shortly.	25 policies that they might have, internal policies.
Page 4	Bage 45
1 A. And actually specifically, just to take a step	1 Sometimes in the past they have generated sort of
2 back, it looks like my email was drafted in response to	2 business rules where they have to have like seven or
3 Cindy sending out an email asking us to hold off on the	3 eight or nine pharmacists there, maybe a few more, I
4 approval while she discussed with leadership. So that's	4 don't remember how large their staff is right now, but
5 why I sent that when I saw that she wanted us to hold	5 you have people coming in and out. So they established
6 off and we had already, you know, recommended that we	6 policy to interpret the criteria that we put out and at
7 would cover it, yeah.	7 times they, we become aware that they are doing
8 Q. All right.	8 something or maybe they misunderstood what we wanted
9 (Exhibit 5 marked for identification.)	9 them to do.
10 Q. Okay. Do you see what has been marked as	10 So I wanted to talk to her and make sure that we
11 BT0005?	11 were on the same page, that they were applying policy
12 A. I do.	12 the way that we wanted them to apply it. I asked if
13 Q. Okay. I'm showing you what has been marked as	13 there were any other emails that I wasn't aware of with
14 BT0005, "Defendants' ninth supplement response to	14 prior directors, so Angie looked into that.
15 plaintiffs' first set of requests for production to	15 I also talked to Gainwell, they're the claims
16 Defendants William Crouch, Cynthia Beane and West	16 processor, to see if there were any, any documentation
17 Virginia Department of Health and Human Resources,	17 or anything like that regarding policy that might have
18 Bureau for Medical Services." Mr. Thompson, you have	18 involved Rational Drug Therapy. Because Rational Drug
19 been designated to testify about the response to request 20 for production 15. Place take a moment to review this	19 does the PA's, but they have to enter into the claim
20 for production 15. Please take a moment to review this	20 system edits, edit overrides, prior authorization
21 document, specifically the middle of Page 4.22 A. Okay.	21 approvals and everything, and that all gets translated
	22 over to the claims vendor, so they have to be able to 23 communicate together. So I triad to die for any sort of
23 Q. Do you recognize this document?24 A. They all kind of blend together, but I think I	23 communicate together. So I tried to dig for any sort of24 historical documentation that might have existed. Since
A. They all kind of blend together, but I think I25 recognize this one.	24 Instorical documentation that high have existed. Since 25 Angie is a new director, she became director roughly
	2.5 Angle is a new unector, she became director roughly

Page 46	Page 48
1 about the same time I did, and I believe that the policy	1 Please take a moment to review this email. And just so
2 around this developed over the course of the previous	2 you know, it's pretty much the first three pages.
3 two directors really, so.	3 A. Yeah, I recall seeing this.
4 Q. And just specifically when you're talking about	4 Q. Okay. So you recognize this email?
5 the policy around this, can you explain a little bit	5 A. I do.
6 more about what policy you're talking about?	6 Q. Okay. I'm going to direct your attention to the
7 A. Yeah. So prior to me Vickie Cunningham was	7 message in the middle of the chain on Page 2, you'll see
8 director, prior to her Peggy King was director, and I	8 the Bates number at the bottom DHHRBMS021583.
9 believe that in 2017 or so, well, 2017 is when we had	9 A. Okay.
10 the carveout, the pharmacy carveout and that's when	10 Q. Okay. So it reads, "Thank you. It is fine to
11 everything went through pharmacy, but before that I	11 override the edit when hormones are prescribed for
12 believe there were some gender edits initially put on	12 transgender members." Did I read that correctly?
13 these drugs and then they were taken off and there was	13 A. You did, yes.
14 some communication around that, that all happened well	14 Q. Okay. Who's the email from?
15 before I was even in the Bureau, it happened before	15 A. That is from Vickie Cunningham who was the
16 Angie was even an employee I think.	16 director of pharmacy at the time and it's sent to the
17 So I had to dig in there and see what kind of	17 director of Rational Drug Therapy Program at the time to
18 conversations had because since I've been in Medicaid my	18 Stephen Small.
19 understanding is we cover this, we've never had a	19 Q. Okay. Is the edit being discussed in the email
20 problem with covering it, but before that I think there	20 the gender edit that we've discussed?
21 were some issues around how to handle requests for	A. That's what I was about to say, I can't say from
22 gender dysphoria. And we've had sort of an incline in	22 the text that they're talking about a gender edit, but
23 the number of requests over the years I think as this	23 that would be my assumption that that's what they're
24 has become more of a, like I said, this is all off label	24 talking about.
25 use, but there have been guidelines advising doctors how	25 Q. Okay. And the removal of the gender edit allows
Page 47	Page 49
1 to handle gender affirming care, and so as that	1 for the coverage of pharmaceuticals for treatment of
2 knowledge base grows, the requests grow, and the policy	2 gender dysphoria, correct?
3 has to adapt to it.	3 A. Yes. So there are, as I said before, there are
4 Q. Okay. Please look at the page again while I	4 reasons to have gender edits for safety purposes. You
5 read defendants' response to request for production 15,	5 would typically not want to give testosterone to say a
6 "Supplemental response. Upon information and belief,	6 woman of child bearing age because it could cause harm
7 see RDTP email correspondence and attachments marked as	7 to the pregnancy, so there is a reason to have a gender
8 Exhibit 175, Bates No. DHHRBMS021582 through 21620."	8 edit. This looks to me that Vickie was telling them
9 Did I read that correctly?	9 that in cases where there was gender dysphoria that she
10 A. Yes.	10 is approving the general coverage of gender dysphoria
11 Q. Okay. You should see Exhibit BT0006.	11 with hormone therapy.
	11 with hormone therapy.12 Q. You testified a little bit earlier that there
12 (Exhibit 6 marked for identification.)	
12 (Exhibit 6 marked for identification.)13 A. Okay.	12 Q. You testified a little bit earlier that there
 (Exhibit 6 marked for identification.) A. Okay. Q. Okay. I am showing you what has been marked as 	12 Q. You testified a little bit earlier that there13 can be gender edits and specifically that they can vary
 (Exhibit 6 marked for identification.) A. Okay. Q. Okay. I am showing you what has been marked as Exhibit BT0006, it is an email with the subject, "Transgender information." In the lower right-hand 	 Q. You testified a little bit earlier that there can be gender edits and specifically that they can vary in terms of what state and federal policies I believe, do you remember that? A. I think I misspoke when I said federal. I meant
 (Exhibit 6 marked for identification.) A. Okay. Q. Okay. I am showing you what has been marked as Exhibit BT0006, it is an email with the subject, "Transgender information." In the lower right-hand 	 Q. You testified a little bit earlier that there can be gender edits and specifically that they can vary in terms of what state and federal policies I believe, do you remember that?
 (Exhibit 6 marked for identification.) A. Okay. Q. Okay. I am showing you what has been marked as Exhibit BT0006, it is an email with the subject, "Transgender information." In the lower right-hand corner of the document do you see Bates stamp 	 Q. You testified a little bit earlier that there can be gender edits and specifically that they can vary in terms of what state and federal policies I believe, do you remember that? A. I think I misspoke when I said federal. I meant
 (Exhibit 6 marked for identification.) A. Okay. Q. Okay. I am showing you what has been marked as Exhibit BT0006, it is an email with the subject, "Transgender information." In the lower right-hand corner of the document do you see Bates stamp DHHRBMS021582? 	 Q. You testified a little bit earlier that there can be gender edits and specifically that they can vary in terms of what state and federal policies I believe, do you remember that? A. I think I misspoke when I said federal. I meant the national database that we use, First Databank,
 (Exhibit 6 marked for identification.) A. Okay. Q. Okay. I am showing you what has been marked as Exhibit BT0006, it is an email with the subject, "Transgender information." In the lower right-hand corner of the document do you see Bates stamp DHHRBMS021582? A. I do, yes. 	 12 Q. You testified a little bit earlier that there 13 can be gender edits and specifically that they can vary 14 in terms of what state and federal policies I believe, 15 do you remember that? 16 A. I think I misspoke when I said federal. I meant 17 the national database that we use, First Databank, 18 sometimes sends I believe, and I don't know which drugs
 12 (Exhibit 6 marked for identification.) 13 A. Okay. 14 Q. Okay. I am showing you what has been marked as 15 Exhibit BT0006, it is an email with the subject, 16 "Transgender information." In the lower right-hand 17 corner of the document do you see Bates stamp 18 DHHRBMS021582? 19 A. I do, yes. 20 Q. Okay. And I believe that you'll also see that 	 Q. You testified a little bit earlier that there can be gender edits and specifically that they can vary in terms of what state and federal policies I believe, do you remember that? A. I think I misspoke when I said federal. I meant the national database that we use, First Databank, sometimes sends I believe, and I don't know which drugs they put gender edits on, but I believe they do send information saying this drug should not be used in females, this one should not be used in males because
 12 (Exhibit 6 marked for identification.) 13 A. Okay. 14 Q. Okay. I am showing you what has been marked as 15 Exhibit BT0006, it is an email with the subject, 16 "Transgender information." In the lower right-hand 17 corner of the document do you see Bates stamp 18 DHHRBMS021582? 19 A. I do, yes. 	 Q. You testified a little bit earlier that there can be gender edits and specifically that they can vary in terms of what state and federal policies I believe, do you remember that? A. I think I misspoke when I said federal. I meant the national database that we use, First Databank, sometimes sends I believe, and I don't know which drugs they put gender edits on, but I believe they do send information saying this drug should not be used in
 12 (Exhibit 6 marked for identification.) 13 A. Okay. 14 Q. Okay. I am showing you what has been marked as 15 Exhibit BT0006, it is an email with the subject, 16 "Transgender information." In the lower right-hand 17 corner of the document do you see Bates stamp 18 DHHRBMS021582? 19 A. I do, yes. 20 Q. Okay. And I believe that you'll also see that 21 defendants affixed their exhibit number which is 175. 22 Do you see that as well? 	 Q. You testified a little bit earlier that there can be gender edits and specifically that they can vary in terms of what state and federal policies I believe, do you remember that? A. I think I misspoke when I said federal. I meant the national database that we use, First Databank, sometimes sends I believe, and I don't know which drugs they put gender edits on, but I believe they do send information saying this drug should not be used in females, this one should not be used in males because
 12 (Exhibit 6 marked for identification.) 13 A. Okay. 14 Q. Okay. I am showing you what has been marked as 15 Exhibit BT0006, it is an email with the subject, 16 "Transgender information." In the lower right-hand 17 corner of the document do you see Bates stamp 18 DHHRBMS021582? 19 A. I do, yes. 20 Q. Okay. And I believe that you'll also see that 21 defendants affixed their exhibit number which is 175. 22 Do you see that as well? 	 Q. You testified a little bit earlier that there can be gender edits and specifically that they can vary in terms of what state and federal policies I believe, do you remember that? A. I think I misspoke when I said federal. I meant the national database that we use, First Databank, sometimes sends I believe, and I don't know which drugs they put gender edits on, but I believe they do send information saying this drug should not be used in females, this one should not be used in males because there are, there are differences.

Dece 50	Dec. 52
Page 50 1 a lot of these edits you can kind of massage into the	Page 52 1 you can defend its medical necessity. That, that
2 way your state wants to have policy driven.	2 process, so at the retail pharmacy if there's a prior
2 way your state wants to have poincy driven.3 Q. Understood. I'm now going to direct your	3 authorization it goes to Rational Drug Therapy Program,
4 attention to the message on Page 1.	4 they look at it to see if they met the black and white
5 A. Yes.	5 criteria.
6 Q. Okay. It says, "This is a change of policy from	6 Sometimes there's off label use that we, we
7 the WVBMS. Please approve appropriate medications for	7 approve on a pretty routine basis like this, and so they
8 these medical conditions." What is the change in policy	8 don't have to send that up to us. Other times there's a
9 that Stephen Small is discussing in this message?	9 little bit more of a gray area so they would say deny it
10 A. So as I go through this, I think the email chain	10 and a doctor can then appeal it and say wait, this is
11 starts at the bottom and goes up, and so it looks like	11 why I want to do this. So he can write a letter and
12 he brought up a case where they're seeing increased	12 that comes up to the Bureau and the DUR coordinator and
13 requests for testosterone or Estradiol in a gender that	13 sometimes myself review those. So it's kind of, I don't
14 you would not normally expect for its FDA approved use	14 know if that's a good way of describing it to you, but
15 and he wanted to make sure that, like I said, Rational	15 it goes, reviews go both ways from top down and bottom
16 Drug is a vendor, so they don't want to approve things	16 up.
17 off label when we don't want them to do that because	17 Q. Understood. So are you fine, I know that we've
18 they could get in a lot of trouble for doing that. And	18 been going for a bit, but we've taken a break, are you
19 so it looks to me like he wanted to clarify with Vickie	19 fine continuing or would you like a five-minute break?
20 that this was okay to do. And so his last email on Page	20 A. I'm fine, we can continue if you'd like to.
21 1 is to his staff saying that they all should be	21 Q. All right.
22 approving it for gender dysphoria, that it's fine.	22 (Exhibit 7 marked for identification.)
23 Q. Who's responsible for approving medications or	23 Q. Okay. Do you see what I've introduced as
24 pharmaceuticals, generally speaking?	24 BT0007?
25 A. You mean for like individual members?	25 A. Yes.
Page 51	Page 53
1 Q. For a policy purpose?	1 Q. Okay. I am showing you what has been marked as
2 A. Could you rephrase the question, I just want to	2 Exhibit BT0007 titled, "Defendants' first supplemental
3 make sure at what level.	3 response to plaintiffs' first set of requests for
4 Q. Sure. So for a policy change that can impact	4 production to Defendants William Crouch, Cynthia Beane,
5 individual members, who would be responsible for	5 and the West Virginia Department of Health and Human
6 approving that type of change?	6 Resources, Bureau for Medical Services." You have been
7 A. Ultimately the policy comes from the director of	7 designated to testify about the response to request for
8 pharmacy, although the director of pharmacy reports to	8 production 9. Please take a moment to review this
9 the commissioner, the deputy commissioner and	9 document, specifically the middle of Page 2. Do you
10 commissioner and sometimes even to the secretary	10 recognize this document?
11 cabinet, the cabinet secretary, but ultimately we are	11 A. Yes.
12 given pretty free rein to determine policy.	12 Q. Did you review this document in connection with
13 And I in return have had a drug utilization	13 your testimony as the organizational representative for
14 coordinator who generates 90 percent of our policy for	14 BMS today?
15 drugs under FDA approved uses. When we get new drugs	15 A. Yes.
15 drugs under FDA approved uses. When we get new drugs16 the policy around approving the drug, the drug criteria	15 A. Yes.16 Q. Okay. On Page 2 you'll see text that is
15 drugs under FDA approved uses. When we get new drugs16 the policy around approving the drug, the drug criteria17 is run through what's called a DUR board which has 15	 15 A. Yes. 16 Q. Okay. On Page 2 you'll see text that is 17 plaintiffs' request for production No. 9 and it
15 drugs under FDA approved uses. When we get new drugs16 the policy around approving the drug, the drug criteria17 is run through what's called a DUR board which has 1518 practicing physicians, nurses, pharmacists, people who	 15 A. Yes. 16 Q. Okay. On Page 2 you'll see text that is 17 plaintiffs' request for production No. 9 and it 18 reads, "Documents sufficient to identify the
 15 drugs under FDA approved uses. When we get new drugs 16 the policy around approving the drug, the drug criteria 17 is run through what's called a DUR board which has 15 18 practicing physicians, nurses, pharmacists, people who 19 are out there, and they vote on the criteria. So at 	 15 A. Yes. 16 Q. Okay. On Page 2 you'll see text that is 17 plaintiffs' request for production No. 9 and it 18 reads, "Documents sufficient to identify the 19 circumstances in which hormone therapy is covered
 15 drugs under FDA approved uses. When we get new drugs 16 the policy around approving the drug, the drug criteria 17 is run through what's called a DUR board which has 15 18 practicing physicians, nurses, pharmacists, people who 19 are out there, and they vote on the criteria. So at 20 that level there is a lot of review over the appropriate 	 A. Yes. Q. Okay. On Page 2 you'll see text that is plaintiffs' request for production No. 9 and it reads, "Documents sufficient to identify the circumstances in which hormone therapy is covered through the West Virginia Medicaid program, including
 15 drugs under FDA approved uses. When we get new drugs 16 the policy around approving the drug, the drug criteria 17 is run through what's called a DUR board which has 15 18 practicing physicians, nurses, pharmacists, people who 19 are out there, and they vote on the criteria. So at 20 that level there is a lot of review over the appropriate 21 use of medication. Once they approve it that policy 	 15 A. Yes. 16 Q. Okay. On Page 2 you'll see text that is 17 plaintiffs' request for production No. 9 and it 18 reads, "Documents sufficient to identify the 19 circumstances in which hormone therapy is covered 20 through the West Virginia Medicaid program, including 21 but not limited to, diagnostic codes, procedure codes,
 15 drugs under FDA approved uses. When we get new drugs 16 the policy around approving the drug, the drug criteria 17 is run through what's called a DUR board which has 15 18 practicing physicians, nurses, pharmacists, people who 19 are out there, and they vote on the criteria. So at 20 that level there is a lot of review over the appropriate 21 use of medication. Once they approve it that policy 22 goes in and that becomes the general black and white 	 A. Yes. Q. Okay. On Page 2 you'll see text that is plaintiffs' request for production No. 9 and it reads, "Documents sufficient to identify the circumstances in which hormone therapy is covered through the West Virginia Medicaid program, including but not limited to, diagnostic codes, procedure codes, contracts, health plans, clinical guidelines and/or
 15 drugs under FDA approved uses. When we get new drugs 16 the policy around approving the drug, the drug criteria 17 is run through what's called a DUR board which has 15 18 practicing physicians, nurses, pharmacists, people who 19 are out there, and they vote on the criteria. So at 20 that level there is a lot of review over the appropriate 21 use of medication. Once they approve it that policy 22 goes in and that becomes the general black and white 23 policy to how you handle any drug. 	 A. Yes. Q. Okay. On Page 2 you'll see text that is plaintiffs' request for production No. 9 and it reads, "Documents sufficient to identify the circumstances in which hormone therapy is covered through the West Virginia Medicaid program, including but not limited to, diagnostic codes, procedure codes, contracts, health plans, clinical guidelines and/or criteria, medical necessity criteria and pre or prior
 15 drugs under FDA approved uses. When we get new drugs 16 the policy around approving the drug, the drug criteria 17 is run through what's called a DUR board which has 15 18 practicing physicians, nurses, pharmacists, people who 19 are out there, and they vote on the criteria. So at 20 that level there is a lot of review over the appropriate 21 use of medication. Once they approve it that policy 22 goes in and that becomes the general black and white 	 A. Yes. Q. Okay. On Page 2 you'll see text that is plaintiffs' request for production No. 9 and it reads, "Documents sufficient to identify the circumstances in which hormone therapy is covered through the West Virginia Medicaid program, including but not limited to, diagnostic codes, procedure codes, contracts, health plans, clinical guidelines and/or

14 (Pages 50 - 53)

	Page 54	Page 56
1	A. You did, yes.	1 defendants' request for production No. 9.
2	Q. All right. And are you aware that counsel	2 A. Okay.
3	identified you as the organizational representative to	3 Q. "Supplemental response. Please see BMS provider
4	testify about documents produced by BMS in response to	4 manual Chapter 518 Pharmacy Services attached as
5	request for production 9?	5 Exhibit 5, beginning with Bates No. DHHRBMS000109 an
6	A. Yes.	6 the most recently updated preferred drug list with prior
7	Q. And are you prepared to testify about this	7 authorization criteria attached as Exhibit 6 beginning
8	response?	8 with Bates No. DHHRBMS000145. Please note that to the
9	A. I am.	9 extent that the provider manual states in Section 518.4
10	Q. With respect to request for production 9	10 that other drugs may be limited in quantity, duration or
11	specifically, what did you do to prepare to testify	11 based on gender. The information regarding these drug
12	today?	12 products and their limitations is available on the BMS
13	A. I contacted our claims processor to find out if	13 Website. The drug limits list available online was last
14	there were any edits, codes, anything that would be put	14 updated June 1st, 2016 and does not reflect the removal
	on drugs that we identified as being likely to be used	15 of the gender edit for most estrogen and testosterone
16	in gender dysphoria, so testosterones, estrogens, things	16 containing products." Did I read that correctly?
	like that. So I identified those drugs using the	17 A. Yes.
	Endocrine Society guidelines, drugs typically used in	18 Q. I'm just going to introduce another exhibit.
		19 (Exhibit 8 marked for identification.)
20	I also looked to see if Rational Drug was asking	20 Q. Okay. Can you see what has been marked as
21	any specific questions when they became aware of what	21 BT0008?
	the drug was being used for. They didn't have anything,	22 A. Yes.
	in fact, every time that I've seen the specific patients	23 Q. Okay. I'm showing you what has been marked as
	have been made aware of, there's every interaction where	24 Exhibit BT0008, it is a document with the subject, "BMS
	it says, you know, caller has identified this as being	25 provider manual, Chapter 518 Pharmacy Services." In the
	Page 55	Page 57
1	used for gender dysphoria and approved. So there's	1 lower right-hand corner on the first page the document
	never been anything that I saw that has resulted in a	2 is Bates stamped DHHRBMS000109. Do you see that?
	denial, there were no diagnosis codes or anything like	3 A. Yes.
	that that I identified that would stop these related to	4 Q. I will represent to you that this corresponds to
5	gender.	5 the first Bates number identified in the first
6	Q. And the claims processor is Gainwell, correct?	6 supplemental response to RFP9. Please take a moment to
7	A. Yes, Gainwell.	7 review this document. It's a pretty long document, so
8	Q. Okay. And you said that you reviewed the	8 I'm going to actually point you to certain sections.
9	Endocrine Society guidelines to make a determination	9 A. Sure, I'm pretty familiar with this document.
10	about specific drugs that would be used for treatment of	10 Q. Okay. So you recognize this document, correct?
11	gender dysphoria, correct?	11 A. Yes, yeah.
12	A. Yes. So I wanted to familiarize myself because,	12 Q. All right. So I'm going to direct your
13	you know, you typically think testosterone and estrogen,	13 attention to Page 14 which has Bates No. DHHRBMS000122
14	Spironolactone which is a diuretic can be used, you	14 at the bottom.
15	know, some of these other drugs are related to gender	15 A. Okay.
16	dysphoria treatment, and so I wanted to see which ones	16 Q. All right.
17	were the most likely to be used. Because across the	17 A. Probably looking at that second bullet point?
18	broad spectrum of drugs, there's probably a number of	18 Q. Exactly. So the second bullet point reads,
19	drugs that we use, we wouldn't think would be used for	19 "Other drugs may be limited in quantity, duration or
20	that. As I said, there's not, to my knowledge there's	20 based on gender." Did I read that correctly?
1	not a single drug that is FDA approved for that use, so	21 A. Yes.
	not a single drug that is TDA approved for that use, so	
21	you have to kind of look and see across the medical	22 Q. We've gone over this earlier, but just to
21 22		Q. We've gone over this earlier, but just toconfirm, with regard to hormone replacement therapy,
21 22 23	you have to kind of look and see across the medical	

	D 70		P (0
1	Page 58 so I don't know if any of them have gender limits. I	1 A. So this is something that is very difficult	Page 60
	know that the ones that we're discussing don't.	2 handle for us and this may be changing on a nat	
$\begin{vmatrix} 2\\ 3 \end{vmatrix}$	Q. Okay. And then with regard to puberty delaying	3 level, but what we're trying to do is when you le	
	treatment, is this treatment limited based on gender?	4 this document, it says, for instance, acne agents	
5	A. No, that would not be limited, that I know of.	5 topical, and we have Alzheimer's agents. What	
	But again, I'd have to, you know, get the name of	6 do is group medications based on what they're u	-
	specific drugs you're looking at and then I could look	7 So when manufacturers are offering rebate	
	and see all the restrictions on them, but by intent and	8 look at things from a financial standpoint, what	-
	by my knowledge, they are not.	9 they competing against, they consider that their	
10	Q. I'm going to introduce another exhibit.	0 basket. And so we try and categorize this so if	
11	(Exhibit 9 marked for identification.)	1 doctor is looking and saying I want to use some	
12	Q. Okay. Do you see what has been marked as	2 pain, they can find it on here a little easier. Of	uning for
	Exhibit BT0009?	3 course you can search for the specific drug you	re
14	A. Let me refresh. Yes.	4 looking for, but if you want to see if it's covered	
15	Q. Okay. I'm showing you what has been marked as	5 this is an effort to organize things into somethir	
1	Exhibit BT0009, it is the document with the subject,	6 makes sense. But it gets hard because you have	
	"Preferred drug list with prior authorization criteria,"	7 that have multiple different unrelated diagnoses	
1	and the lower right-hand corner of the document is Bates	8 it's getting harder and harder to just categorize t	
	stamped DHHRBMS000145. Do you see that?	9 by their use.	
20	A. I do, yeah.	0 But that's how most PDL's, preferred drug	lists,
21	Q. Okay. I will represent to you that this	1 around the nation are organized right now is by	overall,
22	corresponds to the second Bates number identified in the	2 not really diagnosis, but the general category of	what
23	first supplemental response to RFP9. Do you recognize	3 they're being used for, like antibiotics, for insta	nce,
24	this document?	4 anticoagulants.	
25	A. I do, it's a preferred drug list.	5 Q. So I'm going to direct your attention to B	ates
	Page 59		
	1 age 57		Page 61
1	Q. Okay. And what is this document?	1 No. DHHRBMS000150. If you are looking at t	-
1 2	Q. Okay. And what is this document?A. So it's a list of, it's a list of our preferred	2 in the viewer, it comes up as Page 5 of 54.	-
2 3	Q. Okay. And what is this document?A. So it's a list of, it's a list of our preferreddrugs and nonpreferred drugs and the general policy	2 in the viewer, it comes up as Page 5 of 54.3 A. Yeah, so androgenic agents?	he documen
2 3 4	Q. Okay. And what is this document?A. So it's a list of, it's a list of our preferreddrugs and nonpreferred drugs and the general policysurrounding how you get a nonpreferred drug if	 2 in the viewer, it comes up as Page 5 of 54. 3 A. Yeah, so androgenic agents? 4 Q. Exactly. Can you explain to me what this 	he documen
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 Q. Okay. And what is this document? A. So it's a list of, it's a list of our preferred drugs and nonpreferred drugs and the general policy surrounding how you get a nonpreferred drug if requested. We generally, not every drug we cover is on this list, it's generally a method of extracting rebates and creating competition between different products that compete with each other. So it's kind of like a formulary in a hospital in a way, except we cover lots of things that aren't listed on this because either they don't have competitors or they have criteria that is much larger than could be put on this document in a section, you know, just in a few sentences. And so this is a primary coverage document that we use to try and allow the public to know how they could get a drug, how a doctor could get a drug, which ones that they should be trying to prescribe if they're trying to get coverage from Medicaid. Q. So just to make sure that I understood you correctly, this is not an all inclusive list of drugs 	 2 in the viewer, it comes up as Page 5 of 54. A. Yeah, so androgenic agents? Q. Exactly. Can you explain to me what this 5 section discusses? A. So what it's showing is we have a lot of 7 different types of testosterone that we prefer, 8 Androderm, Androgel, those are topical forms, 9 testosterone cypionate, which I believe is the or 0 was requested in this, by Christopher Fain's phy 1 That one is injectable, so it's got a little CL above 2 which means it requires a clinical prior authoriz 3 simply because it's injectable, same with that 4 testosterone enanthate. The other ones are topical 5 they don't require the same level of safety. 6 So and then you have, so the first column if 7 preferred, the second column is nonpreferred. S 8 wanted to get Jatenzo, you would have to say w 9 couldn't use one of those preferred agents, beca 0 they're all testosterone, they all do the same thin 	he documen s he that rsician. ve it ation cal, s So if you hy you use ng. can cost
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	Page 62		Page 64
1	allergies, you know, some sort of sensitivity to dosage	1	but estrogens are not on here because they're typically
	form, things like that.		used in oral contraceptives. And we're actually
3	Q. Okay. I am now going to direct your attention		developing new policy around that because we did,
4	to Bates No. DHHRBMS000189. If you're looking in the		partially because of this case we looked to see what we
	viewer, it's going to be Page 45 out of 54.		covered and what we didn't.
6	A. Okay.	6	We actually cover 194 different forms of
7	Q. Looking at the section that says, "Pituitary	7	estrogen and with that many, I mean, if we put this on
	suppressive agents"?		the PDL, which we will eventually here, it's going to
9	A. Yes.		expand the PDL by three or four pages, you know. So we
10	Q. So can you explain to me what this section		cover 194 and there was only a few we didn't cover and
	discusses.		there are vast price differences, so we're actually
12	A. Well, I see one thing on here that could be an		going to start restricting them by price because they
	error, it shows Vantas on here, and as we determined,		all do about the same thing, you know. There's
	that's an implant, so we wouldn't be covering that		different formulations and things, but when you've got
	through pharmacy. But what it is showing is a lot of		some that are virtually free and some that are \$300 a
	these pituitary suppressive agents, they affect the		script, there should be some that are not preferred.
	gonadotropin releasing hormone which self suppresses		So if they're not on this list because
		17	-
	testosterone and through a downstream, through a series of hormonal messengers it will eventually resolve in a		historically they weren't managed because I think in the
	suppression of testosterone. So you have a lot of		policy in developing this, I think people looked at it
	•••		saying why would you interfere with birth control in the
	different uses for these, Leuprolide, Triptorelin, these		Medicaid population, if people want to use birth
	are all things that will suppress certain actions of the		control, why would you stand between them. But there's
	pituitary gland which is considered a master gland which		so many options now that I think we can do that and
	does a lot of different things in the body.		still provide many choices to West Virginians without
25	So this is one of these categories that it's	25	spending \$300 on one member's birth control versus \$2 on
	Page 63		Page 65
	hard to lump a bunch of medications in because they have		another and they're getting the same benefit. So that's
	a lot of different uses. But one of the ways we lump		why it's not on here, but we're going to start managing
	these in together is we have a vendor, the preferred		that, there's just so many options.
	drug list vendor, Change Healthcare, they are our rebate	4	
	vendor, so they try and get rebates and they recommend		testosterone blockers.
	how to categorize these meds so that they're competing	6	A. Testosterone blockers. Like I'm not sure
	against drugs that they should be competing against. So	7	exactly, do you have like a
	you want to make sure that we're not requiring a drug to	8	Q. Is it possible that testosterone blockers would
	be used to get to a nonpreferred drug that has nothing	9	not be on this list?
		10	
10	to do with the same thing that the nonpreferred drug is	10	
	being used for.	11	trying to think of what drugs would fall into what I
11 12	being used for. Q. Understood. And as you noted earlier, this	11 12	trying to think of what drugs would fall into what I would consider maybe a testosterone blocker. I mean, if
11 12	being used for. Q. Understood. And as you noted earlier, this isn't an all inclusive list, correct, of the drugs?	11 12 13	trying to think of what drugs would fall into what I would consider maybe a testosterone blocker. I mean, if you're talking about things used in a male converting to
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11 12 13 14 15 16 17	 being used for. Q. Understood. And as you noted earlier, this isn't an all inclusive list, correct, of the drugs? A. Right. As you can see, it's a huge list, it's like 70 something page, it's varied between 50 to 70 pages at times. So there's a lot of, a lot of drugs on here that sometimes things get on there that we didn't 	11 12 13 14 15 16 17	trying to think of what drugs would fall into what I would consider maybe a testosterone blocker. I mean, if you're talking about things used in a male converting to female, Spironolactone. Probably, I don't know if that would be on this list. That's a very old, yeah, that's a very old, used for diuresis actually, but at high enough doses can suppress testosterone, so it's
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Page 6	5 Page 68
1 trying to come up with names of specific drugs. We	1 create policy around them and not every drug is part of
2 don't have a category specifically for testosterone	2 policy. A lot of oncology agents don't have policy
3 blockers on here.	3 around them, that's typically a controversial thing to
4 Q. Understood. Could you direct my attention to	4 do to restrict chemotherapies, although a lot of states
5 Progesterone?	5 are starting to do that now because there's so many
6 A. Progesterone, again, I think most of the things	6 choices.
7 like that are not going to be on this list. Let me see	7 So like I said, due to the simple number of
8 if we have anything. So it looks like there's four	8 agents, there's not really a way to create a public
9 instances, so we have a category called Progestins for	9 document of every single thing we cover, but we're
10 cachexia, but that's, that's, cachexia is like your loss	10 always, you know, one call away to find out what our
11 of appetite, you're not eating enough food, so Megestrol	11 coverage is on new agents. A lot of the older agents do
12 can be used. Those are typically used I think when you	12 have some sort of list that they appear on.
13 have cancer, things like that, you're trying to	13 Q. Understood. Okay. Well, let's return to
14 stimulate appetite.	14 Exhibit BT0005.
15 Let me see. We have Progestational agents, so	15 A. Okay.
16 that would be things for, so like Makena which actually	16 Q. And do you recall that we discussed this
17 is a very controversial drug right now because it's been	17 document earlier today?
18 proven to not be very effective, but we still cover it.	18 A. Yes.
19 So that's for preventing premature birth, that was the	19 Q. Okay. On Page 4 you'll see defendants' response
20 reason for using it. If you have a woman with a history	20 to request for production 9.
21 of having premature childbirth, they have at least one	21 A. Yes.
22 instance of it, Makena is indicated to try and prevent	22 Q. Okay. I'm just going to read it, "Supplemental
23 that from happening again, but long-term research I	23 response. See limits 2022 preferred drug list attached
24 think has shown that it's not very effective, even	24 as Exhibit 174, Bates No. DHHRBMS021564 through 21581."
25 though we're still required to cover it because the FDA	25 Did I read that correctly?
Page 6	7 Page 69
Page 6 1 hasn't removed the indication yet.	7 Page 69
1 hasn't removed the indication yet.	1 A. Yes.
 hasn't removed the indication yet. Q. Understood. So just to make sure that I 	1 A. Yes.
 hasn't removed the indication yet. Q. Understood. So just to make sure that I understand this correctly, this is not an all inclusive 	 A. Yes. Q. Okay. I am going to pull up another exhibit. (Exhibit 10 marked for identification.)
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 hasn't removed the indication yet. Q. Understood. So just to make sure that I understand this correctly, this is not an all inclusive list, but is there another place where a list of the pharmaceuticals that can be used with regard to hormone replacement therapy, where those specific drugs could be found? 	 A. Yes. Q. Okay. I am going to pull up another exhibit. (Exhibit 10 marked for identification.) Q. Okay. Do you see what has been marked as 5 BT0010? A. Yes.
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Page 70	Page 72
1 pharmacist, he tried to pull this through the databases	1 individual has made for gender confirming care, whether
2 that we have. But it's mainly to try and make things a	2 those claims were approved or denied, the factual
3 little bit easier for people who are ordering and want	3 reasons for each decision, and whether any denials were
4 to know how much they can order, things like that.	4 based in whole or in part on the exclusion." Did I read
5 Again, it's not all inclusive. I believe he may have	5 that correctly?
6 updated this this year. Yeah, so this is kind of for	6 A. You did.
7 the pharmacist so that they know if they were ordering	7 Q. And I understand from your counsel that you have
8 something and they could look on here and see, oh, I'm	8 been designated to address this topic as it relates to
9 not allowed to order that much at one time.	9 pharmacy claims, is that your understanding as well?
10 Q. Okay. I think I understood what you were	10 A. Yes.
11 saying, but just so I understand, this document can be	11 Q. Okay. And are you aware that your counsel
12 used by pharmacists to understand what the limits are on	12 identified you as the organizational representative to
13 specific types of drugs?	13 testify about documents produced by BMS in response to
14 A. Yeah. A lot of drugs don't have specific	14 request for production 3?
15 numerical limits on how much you can get at one time,	15 A. I am.
16 some of them do. And this document is trying to help	16 Q. Okay. Are you prepared to testify about this
17 people understand where we do have some quantity limits	17 response?
18 and refill limits, daily dose limits, things like that.	18 A. Yes.
19 Q. Understood. Okay. I think let's take a	19 Q. With respect to request for production 3
20 five-minute break, if that's okay with you?	20 specifically, what did you do to prepare to testify
21 A. Sure.	21 today?
22 Q. Great.	22 A. I asked Doug Sorvig, who his previous role is
23 ATTORNEY SMITH: And, Kelley, can we go off	23 administrative assistant, I asked him to see if he could
24 the record.	24 pull together the number of people that we may have
25 (A break was taken at 9:48 a.m.)	25 treated for gender dysphoria. As I said earlier, we
Page 71	Page 73
1 BY ATTORNEY SMITH:	1 don't keep track of the diagnoses, we don't require the
2 Q. So, Mr. Thompson, we're going to return to	2 diagnoses on these. So what I instructed him to do was
3 Exhibit BT0005.	3 to look for patients where we had used a hormone that
4 A. Okay.	4 you might not normally associate with that gender, so
5 Q. And I'm sure you might remember this, but just	5 testosterone in females, estrogen in males, and by that
6 to make sure, do you recall that we've discussed this	6 way sort of make an assumption of the number of patients
7 document earlier today?	7 that we've treated for gender dysphoria over the course
8 A. Yes.	8 of the last five, six years or so.
9 Q. Okay. You have been designated to testify about	9 But other than that, since we don't track the
10 the response to request for production 3. Please take a	10 diagnosis, I did look in our PO's folder, we try and
11 moment to review this document, specifically the bottom	11 keep a, when we get documentation regarding a denied
12 of Page 2. Do you recognize this document?	12 drug and we collect information to see why, if we want
13 A. I do.	13 to approve it, I try to see if there was anything that
14 Q. Did you review this document in connection with	14 stood out. We organize them by patient name and the
15 your testimony as the organizational representative for	15 drug being requested, but there's no, you know, it's a
16 BMS today?	16 file name so you can only put in so much information in
17 A. Yes.	17 a file name, so there's not really anything diagnosis in
18 Q. Okay. At the bottom of Page 2 you'll see text	18 there. I looked and I didn't see anything specific.
19 that reads, "Taking necessary steps to comply with	19 I also checked with Rational Drug to see if they
20 applicable privacy laws and making all necessary	20 had anything, but like I said, since we don't categorize
21 redactions to protect any personal health information.	21 the drugs or diagnosis, it was very difficult to find
22 Documents in electronic, delimited and importable	22 anything specific.
23 format, example, Excel spreadsheet, sufficient to show	23 Q. Okay. Please look at the page again while I
24 number of individuals who have requested coverage for25 gender confirming care, the number of claims each	24 read the response to request for production 3,25 "Defendants' supplemental response. See hormones data

Page 74	Page 7
1 attached as Exhibit 173, Bates No. DHHRBMS021563." Did	1 and archive it essentially, so this is from archived
2 I read that correctly?	2 data. I think they do that every two months or
3 A. Yes.	3 something like that. And so the data that he would have
4 Q. Okay.	4 been accessing was probably no older than two months or
5 (Exhibit 11 marked for identification.)	5 so, and then it has the ability to go back to the start
6 Q. Do you see what I've marked as BT0011?	6 of the warehouse I think.
7 A. Let me refresh again here. Yes, I see it now.	7 Q. And do you know by chance how this information
8 Q. Okay. I'm showing you what has been marked as	8 was categorized? So, for example, you know, you
9 Exhibit BT0011, it is a document entitled, "Hormones	9 mentioned earlier that one of the ways you had this, the
10 data." In the lower right-hand corner of the document	10 search done was by looking at medications that as you
11 is Bates stamped DHHRBMS021563. Do you see that?	11 said wouldn't be typically prescribed to a certain
12 A. Mm-hmm, yes.	12 gender?
13 Q. Okay. I will represent to you that this	13 A. Yes.
14 corresponds to the Bates number identified in the ninth	14 Q. Can you describe that a little bit more?
	15 A. Yeah. So when I was, I was trying to find
15 supplemental response to RFP No. 3. Please take a 16 moment to review the document.	16 something useful to both sides of the case here, this
	17 wasn't something I was requested to do, I just thought
17 A. Okay.18 O. Are you familiar with this document?	18 I'd get creative and see if we could find something.
	19 Since we don't track by diagnosis, I thought I could
19 A. Yes.	20 attack it from looking at things you might not expect.
20 Q. And what is this document?	
21 A. This is actually the results of what I had just	21 Now initially before these edits were removed, part of
22 referred to. Doug, I asked him to see if he could tell	22 the reason there was an edit was because it wasn't very23 common to see testosterone used in a female and estrogen
23 me the number of patients that we might have treated for	
24 gender dysphoria as sort of a demonstration that we	24 in a male years and years past. So you would normally
25 hadn't been restricting the use of hormone therapy.	25 look at it as something that could potentially be
Page 75	Page 7
1 And so as you can see here, I think, you know, I	1 dangerous in the wrong patient.
2 think that that email that we saw about the gender	2 So I took that kind of thought process and I
3 coverage was from 2016, so you could see we really	3 asked him just to run a quick, you know, just look in
4 picked up after it was clarified there. So some of	4 the warehouse, see if you can get me a total on the
5 these are probably the same patients, I think he looked	5 number of males that were getting estrogen, females that
6 to see how many members we were, males that were getting	
7 estrogen, females that were getting testosterone over	
	7 I asked him specifically when he got these numbers if he
8 the years, so they would continue to add up as you added	8 had to see individual he's trained in using the data
9 new patients who seemingly were still getting care, you	8 had to see individual he's trained in using the data9 warehouse, I don't use it on a daily basis, you know, I
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20 (Pages 74 - 77)

	Page 78		Page 80
1	be receiving estrogen might have her gender marker still	1	earlier, but correct me if I'm wrong, this data
	in the system as M and that's possibly one of the ways		represents claims that were received by BMS, correct?
	used to kind of track this information, correct?	3	
4	A. Right. So that's a very good question. I think	4	represents claims that were paid by BMS.
5	that you can look at it from the standpoint of like a	5	
	hospital as well. If you're going into care, it is		to say then that it was approved, correct?
	important to know the birth gender for reasons of dosing	7	
	and understanding the patient in front of you. That's	8	
	separate I think from the identification of the patient,	9	
	the way the patient views themselves. You have to know,	10	5
	you know, you have to be able to dose	11	A. Okay.
	pharmacogenetically.	12	Q. You have been designated to discuss about Topic
13			8. Topic 8 reads, "Healthcare coverage and/or denials
	saying when you get enrolled, and I don't work in		through Medicaid for transgender West Virginians
	enrollment so I don't know what liberties a patient has,		generally and Christopher Fain and Shauntae Anderson
	or a member I should say has in providing the		specifically." Did I read that correctly?
	information, I don't know if they're required to provide	17	A. Yes.
	an ID or something to say what their birth gender is or	18	Q. And I understand from your counsel that you have
	not, but what I believe is that when you are enrolled		been designated to address this topic as it relates to
	you're enrolled by your birth gender and that is in the		pharmacy claims. Is that your understanding as well?
	system. However, when you go to a retail pharmacy and	21	A. It is.
	you say I am so and so picking up my medication, and	22	Q. And with respect to Topic 8, are you prepared to
	they can enter anything they want. So they can enter in		testify about this topic today as the organizational
	the case with Christopher Fain, they can enter the male		representative?
	gender, but in our system Christopher Fain is listed as	25	A. I am.
	Page 79	-	Page 81
1	female. So that causes certain edits to fire.	1	Q. Okay. And what did you do to prepare to testify
2		2	today?
3	think it is, I forget the cutoff, who's prescribed	3	A. I specifically looked into Christopher Fain and
	something that potentially could be dangerous if they		Shauntae Anderson's profiles to see if I could determine
	were pregnant will fire a pregnancy edit to make sure to		whether we denied any of their coverage for any reason
	have, that will remind the retail pharmacist to check		related to gender dysphoria.
	and see if they're aware whether or not they're pregnant	7	
	or not. So things like that can happen.	8	denials or approvals of hormone replacement therapy for
9	C		treatment of gender dysphoria?
10	different from the way the claim was submitted. The	10	A. I believe I saw an email that did not involve me
	claim is submitted by the pharmacist typing in that		where they were trying, one of them was trying to
	information when they're submitting the claim to us for		clarify policy when they still covered some pharmacy
	payment.		claims, you know, we carved it out. When I say carved
14			it out, we took all responsibility for doing outpatient
	by diagnosis codes?		pharmacy from them in 2017. But no, I don't have
15	by diagnosis codes.		
15 16			conversations with them about coverage of medications
16	A. No, no. Again, diagnosis code, the only way,	16	conversations with them about coverage of medications for gender dysphoria.
16 17	A. No, no. Again, diagnosis code, the only way, the only place to find diagnosis codes, unless Rational	16	for gender dysphoria.
16 17 18	A. No, no. Again, diagnosis code, the only way, the only place to find diagnosis codes, unless Rational Drug gets a phone call and writes it down or somebody	16 17 18	for gender dysphoria. Q. Okay. And then just to make sure that I'm
16 17 18 19	A. No, no. Again, diagnosis code, the only way, the only place to find diagnosis codes, unless Rational Drug gets a phone call and writes it down or somebody wrote it on a piece of paper when they sent in a prior	16 17 18 19	for gender dysphoria. Q. Okay. And then just to make sure that I'm understanding what you just said, so in or around 2017
16 17 18 19	A. No, no. Again, diagnosis code, the only way, the only place to find diagnosis codes, unless Rational Drug gets a phone call and writes it down or somebody wrote it on a piece of paper when they sent in a prior authorization, the only way to get diagnosis codes in	16 17 18 19 20	for gender dysphoria. Q. Okay. And then just to make sure that I'm understanding what you just said, so in or around 2017 there was a carveout where pharmacy was no longer
16 17 18 19 20 21	A. No, no. Again, diagnosis code, the only way, the only place to find diagnosis codes, unless Rational Drug gets a phone call and writes it down or somebody wrote it on a piece of paper when they sent in a prior authorization, the only way to get diagnosis codes in any sort of official fashion would be through the	16 17 18 19 20	for gender dysphoria. Q. Okay. And then just to make sure that I'm understanding what you just said, so in or around 2017 there was a carveout where pharmacy was no longer handled by the MCO's, correct?
16 17 18 19 20 21 22	A. No, no. Again, diagnosis code, the only way, the only place to find diagnosis codes, unless Rational Drug gets a phone call and writes it down or somebody wrote it on a piece of paper when they sent in a prior authorization, the only way to get diagnosis codes in any sort of official fashion would be through the medical side because they do require medical codes and	16 17 18 19 20 21 22	for gender dysphoria. Q. Okay. And then just to make sure that I'm understanding what you just said, so in or around 2017 there was a carveout where pharmacy was no longer handled by the MCO's, correct? A. That's correct.
 16 17 18 19 20 21 22 23 	A. No, no. Again, diagnosis code, the only way, the only place to find diagnosis codes, unless Rational Drug gets a phone call and writes it down or somebody wrote it on a piece of paper when they sent in a prior authorization, the only way to get diagnosis codes in any sort of official fashion would be through the	16 17 18 19 20 21	for gender dysphoria. Q. Okay. And then just to make sure that I'm understanding what you just said, so in or around 2017 there was a carveout where pharmacy was no longer handled by the MCO's, correct?

21 (Pages 78 - 81)

	Page 82	Page 84
1	that you might have to go to the doctor's office to get	1 A. Yes.
2	them to inject or to administer, so for their own	2 Q. Okay. I am showing you what has been marked as
3	members they're responsible for making those coverage	3 Exhibit BT0012, it's titled, "Defendants' sixth
4	decisions. But if we cover it, they're supposed to	4 supplemental response to plaintiffs' first set of
5	provide some way of covering it as well. They might	5 requests for production to Defendants William Crouch,
6	have different policies around it, but they have to	6 Cynthia Beane and the West Virginia Department of Health
7	provide some way of getting something that we cover by	7 and Human Resources, Bureau for Medical Services." Mr.
8	contract, is my understanding.	8 Thompson, you have been designated to testify about the
9	Q. Understood. And are there any reasons why	9 response to request for production 2. Please take a
10	coverage for hormone replacement therapy for treatment	10 moment to review this document, specifically the bottom
11	of gender dysphoria would be denied?	11 of Page 1 and top of Page 2. Do you recognize this
12	A. Other than safety, no, I can't, for that	12 document?
13	specific diagnosis, I can't imagine, you know, from a	13 A. I do, yes.
14	pharmacy standpoint why we would.	14 Q. Okay. Did you review this document in
15	Q. And has BMS ever denied coverage for Mr. Fain's	15 connection with your testimony as the organizational
16	hormone replacement therapy?	16 representative for BMS today?
17	A. There was one, when I looked at the profile	17 A. I did.
18	there was one denial. There was several edits that	18 Q. On Page 1 you'll see plaintiffs' request for
19	prevented it from paying because it required, I think	19 production No. 2 which reads, "All documents relating to
20	there was, it might have been a pregnancy, I can't	20 plaintiffs' communications, injuries, requests for
21	remember all the edits that have fired, but in general	21 coverage, request for prior authorization, request for
22	every time, they called Rational Drug three times, got	22 reimbursement and/or complaints regarding coverage for
23	two approvals, there was one denial, and that was simply	23 gender confirming care through the West Virginia
24	because they were trying to use it every five days and	24 Medicaid program. This request includes, but is not
25	it was supposed to be used every seven days, so as soon	25 limited to, A, all communications to and from plaintiff
	Page 83	Page 85
	as they clarified that, it got paid. So I would say no,	1 relating to coverage for gender confirming care; B, all
2	as they clarified that, it got paid. So I would say no, we did not deny it for gender dysphoria.	 relating to coverage for gender confirming care; B, all documents and communications regarding plaintiffs'
2 3	as they clarified that, it got paid. So I would say no, we did not deny it for gender dysphoria. Q. Okay. And has BMS ever denied coverage for Ms.	 relating to coverage for gender confirming care; B, all documents and communications regarding plaintiffs' request for gender confirming care, including but not
2 3 4	as they clarified that, it got paid. So I would say no, we did not deny it for gender dysphoria. Q. Okay. And has BMS ever denied coverage for Ms. Anderson's hormone replacement therapy?	 relating to coverage for gender confirming care; B, all documents and communications regarding plaintiffs' request for gender confirming care, including but not limited to, communications among defendants and/or the
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2 3 4 5 6 7	 as they clarified that, it got paid. So I would say no, we did not deny it for gender dysphoria. Q. Okay. And has BMS ever denied coverage for Ms. Anderson's hormone replacement therapy? A. No. There were some edits that prevented the claim from going through initially, I think most of those were like early refills, things like that, and I 	 relating to coverage for gender confirming care; B, all documents and communications regarding plaintiffs' request for gender confirming care, including but not limited to, communications among defendants and/or the employees' entities, agents, representatives, contractors, vendors and/or consultants of defendants and/or West Virginia Department of Health and Human
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2 3 4 5 6 7 8 9	 as they clarified that, it got paid. So I would say no, we did not deny it for gender dysphoria. Q. Okay. And has BMS ever denied coverage for Ms. Anderson's hormone replacement therapy? A. No. There were some edits that prevented the claim from going through initially, I think most of those were like early refills, things like that, and I think there was maybe an injectable at one point, but no. And I would also add that on both of these patients 	 relating to coverage for gender confirming care; B, all documents and communications regarding plaintiffs' request for gender confirming care, including but not limited to, communications among defendants and/or the employees' entities, agents, representatives, contractors, vendors and/or consultants of defendants and/or West Virginia Department of Health and Human Resources, Bureau for Medical Services; C, all documents and communications relating to consideration or
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	 as they clarified that, it got paid. So I would say no, we did not deny it for gender dysphoria. Q. Okay. And has BMS ever denied coverage for Ms. Anderson's hormone replacement therapy? A. No. There were some edits that prevented the claim from going through initially, I think most of those were like early refills, things like that, and I think there was maybe an injectable at one point, but no. And I would also add that on both of these patients none of their claims for estrogen or testosterone ever made it up to us for review, they were always approved eventually at Rational Drug level. Q. Understood. And you have already gone through the breakdown of the review process, so. (Exhibit 12 marked for identification.) Q. I've just introduced another exhibit, but before 	 relating to coverage for gender confirming care; B, all documents and communications regarding plaintiffs' request for gender confirming care, including but not limited to, communications among defendants and/or the employees' entities, agents, representatives, contractors, vendors and/or consultants of defendants and/or West Virginia Department of Health and Human Resources, Bureau for Medical Services; C, all documents and communications relating to consideration or processing by third-party administrators, contractors and/or vendors of requests for gender confirming care by plaintiff." Did I read that correctly? A. Yes. Q. And are you aware that counsel identified you as the organizational representative to testify about documents produced by BMS in response to production
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	 as they clarified that, it got paid. So I would say no, we did not deny it for gender dysphoria. Q. Okay. And has BMS ever denied coverage for Ms. Anderson's hormone replacement therapy? A. No. There were some edits that prevented the claim from going through initially, I think most of those were like early refills, things like that, and I think there was maybe an injectable at one point, but no. And I would also add that on both of these patients none of their claims for estrogen or testosterone ever made it up to us for review, they were always approved eventually at Rational Drug level. Q. Understood. And you have already gone through the breakdown of the review process, so. (Exhibit 12 marked for identification.) Q. I've just introduced another exhibit, but before I turn to this, Mr. Thompson, just to make sure, are you 	 relating to coverage for gender confirming care; B, all documents and communications regarding plaintiffs' request for gender confirming care, including but not limited to, communications among defendants and/or the employees' entities, agents, representatives, contractors, vendors and/or consultants of defendants and/or West Virginia Department of Health and Human Resources, Bureau for Medical Services; C, all documents and communications relating to consideration or processing by third-party administrators, contractors and/or vendors of requests for gender confirming care by plaintiff." Did I read that correctly? A. Yes. Q. And are you aware that counsel identified you as the organizational representative to testify about documents produced by BMS in response to production
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	 as they clarified that, it got paid. So I would say no, we did not deny it for gender dysphoria. Q. Okay. And has BMS ever denied coverage for Ms. Anderson's hormone replacement therapy? A. No. There were some edits that prevented the claim from going through initially, I think most of those were like early refills, things like that, and I think there was maybe an injectable at one point, but no. And I would also add that on both of these patients none of their claims for estrogen or testosterone ever made it up to us for review, they were always approved eventually at Rational Drug level. Q. Understood. And you have already gone through the breakdown of the review process, so. (Exhibit 12 marked for identification.) Q. I've just introduced another exhibit, but before I turn to this, Mr. Thompson, just to make sure, are you looking at anything else on your screen other than 	 relating to coverage for gender confirming care; B, all documents and communications regarding plaintiffs' request for gender confirming care, including but not limited to, communications among defendants and/or the employees' entities, agents, representatives, contractors, vendors and/or consultants of defendants and/or West Virginia Department of Health and Human Resources, Bureau for Medical Services; C, all documents and communications relating to consideration or processing by third-party administrators, contractors and/or vendors of requests for gender confirming care by plaintiff." Did I read that correctly? A. Yes. Q. And are you aware that counsel identified you as the organizational representative to testify about documents produced by BMS in response to production No. 2? A. I am.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 as they clarified that, it got paid. So I would say no, we did not deny it for gender dysphoria. Q. Okay. And has BMS ever denied coverage for Ms. Anderson's hormone replacement therapy? A. No. There were some edits that prevented the claim from going through initially, I think most of those were like early refills, things like that, and I think there was maybe an injectable at one point, but no. And I would also add that on both of these patients none of their claims for estrogen or testosterone ever made it up to us for review, they were always approved eventually at Rational Drug level. Q. Understood. And you have already gone through the breakdown of the review process, so. (Exhibit 12 marked for identification.) Q. I've just introduced another exhibit, but before I turn to this, Mr. Thompson, just to make sure, are you looking at anything else on your screen other than Exhibit Share? 	 relating to coverage for gender confirming care; B, all documents and communications regarding plaintiffs' request for gender confirming care, including but not limited to, communications among defendants and/or the employees' entities, agents, representatives, contractors, vendors and/or consultants of defendants and/or West Virginia Department of Health and Human Resources, Bureau for Medical Services; C, all documents and communications relating to consideration or processing by third-party administrators, contractors and/or vendors of requests for gender confirming care by plaintiff." Did I read that correctly? A. Yes. Q. And are you aware that counsel identified you as the organizational representative to testify about documents produced by BMS in response to production No. 2? A. I am. Q. And please look at that page again while I read
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	 as they clarified that, it got paid. So I would say no, we did not deny it for gender dysphoria. Q. Okay. And has BMS ever denied coverage for Ms. Anderson's hormone replacement therapy? A. No. There were some edits that prevented the claim from going through initially, I think most of those were like early refills, things like that, and I think there was maybe an injectable at one point, but no. And I would also add that on both of these patients none of their claims for estrogen or testosterone ever made it up to us for review, they were always approved eventually at Rational Drug level. Q. Understood. And you have already gone through the breakdown of the review process, so. (Exhibit 12 marked for identification.) Q. I've just introduced another exhibit, but before I turn to this, Mr. Thompson, just to make sure, are you looking at anything else on your screen other than Exhibit Share? A. No, I'm just looking at the exhibits that you 	 relating to coverage for gender confirming care; B, all documents and communications regarding plaintiffs' request for gender confirming care, including but not limited to, communications among defendants and/or the employees' entities, agents, representatives, contractors, vendors and/or consultants of defendants and/or West Virginia Department of Health and Human Resources, Bureau for Medical Services; C, all documents and communications relating to consideration or processing by third-party administrators, contractors and/or vendors of requests for gender confirming care by plaintiff." Did I read that correctly? A. Yes. Q. And are you aware that counsel identified you as the organizational representative to testify about documents produced by BMS in response to production No. 2? A. I am. Q. And please look at that page again while I read defendants' response to request for production 2,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	as they clarified that, it got paid. So I would say no, we did not deny it for gender dysphoria. Q. Okay. And has BMS ever denied coverage for Ms. Anderson's hormone replacement therapy? A. No. There were some edits that prevented the claim from going through initially, I think most of those were like early refills, things like that, and I think there was maybe an injectable at one point, but no. And I would also add that on both of these patients none of their claims for estrogen or testosterone ever made it up to us for review, they were always approved eventually at Rational Drug level. Q. Understood. And you have already gone through the breakdown of the review process, so. (Exhibit 12 marked for identification.) Q. I've just introduced another exhibit, but before I turn to this, Mr. Thompson, just to make sure, are you looking at anything else on your screen other than Exhibit Share? A. No, I'm just looking at the exhibits that you have pulled up.	 relating to coverage for gender confirming care; B, all documents and communications regarding plaintiffs' request for gender confirming care, including but not limited to, communications among defendants and/or the employees' entities, agents, representatives, contractors, vendors and/or consultants of defendants and/or West Virginia Department of Health and Human Resources, Bureau for Medical Services; C, all documents and communications relating to consideration or processing by third-party administrators, contractors and/or vendors of requests for gender confirming care by plaintiff." Did I read that correctly? A. Yes. Q. And are you aware that counsel identified you as the organizational representative to testify about documents produced by BMS in response to production No. 2? A. I am. Q. And please look at that page again while I read defendants' response to request for production 2,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 as they clarified that, it got paid. So I would say no, we did not deny it for gender dysphoria. Q. Okay. And has BMS ever denied coverage for Ms. Anderson's hormone replacement therapy? A. No. There were some edits that prevented the claim from going through initially, I think most of those were like early refills, things like that, and I think there was maybe an injectable at one point, but no. And I would also add that on both of these patients none of their claims for estrogen or testosterone ever made it up to us for review, they were always approved eventually at Rational Drug level. Q. Understood. And you have already gone through the breakdown of the review process, so. (Exhibit 12 marked for identification.) Q. I've just introduced another exhibit, but before I turn to this, Mr. Thompson, just to make sure, are you looking at anything else on your screen other than Exhibit Share? A. No, I'm just looking at the exhibits that you 	 relating to coverage for gender confirming care; B, all documents and communications regarding plaintiffs' request for gender confirming care, including but not limited to, communications among defendants and/or the employees' entities, agents, representatives, contractors, vendors and/or consultants of defendants and/or West Virginia Department of Health and Human Resources, Bureau for Medical Services; C, all documents and communications relating to consideration or processing by third-party administrators, contractors and/or vendors of requests for gender confirming care by plaintiff." Did I read that correctly? A. Yes. Q. And are you aware that counsel identified you as the organizational representative to testify about documents produced by BMS in response to production No. 2? A. I am. Q. And please look at that page again while I read defendants' response to request for production 2, "Supplemental response. See attached Excel spreadsheet
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 as they clarified that, it got paid. So I would say no, we did not deny it for gender dysphoria. Q. Okay. And has BMS ever denied coverage for Ms. Anderson's hormone replacement therapy? A. No. There were some edits that prevented the claim from going through initially, I think most of those were like early refills, things like that, and I think there was maybe an injectable at one point, but no. And I would also add that on both of these patients none of their claims for estrogen or testosterone ever made it up to us for review, they were always approved eventually at Rational Drug level. Q. Understood. And you have already gone through the breakdown of the review process, so. (Exhibit 12 marked for identification.) Q. I've just introduced another exhibit, but before I turn to this, Mr. Thompson, just to make sure, are you looking at anything else on your screen other than Exhibit Share? A. No, I'm just looking at the exhibits that you have pulled up. Q. Okay. So do you see what has been marked as 	 relating to coverage for gender confirming care; B, all documents and communications regarding plaintiffs' request for gender confirming care, including but not limited to, communications among defendants and/or the employees' entities, agents, representatives, contractors, vendors and/or consultants of defendants and/or West Virginia Department of Health and Human Resources, Bureau for Medical Services; C, all documents and communications relating to consideration or processing by third-party administrators, contractors and/or vendors of requests for gender confirming care by plaintiff." Did I read that correctly? A. Yes. Q. And are you aware that counsel identified you as the organizational representative to testify about documents produced by BMS in response to production No. 2? A. I am. Q. And please look at that page again while I read defendants' response to request for production 2, "Supplemental response. See attached Excel spreadsheet with claim information for hormones for Plaintiffs Fain
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 as they clarified that, it got paid. So I would say no, we did not deny it for gender dysphoria. Q. Okay. And has BMS ever denied coverage for Ms. Anderson's hormone replacement therapy? A. No. There were some edits that prevented the claim from going through initially, I think most of those were like early refills, things like that, and I think there was maybe an injectable at one point, but no. And I would also add that on both of these patients none of their claims for estrogen or testosterone ever made it up to us for review, they were always approved eventually at Rational Drug level. Q. Understood. And you have already gone through the breakdown of the review process, so. (Exhibit 12 marked for identification.) Q. I've just introduced another exhibit, but before I turn to this, Mr. Thompson, just to make sure, are you looking at anything else on your screen other than Exhibit Share? A. No, I'm just looking at the exhibits that you have pulled up. Q. Okay. So do you see what has been marked as BT0012? 	 relating to coverage for gender confirming care; B, all documents and communications regarding plaintiffs' request for gender confirming care, including but not limited to, communications among defendants and/or the employees' entities, agents, representatives, contractors, vendors and/or consultants of defendants and/or West Virginia Department of Health and Human Resources, Bureau for Medical Services; C, all documents and communications relating to consideration or processing by third-party administrators, contractors and/or vendors of requests for gender confirming care by plaintiff." Did I read that correctly? A. Yes. Q. And are you aware that counsel identified you as the organizational representative to testify about documents produced by BMS in response to production No. 2? A. I am. Q. And please look at that page again while I read defendants' response to request for production 2, "Supplemental response. See attached Excel spreadsheet with claim information for hormones for Plaintiffs Fain and Anderson attached as Exhibit 97, Bates No.

Page 86	Page 88
1 medication attached as Exhibit 98, Bates No.	1 Anderson.
2 DHHRBMS016225; West Virginia controlled substance report	2 A. Yes.
3 from Board of Pharmacy records attached as Exhibit 99,	3 Q. All right. There is a range of dates from 8/12
4 Bates No. DHHRBMS016226 through 16228; and member notes	4 to around 8/26/20?
5 attached as Exhibit 100, Bates No. DHHRBMS016229 -	5 A. Yes.
6 16230. All materials are confidential." Did I read	6 Q. The claims status shows denied. Do you know
7 that correctly?	7 what the reason would be for that?
8 A. Yes.	8 A. Needs a prior authorization. So the Estradiol
9 Q. I'm going to introduce another exhibit.	9 Valerate 100 milligram from 5 mil is an injectable, so
10 (Exhibit 13 marked for identification.)	10 that alone would mean it would need a prior
11 ATTORNEY SMITH: Kelley, just so you know,	11 authorization. The tablets don't have that description
12 this is an Excel spreadsheet, so I won't be able to	12 on them, so they generally pay a lot easier.
13 attach the Bates stamp, but it will be Exhibit BT0013.	13 Q. Okay. And what exactly is a rule ID?
14 I will now designate this portion of the	14 A. Let's see, rule ID, so that would be the edit
15 deposition transcript as confidential pursuant to the	15 number. So they have a dictionary and it just
16 protective order entered in this matter. Plaintiffs	16 identifies the specific programming edit that fired.
17 reserve their right to make further confidentiality	17 And then I believe that the next column over tells you
18 designations after this deposition in accordance with	18 what that edit was. So like, for example, all the 205's
19 the terms of the protective order and recognize	19 that need a PA, contact Rational Drug, so that would
20 defendants' right to do the same.	20 tell that information conveyed to the pharmacist that'
21 BY ATTORNEY SMITH:	21 billing the claim, telling them that they needed to cal
22 Q. Mr. Thompson, do you see what is Exhibit 0013	22 Rational Drug to request a prior authorization. 7301
23 and it's Bates DHHRBMS016224?	23 would be an edit override because they ordered a
24 A. Yes.	24 quantity or supply that was, again, it was over the
25 Q. Okay. I will represent to you that this	25 limit.
Page 87	Page 89
1 corresponds with the first Bates number identified in	1 So you can have multiple edits fire on the same
2 the sixth supplemental response to RFP2. Please take a	2 claim. So when you look at these, how you would read
3 moment to review the document.	3 this is in column A they have an claim ID number. Some
4 A. Okay.	4 of these if you notice 24, 25 and 26, they're all the
5 Q. I believe that there are two tabs, one is for	5 same claim number, that means there are three edits that
6 Christopher and one is for Shauntae.	6 fired on that single claim that either would have been
7 A. Yes. Okay, I'm ready when you are.	7 resulting in a warning, a denial or something like that.
8 Q. Okay. What is this document?	8 Q. Okay. All right. I'm going to introduce
9 A. So this is produced by our claims vendor	9 another exhibit.
10 Gainwell. I asked them to pull together a record of	10 (Exhibit 14 marked for identification.)
11 all, since it seemed like this case was involved mainly	11 Q. Okay. Do you see what has been marked as
12 around the testosterone and estrogen pulled up together,	12 Exhibit BT0014?
13 I wanted to see all the paid and denied claims on these	13 A. I do.
14 two patients for those specific medications so I could	14 Q. Okay. I'm showing you what has been marked as
15 see their, so I could demonstrate the exact reason why	15 Exhibit BT0014, it is a document entitled, "West
16 something may have been denied or not got paid. So	16 Virginia controlled substance report from Board of
17 that's what you're looking at here is basically a	17 Pharmacy." In the lower right-hand corner the document
18 summary of the claims that were submitted for	18 is Bates stamped DHHRBMS016226. Do you see that?
19 testosterone and estrogen products on both of these	19 A. Yes.
20 patients.	20 Q. I will represent to you that this corresponds
21 Q. Okay.	21 with the third Bates number identified in the sixth
A. I think there might be other drugs on here, if I	22 supplemental response to RFP2. Please take a moment to
23 remember correctly too.	23 review this document.
25 remember concerty too.	
24 Q. Just to walk through a little bit of this	A. Okay, I'm ready.

	Page 90	Page 92
1	A. I do.	1 Q. Okay. Please take a look at the top of Page 2
2	Q. And what is it?	2 while I read defendants' response to request for
3	A. It's a copy of the results from the controlled	3 production 2, "Supplemental response. Pursuant to the
4	substance administration report, commonly known as a	4 protective order, see member notes (pharmacy) for
5	PDMP. So PDMP stands for Prescription Drug Monitoring	5 Plaintiff Anderson attached as Exhibit 172, Bates No.
6	Program, so it's a way of, most states have one of these	6 DHHRBMS021560 through 21562." Did I read that
7	and it's a way of keeping track of controlled	7 correctly?
8	substances. So retail pharmacies are required to submit	8 A. You did.
9	data to show even cash payments, even if you went and	9 Q. Okay. Are you prepared to testify about this
	you paid out of your own pocket, it should show up on	10 response?
	here if it's a controlled substance.	11 A. I am.
12		12 Q. And with respect to request for production 2
	Pharmacy?	13 specifically, what did you do to prepare to testify
14	-	14 today?
	that controls the practice of pharmacy in the state of	15 A. I went into the member profile and looked at the
	West Virginia, establishes rules and regulations	16 member notes and downloaded them.
	regarding pharmacy practice.	17 (Exhibit 16 marked for identification.)
18		18 Q. Okay. Do you see Exhibit BT0016?
	Fain, correct?	19 A. Yes.
20		20 Q. Okay. I'm showing you what is marked as BT0016,
20	Q. Okay.	21 it is a document titled, "Member notes." In the lower
21		22 right-hand corner the document is Bates stamped
22		
		23 DHHRBMS021560. Do you see that?24 A. I do.
24 25		24 A. 140.25 Q. Okay. I will represent to you that this
23	Q. Okay. Thi showing you what has been marked as	
1	Page 91	Page 93
	Exhibit BT0015, it is a document titled, "Member notes."	1 corresponds with the Bates number identified in the
	In the lower right-hand corner the document is Bates	2 ninth supplemental response to RFP2. Please take a3 moment to review the document.
	stamped DHHRBMS016229. Do you see that?	
4		4 A. Okay, I'm ready.
5		5 Q. Okay. And do you recognize this document?
	corresponds with the fourth Bates number identified in	6 A. I do.
	the sixth supplemental response to RFP2. Please take a	7 Q. And we discussed this already a little bit
	moment to review this document.	8 before, but just to confirm, this is also a document
9		9 that contains member notes for Shauntae Anderson,
10		10 correct?
11	, , , , , , , , , , , , , , , , , , , ,	11 A. Yes.
	regarding a patient seeking a prior authorization, any	12 Q. And based on my understanding of what you
13	time they call or communicate to Rational Drug, Rational	13 described earlier, this document shows communications
	Drug records, in shorthand many times, the interaction.	14 from Ms. Anderson to BMS, correct?
14		
14 15	So that's what we're looking at here. These are the	15 A. Well, it wouldn't be from Ms. Anderson, patients
14 15 16	So that's what we're looking at here. These are the notes related to any calls on Christopher Fain going	A. Well, it wouldn't be from Ms. Anderson, patientsdon't talk directly to Rational Drug. So it would be
14 15 16 17	So that's what we're looking at here. These are the notes related to any calls on Christopher Fain going back as far as we have records it looks like.	 A. Well, it wouldn't be from Ms. Anderson, patients don't talk directly to Rational Drug. So it would be somebody from either the pharmacy billing the claim,
14 15 16 17 18	So that's what we're looking at here. These are the notes related to any calls on Christopher Fain going back as far as we have records it looks like. Q. And this document is specific to Christopher	 A. Well, it wouldn't be from Ms. Anderson, patients don't talk directly to Rational Drug. So it would be somebody from either the pharmacy billing the claim, most likely, or the doctor's office requesting prior
14 15 16 17 18	So that's what we're looking at here. These are the notes related to any calls on Christopher Fain going back as far as we have records it looks like.	 A. Well, it wouldn't be from Ms. Anderson, patients don't talk directly to Rational Drug. So it would be somebody from either the pharmacy billing the claim,
14 15 16 17 18	So that's what we're looking at here. These are the notes related to any calls on Christopher Fain going back as far as we have records it looks like. Q. And this document is specific to Christopher Fain, correct?	 A. Well, it wouldn't be from Ms. Anderson, patients don't talk directly to Rational Drug. So it would be somebody from either the pharmacy billing the claim, most likely, or the doctor's office requesting prior
14 15 16 17 18 19	So that's what we're looking at here. These are the notes related to any calls on Christopher Fain going back as far as we have records it looks like. Q. And this document is specific to Christopher Fain, correct? A. It is.	 A. Well, it wouldn't be from Ms. Anderson, patients don't talk directly to Rational Drug. So it would be somebody from either the pharmacy billing the claim, most likely, or the doctor's office requesting prior authorization before it gets billed. In this case, I'd
14 15 16 17 18 19 20	So that's what we're looking at here. These are the notes related to any calls on Christopher Fain going back as far as we have records it looks like. Q. And this document is specific to Christopher Fain, correct? A. It is. Q. Okay. Let's return to document BT0005.	 15 A. Well, it wouldn't be from Ms. Anderson, patients 16 don't talk directly to Rational Drug. So it would be 17 somebody from either the pharmacy billing the claim, 18 most likely, or the doctor's office requesting prior 19 authorization before it gets billed. In this case, I'd 20 have to read it a little bit more closely and try and
14 15 16 17 18 19 20 21	So that's what we're looking at here. These are the notes related to any calls on Christopher Fain going back as far as we have records it looks like. Q. And this document is specific to Christopher Fain, correct? A. It is. Q. Okay. Let's return to document BT0005. A. Okay.	 A. Well, it wouldn't be from Ms. Anderson, patients don't talk directly to Rational Drug. So it would be somebody from either the pharmacy billing the claim, most likely, or the doctor's office requesting prior authorization before it gets billed. In this case, I'd have to read it a little bit more closely and try and figure out who, where the call was coming from, but
14 15 16 17 18 19 20 21 22 23	So that's what we're looking at here. These are the notes related to any calls on Christopher Fain going back as far as we have records it looks like. Q. And this document is specific to Christopher Fain, correct? A. It is. Q. Okay. Let's return to document BT0005. A. Okay.	 A. Well, it wouldn't be from Ms. Anderson, patients don't talk directly to Rational Drug. So it would be somebody from either the pharmacy billing the claim, most likely, or the doctor's office requesting prior authorization before it gets billed. In this case, I'd have to read it a little bit more closely and try and figure out who, where the call was coming from, but members never get to talk to Rational Drug.

Page 94	Page 96
1 Q. All right.	1 Exhibit BT0018, it is a document titled, "Fain patient
2 (Exhibit 17 marked for identification.)	2 information." In the lower right-hand corner the
3 Q. Okay. Do you see Exhibit BT0017?	3 document is Bates stamped DHHRBMS016072. Do you se
4 A. Yes.	4 that?
5 Q. Okay. I'm showing you Exhibit BT0017 titled,	5 A. Yes.
6 "Defendants William Crouch, Cynthia Beane and West	6 Q. I will represent to you that this corresponds
7 Virginia Department of Health and Human Resources,	7 with the fourth Bates number identified in the second
8 Bureau for Medical Services, second supplemental	8 supplemental response to RFP25. Please take a moment to
9 response to plaintiffs' second set of request for	9 review this document.
10 production of documents and things." Mr. Thompson, you	10 A. Okay, I'm ready.
11 have been designated to testify about the response to	11 Q. Okay. Do you recognize this document?
12 request for production 25. Please take a moment to	12 A. I do.
13 review this document, specifically at the bottom of	13 Q. Okay. And what is it?
14 Page 1 and the top of Page 2.	14 A. So the top portion of this is what's called the
15 A. Okay.	15 member screen and it shows their demographics, name, the
16 Q. Do you recognize this document?	16 gender that we have them in our system as, marital
17 A. I do.	17 status, mailing address, you have various tabs for
18 Q. And did you review this document in connection	18 eligibility, lock-ins would be like for controlled
19 with your testimony as the organizational representative	19 substances, sometimes they get locked into one pharmacy
20 for BMS today?	20 that they can fill, and various other things there.
21 A. Yes.	21 And then the next page is, it looks like it's
22 Q. Okay. On Page 1 you'll see text that reads, "To	22 just an excerpt from the member notes showing the
23 the extent not already produced, all documents related	23 approval of the injectable testosterone. The PA request
24 to Plaintiff Christopher Fain and proposed Plaintiff	24 it looks like the next page after that. So this is like
25 Shauntae Anderson." Did I read that correctly?	25 the general drug PA form that I had mentioned very early
Page 95	Page 97
1 A. Yes.	1 in our conversation. The next page after that is what's
2 Q. And are you aware that counsel identified you as	2 called the quick reference screen. So when you get a
3 the organizational representative to testify about	3 claim on any drug I can get details about how that claim
4 documents produced by BMS in response to request for	4 was submitted. So I don't know what the screen looks
5 production 25?	5 like at say your CVS or Walgreens, but they would be
6 A. Yes.	6 entering information, the retail pharmacist enters the
7 Q. Okay. Please look at that page again while I	7 information that appears on this quick claim reference
8 read the response to request for production 25,	8 screen. So in this case you see the gender is marked as
9 "Supplemental response. Please see three Excel	9 male, that was entered by the billing pharmacist. So
10 spreadsheets regarding Plaintiff Fain's medical	10 this is all the billing information, they had to put in
11 information attached as Exhibit 87, 88 and 89, Bates No.	11 how much they're asking for, the amount of days it's
12 DHHRBMS016069, DHHRBMS016070, and DHHRBMS016071	12 supposed to last, that sort of thing.
13 respectively. Additionally, please see other patient	13 Q. Okay. And if we scroll back to what is
14 information regarding Plaintiff Fain attached as	14 technically Page 3 of 6 if you're viewing it in this
15 Exhibit 90, Bates No. DHHRBMS016072 through 16077. With	15 viewer on the platform, the bottom is DHHRBMS016074. Do
16 regard to Plaintiff Anderson, please see two Excel	16 you see that?
17 spreadsheets with medical information attached as	17 A. 074, yes, the PA form?
18 Exhibits 91 and 92, Bates No. DHHRBMS016078 and	18 Q. Yes. So on the PA form it shows a box that has
19 DHHRBMS016079." Did I read that correctly?	19 diagnosis and then an ICD diagnosis code. Does the
20 A. Yes.	20 diagnosis there say transgender?
21 Q. Okay.	21 A. Yes.
22 (Exhibit 18 marked for identification.)	22 Q. And does the ICD diagnosis code say F64.0?
23 Q. Okay. Do you see Exhibit BT0018?	23 A. It does.
24 A. Yes.	24 Q. Okay. And this is specific to Christopher Fain,

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Page 98	Page 100
1 A. That's correct.	1 Veritext Legal Solutions
	1100 Superior Ave
2 Q. Okay.	2 Suite 1820 Cleveland, Ohio 44114
3 ATTORNEY SMITH: Let's take a quick	3 Phone: 216-523-1313
4 five-minute break. And, Kelley, can we go off the	4 April 25, 2022
5 record, please.	5
6 (A break was taken at 10:45 a.m.)	To: Ms. Bandy
7 ATTORNEY SMITH: I have no further	6 Case Name: Fain, Christopher Et Al. v. Crouch, William Et Al.
8 questions for you today, Mr. Thompson, but I do reserve	7
9 the right to ask further questions if your counsel has	Veritext Reference Number: 5128144 8
10 any questions for you.	Witness: Brian Thompson Deposition Date: 4/13/2022
11 THE WITNESS: Okay. It was nice talking to	9 10 Dear Sir/Madam:
12 you though.	11
13 MS. BANDY: I don't have any questions. I	Enclosed please find a deposition transcript. Please have the witness 12
	review the transcript and note any changes or corrections on the
14 would just indicate that the witness will read the	13 included errata sheet, indicating the page, line number, change, and
15 transcript.	14
16 (Proceedings concluded for the day at	the reason for the change. Have the witness' signature notarized and 15
17 10:52 a.m., 04-13-2022)	forward the completed page(s) back to us at the Production address
18	16 shown17 above, or email to production-midwest@veritext.com.
19	18
20	If the errata is not returned within thirty days of your receipt of 19
21	this letter, the reading and signing will be deemed waived.
22	20 21 Sincerply
23	21 Sincerely, 22 Production Department
24	23
25	24 25 NO NOTARY REQUIRED IN CA
B 00	D ₂ = = 101
Page 99 1 REPORTER'S CERTIFICATE	Page 101 1 DEPOSITION REVIEW
1 REPORTER'S CERTIFICATE 2	1 DEPOSITION REVIEW CERTIFICATION OF WITNESS
1 REPORTER'S CERTIFICATE	1 DEPOSITION REVIEW
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1	DEPOSITION REVIEW	1 460 102	
	CERTIFICATION OF WITNESS		
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3	CASE NAME: Fain, Christopher Et Al. v. Crouch, William Et Al. DATE OF DEPOSITION: 4/13/2022		
4	WITNESS' NAME: Brian Thompson		
5	In accordance with the Rules of Civil		
	Procedure, I have read the entire transcript of		
6	my testimony or it has been read to me.		
7	I have listed my changes on the attached Errata Sheet, listing page and line numbers as		
8	well as the reason(s) for the change(s).		
9	I request that these changes be entered		
	as part of the record of my testimony.		
10	There are a labor Francis Character and I		
11	I have executed the Errata Sheet, as well as this Certificate, and request and authorize		
	that both be appended to the transcript of my		
12	testimony and be incorporated therein.		
13			
1.4	Date Brian Thompson		
14	Sworn to and subscribed before me, a		
15	Notary Public in and for the State and County,		
	the referenced witness did personally appear		
16	and acknowledge that:		
17	They have read the transcript;		
18	They have listed all of their corrections in the appended Errata Sheet;		
18	In the appended Errata Sheet; They signed the foregoing Sworn		
19	Statement; and		
	Their execution of this Statement is of		
20	their free act and deed.		
21	I have affixed my name and official seal		
22 23	this day of, 20		
25	Notary Public		
24			
25	Commission Expiration Date		
25	Commission Expiration Date	Page 103	
		Page 103	
25	ERRATA SHEET	Page 103	
1	ERRATA SHEET VERITEXT LEGAL SOLUTIONS MIDWEST	Page 103	
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	Page 102
1	DEPOSITION REVIEW
_	CERTIFICATION OF WITNESS
2	
	ASSIGNMENT REFERENCE NO: 5128144
3	CASE NAME: Fain, Christopher Et Al. v. Crouch, William Et Al.
r	DATE OF DEPOSITION: 4/13/2022
4	WITNESS' NAME: Brian Thompson
5	In accordance with the Rules of Civil
	Procedure, I have read the entire transcript of
6	my testimony or it has been read to me.
7	I have listed my changes on the attached
	Errata Sheet, listing page and line numbers as
8	well as the reason(s) for the change(s).
9	I request that these changes be entered
	as part of the record of my testimony.
10	
	I have executed the Errata Sheet, as well
11	as this Certificate, and request and authorize
	that both be appended to the transcript of my
12	testimony and be incorporated therein.
13	5-18-2022 Drier Thompson
	Date Brian Thompson
14	
	Sworn to and subscribed before me, a
15	Notary Public in and for the State and County,
	the referenced witness did personally appear
16	and acknowledge that:
17	They have read the transcript;
	They have listed all of their corrections
18	in the appended Errata Sheet;
	They signed the foregoing Sworn
19	Statement; and
	Their execution of this Statement is of
20	their free act and deed.
0.1	I have affixed my name and official seal
21	
21 22	this 18th day of May , 20 22.
	Kemberly Mobstein parminum
22	Notary Public
22	Notary Public Notary Public Notary Public Notary Public Notary Public Notary Public State OF West Virginia Kimberly Michelle O'Brien
22 23	Notary Public

Page 103 ERRATA SHEET 1 VERITEXT LEGAL SOLUTIONS MIDWEST 2 ASSIGNMENT NO: 5128144 /REASON 3 PAGE/LINE(S) / CHANGE "Looks for outstanding & unusual claims to help us 4 0.14/14-15 5 excessive travd Ru i waste unusual T mean 6 to Medicaid 15t when the billed claims member tities Or unreported Clarificat 7 urance primary 119 clasification in the 8 nat macu 9 Qnit 25 considered Heart Hosoit 10 12-13 EPSDT H not required C 23 comprehensive à preventative 11 provides that under 12 Services for children age 21 who health care ber Medicaie, EPSDT 13 envolled in are can Cover 14 1770 15 covered Medicaic (200 01 orrection 16 be Hepatitic 17 Should arrection Hepotic 18 5 POS PA Correctia 19 5-18-2022 Brian Thompson Date 20 Otho SUBSCRIBED AND SWORN TO BEFORE ME THIS 21 Mar 20 22 DAY OF 22 23 Notary Publi OFFICIAL SEAL NOTARY PUBLIC STATE OF WEST VIRGINIA Kimberly Michelle O'Brien 24 WV DHHR Bureau for Medical Service 350 Capitol St. Rm 251, Charleston, WV 25301 My Commission Expires July 28, 2026 25 Commission Expiration

Page 103 1 ERRATA SHEET VERITEXT LEGAL SOLUTIONS MIDWEST ASSIGNMENT NO: 5128144 2 3 PAGE/LINE(S) / CHANGE /REASON And so the data that he would 3-5 4 5 was probably at least 2 months been accessing 010 6 onnect 05 30 Spelling 7 pharmacogen it mecho 8 9 10 11 12 13 1415 16 17 18 19 5-18-2022 Brian Thompson 20 Date OL SUBSCRIBED AND SWORN TO BEFORE ME THIS 21 20 22 22 DAY OF 23 Notary Publit 24 PUBLIC VIRGINIA Kimberly Michelle O'Brien W DHHR Bureau for Media Ja ol St. Rm 251, Charleston, WV 25301 25 Commission Expiration Dat IV 28 2000

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:
(A) to review the transcript or recording; and
(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY. THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION. Case 3:20-cv-00740 Document 252-7 Filed 05/31/22 Page 56 of 210 PageID #: 3895

VERITEXT LEGAL SOLUTIONS COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

Veritext Legal Solutions complies with all federal and State regulations with respect to the provision of court reporting services, and maintains its neutrality and independence regardless of relationship or the financial outcome of any litigation. Veritext requires adherence to the foregoing professional and ethical standards from all of its subcontractors in their independent contractor agreements.

Inquiries about Veritext Legal Solutions' confidentiality and security policies and practices should be directed to Veritext's Client Services Associates indicated on the cover of this document or at www.veritext.com.

IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA HUNTINGTON DIVISION

CHRISTOPHER FAIN, individually and on behalf of all others similarly situated, *et al.*,

Plaintiffs,

v.

WILLIAM CROUCH, et al.,

Defendants.

CIVIL ACTION NO. 3:20-cv-00740 HON. ROBERT C. CHAMBERS

PLAINTIFFS' AMENDED NOTICE OF 30(b)(6) DEPOSITION

PLEASE TAKE NOTICE THAT pursuant to Rule 30(b)(6) of the Federal Rules of Civil Procedure, Plaintiffs, individually and on behalf of the proposed classes, will take the deposition of Defendant West Virginia Department of Health and Human Resources, Bureau for Medical Services through its corporate representatives most knowledgeable about the topics listed herein at the following dates and times, and continuing thereafter until completed:

- 1. Frederick Lewis, February 25, 2022, beginning at 9:00 a.m. E.T.
- 2. Sarah Young, March 11, 2022, beginning at 9 a.m. E.T.
- 3. Secretary Crouch, March 17, 2022, beginning at 11:30 a.m. E.T. to 4 p.m. E.T.
- 4. Secretary Crouch, March 18, 2022, beginning 12:30 p.m. E.T. until completion
- Commissioner Beane, as a Rule 30(b)(6) designee and in her individual capacity, March 29, 2022, 9:00 a.m. E.T.
- 6. **Dr. Becker**, March 30, 2022, 8:00 a.m. E.T. to 4:00 p.m. E.T.

- 7. Brandon Lewis, April 5, 2022, 10:00 a.m. E.T.
- 8. Jennifer Myers, April 8, 2022, 9:00 a.m. E.T.
- 9. Becky Manning, April 12, 10:00 a.m. E.T.

If needed, and to the extent any of the designees above are not able to provide the seven hours of testimony on the record provided for under Federal Rules on the dates specified above, Plaintiffs reserve their right to continue the deposition on another date until it is completed.

The depositions will be taken remotely via video teleconference offered by Veritext. The depositions of each designee will continue from day to day until concluded. The depositions will be taken under oath before a certified shorthand reporter or other officer authorized to administer oaths. The deposition will be recorded by stenographic means, and on videotape. The deposition shall be used for discovery purposes and may be used as evidence in this action, including at trial.

The definitions contained in Plaintiffs' First Set of Requests for the Production of Documents apply to this deposition notice. The relevant time period is January 1, 2016 to the present unless otherwise noted below.

Pursuant to Rule 30(b)(6), Deponents provided by Defendant West Virginia Department of Health and Human Resources, Bureau for Medical Services shall be knowledgeable officers, directors, managing agents, or other persons who consent to testify on their behalf concerning the above-captioned matter regarding the following:

1. Your authority to and/or role in establishing eligibility standards for Medicaid providers, determining benefits, and reimbursing providers.

2. Your receipt of federal and/or state funds, including funds from the U.S. Department of Health and Human Services, and all representations made to the federal

and/or state government in the course of securing such funds.

3. Your choice to participate in the Medicaid program.

4. The development, creation, and/or use of the Medicaid Plan.

5. Your efforts to administer the Medicaid Program in West Virginia and/or affirm Your compliance with the Medicaid Act and the Patient Protection and Affordable Care Act.

6. Your relationship with each of the following, including any written or unwritten agreements, policies, practices, and/or procedures, and/or communications as they relate to the provision of healthcare coverage to West Virginia Medicaid participants: Mountain Health Trust, UniCare Health Plan of West Virginia, Inc., The Health Plan, Aetna Better Health of West Virginia, and the Rational Drug Therapy Program.

7. Your role in determining and/or offering healthcare coverage to West Virginia Medicaid participants, including Your authority, responsibility, and duties as they relate to determining and/or offering healthcare coverage to West Virginia Medicaid participants.

8. Healthcare coverage and/or denials through Medicaid for transgender West Virginians generally and Christopher Fain and Shauntae Anderson specifically.

9. The decision to stop excluding hormone therapy from coverage in 2017 and/or Your experience covering and/or denying coverage for hormone therapy before and after 2017.

10. Your policies, practices, and procedures related to the Exclusion, including but not limited to how the Exclusion is developed, approved, and maintained.

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11. Any government interests that you contend support the Exclusion, and their factual bases.

12. Any research, consideration, and/or analysis by or on behalf of You regarding providing access to gender-confirming care for West Virginia Medicaid participants.

13. Any research, consideration, and/or analysis by or on behalf of You regarding the legality of the Exclusion.

14. As to healthcare coverage for West Virginia Medicaid participants, Your data and documents systems, including but not limited to hardware configuration, software configuration, network configuration, internet structure, and document and data retention systems.

15. As to healthcare coverage for West Virginia Medicaid participants, Your organizational structure including its units, divisions, and departments.

16. The number of Medicaid participants who are transgender and/or have sought any form of care for the treatment of gender dysphoria.

17. All lawsuits, counterclaims, arbitrations, complaints, or judicial or quasi-judicial actions brought or threatened against You related to the denial of gender-confirming care.

18. All interrogatory requests, requests for admission, and requests for production of documents directed to Defendants William Crouch, Cynthia Beane, and West Virginia Department of Health and Human Resources, Bureau for Medical Services, and any discovery responses, responsive documents, filings, or productions by or on behalf of Defendants William Crouch, Cynthia Beane, and West Virginia Department of Health and Human Resources, Bureau for Medical Services, Bureau for Medi

Dated: February 22, 2022

/s/ Walt Auvil

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Attorneys for Plaintiffs

* Admitted Pro Hac Vice

CERTIFICATE OF SERVICE

I hereby certify that I electronically filed the foregoing document on February 22, 2022

with the Clerk of the Court using the CM/ECF system, which will send notification of filing, and

a copy of the same, to the following CM/ECF participants:

Lou Ann S. Cyrus (WVSB # 6558) Roberta F. Green (WVSB #6598) Caleb B. David (WVSB #12732) Kimberly M. Bandy (WVSB #10081) SHUMAN MCCUSKEY SLICER PLLC P.O. Box 3953, Charleston, WV 25339 (304) 345-1400; (304) 343-1826 (fax) lcyrus@shumanlaw.com rgreen@shumanlaw.com cdavid@shumanlaw.com

Attorneys for Defendants William Crouch; Cynthia Beane; and West Virginia Department of Health and Human Resources, Bureau for Medical Services Eric D. Salyers (WVSB #13042) Perry W. Oxley (WVSB # 7211) David E. Rich (WVSB #9141) Christopher K. Weed (WVSB #13868) OXLEY RICH SAMMONS, PLLC P.O. Box 1704 517 9th Street, Suite 1000 Huntington, West Virginia 25718 Phone: (304) 522-1138 Fax: (304) 522-9528 poxley@oxleylawwv.com drich@oxleylawwv.com esalyers@oxleylawwv.com

Attorneys for Defendant Jason Haught

Dated: February 22, 2022

s/ Walt Auvil Walt Auvil, WV Bar No. 190 THE EMPLOYMENT LAW CENTER, PLLC 1208 Market Street Parkersburg, WV 26101 Phone: 304-485-3058

Facsimile: 304-485-3058 auvil@theemploymentlawcenter.com

IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA HUNTINGTON DIVISION

CHRISTOPHER FAIN, individually and on behalf of all others similarly situated, *et al.*,

Plaintiffs,

v.

WILLIAM CROUCH, et al.,

Defendants.

CIVIL ACTION NO. 3:20-cv-00740 HON. ROBERT C. CHAMBERS

PLAINTIFFS' SECOND AMENDED NOTICE OF 30(b)(6) DEPOSITION

PLEASE TAKE NOTICE THAT pursuant to Rule 30(b)(6) of the Federal Rules of Civil Procedure, Plaintiffs, individually and on behalf of the proposed classes, will take the deposition of Defendant West Virginia Department of Health and Human Resources, Bureau for Medical Services through its corporate representatives most knowledgeable about the topics listed herein at the following dates and times, and continuing thereafter until completed:

- 1. Sarah Young, March 11, 2022, beginning at 9 a.m. E.T.
- 2. Secretary Crouch, March 17, 2022, beginning at 11:30 a.m. E.T. to 4 p.m. E.T.
- 3. Secretary Crouch, March 18, 2022, beginning 12:30 p.m. E.T. until completion
- Commissioner Beane, as a Rule 30(b)(6) designee and in her individual capacity, March 29, 2022, beginning at 9:00 a.m. E.T.
- 5. **Dr. Becker**, March 30, 2022, beginning at 8:00 a.m. E.T. to 4:00 p.m. E.T.
- 6. Frederick Lewis, April 4, 2022, beginning at 9:00 a.m. E.T.

7. Brandon Lewis, April 5, 2022, beginning at 10:00 a.m. E.T.

8. Jennifer Myers, April 8, 2022, beginning at 9:00 a.m. E.T.

9. Becky Manning, April 12, 2022, beginning at 10:00 a.m. E.T.

10. Brian Thompson, April 13, 2022, beginning at 9:00 a.m. E.T.

If needed, and to the extent any of the designees above are not able to provide the seven hours of testimony on the record provided for under Federal Rules on the dates specified above, Plaintiffs reserve their right to continue the deposition on another date until it is completed.

The depositions will be taken remotely via video teleconference offered by Veritext. The depositions of each designee will continue from day to day until concluded. The depositions will be taken under oath before a certified shorthand reporter or other officer authorized to administer oaths. The deposition will be recorded by stenographic means, and on videotape. The deposition shall be used for discovery purposes and may be used as evidence in this action, including at trial.

The definitions contained in Plaintiffs' First Set of Requests for the Production of Documents apply to this deposition notice. The relevant time period is January 1, 2016 to the present unless otherwise noted below.

Pursuant to Rule 30(b)(6), Deponents provided by Defendant West Virginia Department of Health and Human Resources, Bureau for Medical Services shall be knowledgeable officers, directors, managing agents, or other persons who consent to testify on their behalf concerning the above-captioned matter regarding the following:

1. Your authority to and/or role in establishing eligibility standards for Medicaid providers, determining benefits, and reimbursing providers.

2. Your receipt of federal and/or state funds, including funds from the U.S.

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Department of Health and Human Services, and all representations made to the federal and/or state government in the course of securing such funds.

3. Your choice to participate in the Medicaid program.

4. The development, creation, and/or use of the Medicaid Plan.

5. Your efforts to administer the Medicaid Program in West Virginia and/or affirm Your compliance with the Medicaid Act and the Patient Protection and Affordable Care Act.

6. Your relationship with each of the following, including any written or unwritten agreements, policies, practices, and/or procedures, and/or communications as they relate to the provision of healthcare coverage to West Virginia Medicaid participants: Mountain Health Trust, UniCare Health Plan of West Virginia, Inc., The Health Plan, Aetna Better Health of West Virginia, and the Rational Drug Therapy Program.

7. Your role in determining and/or offering healthcare coverage to West Virginia Medicaid participants, including Your authority, responsibility, and duties as they relate to determining and/or offering healthcare coverage to West Virginia Medicaid participants.

8. Healthcare coverage and/or denials through Medicaid for transgender West Virginians generally and Christopher Fain and Shauntae Anderson specifically.

9. The decision to stop excluding hormone therapy from coverage in 2017 and/or Your experience covering and/or denying coverage for hormone therapy before and after 2017.

10. Your policies, practices, and procedures related to the Exclusion, including

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but not limited to how the Exclusion is developed, approved, and maintained.

11. Any government interests that you contend support the Exclusion, and their factual bases.

12. Any research, consideration, and/or analysis by or on behalf of You regarding providing access to gender-confirming care for West Virginia Medicaid participants.

13. Any research, consideration, and/or analysis by or on behalf of You regarding the legality of the Exclusion.

14. As to healthcare coverage for West Virginia Medicaid participants, Your data and documents systems, including but not limited to hardware configuration, software configuration, network configuration, internet structure, and document and data retention systems.

15. As to healthcare coverage for West Virginia Medicaid participants, Your organizational structure including its units, divisions, and departments.

16. The number of Medicaid participants who are transgender and/or have sought any form of care for the treatment of gender dysphoria.

17. All lawsuits, counterclaims, arbitrations, complaints, or judicial or quasi-judicial actions brought or threatened against You related to the denial of gender-confirming care.

18. All interrogatory requests, requests for admission, and requests for production of documents directed to Defendants William Crouch, Cynthia Beane, and West Virginia Department of Health and Human Resources, Bureau for Medical Services, and any discovery responses, responsive documents, filings, or productions by or on behalf of Defendants William Crouch, Cynthia Beane, and West Virginia Department of Health and Human Resources, Bureau for Medical Services.

Dated: March 1, 2022

/s/ Walt Auvil

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Attorneys for Plaintiffs

* Admitted Pro Hac Vice

CERTIFICATE OF SERVICE

I hereby certify that I electronically filed the foregoing document on March 1, 2022 with

the Clerk of the Court using the CM/ECF system, which will send notification of filing, and a

copy of the same, to the following CM/ECF participants:

Lou Ann S. Cyrus (WVSB # 6558) Roberta F. Green (WVSB #6598) Caleb B. David (WVSB #12732) Kimberly M. Bandy (WVSB #10081) SHUMAN MCCUSKEY SLICER PLLC P.O. Box 3953, Charleston, WV 25339 (304) 345-1400; (304) 343-1826 (fax) lcyrus@shumanlaw.com rgreen@shumanlaw.com cdavid@shumanlaw.com

Attorneys for Defendants William Crouch; Cynthia Beane; and West Virginia Department of Health and Human Resources, Bureau for Medical Services Eric D. Salyers (WVSB #13042) Perry W. Oxley (WVSB # 7211) David E. Rich (WVSB #9141) Christopher K. Weed (WVSB #13868) OXLEY RICH SAMMONS, PLLC P.O. Box 1704 517 9th Street, Suite 1000 Huntington, West Virginia 25718 Phone: (304) 522-1138 Fax: (304) 522-9528 poxley@oxleylawwv.com drich@oxleylawwv.com esalyers@oxleylawwv.com

Attorneys for Defendant Jason Haught

Dated: March 1, 2022

s/ Walt Auvil

Walt Auvil, WV Bar No. 190 THE EMPLOYMENT LAW CENTER, PLLC 1208 Market Street Parkersburg, WV 26101 Phone: 304-485-3058 Facsimile: 304-485-3058 auvil@theemploymentlawcenter.com

IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA HUNTINGTON DIVISION

CHRISTOPHER FAIN; ZACHARY MARTELL; and BRIAN MCNEMAR, Individually and on behalf of all others similarly situated,

Plaintiffs,

Civil Action No. 3:20-cv-00740 Hon. Robert C. Chambers, Judge

v.

WILLIAM CROUCH, in his official capacity as Cabinet Secretary of the West Virginia Department of Health and Human Resources; CYNTHIA BEANE, in her official capacity as Commissioner for the West Virginia Bureau for Medical Services; WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES; TED CHEATHAM, in his official Capacity as Director of the West Virginia Public Employees Insurance Agency; and THE HEALTH PLAN OF WEST VIRGINIA, INC.

Exhibit BT 0003

DEFENDANTS' RESPONSE TO PLAINTIFF'S FIRST SET OF INTERROGATORIES TO DEFENDANTS WILLIAM CROUCH, CYNTHIA BEANE, AND WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, <u>BUREAU FOR MEDICAL SERVICES</u>

INTERROGATORIES

1. Identify all persons with involvement in, or knowledge of, the creation, review, and maintenance of the Exclusion of coverage for Gender-Confirming Care in the Health Plans offered through West Virginia's Medicaid Program.

RESPONSE: Objection. All persons having "knowledge of" any exclusion is overly broad and burdensome and could entail countless people inside and outside of the Defendant WVDHHR. Knowledge of the creation of any exclusion by the individual Managed Care Organizations, as well as review and maintenance of any such exclusion, would be with the individual MCOs. Without waiving these objections, the following individuals have been involved in the process of determining whether coverage is excluded:

Dr. James Becker, Medical Director, West Virginia Bureau for Medical Services

Jennifer J. Myers, Director of Professional Services, Bureau for Medical Services

Tanya Cyrus, Chief Quality and Integrity Officer, Bureau for Medical Services

Carrie Mallory, Program Manager, Bureau for Medical Services

Karen Burgess, Certified Coder, Office of Program Integrity

Cynthia Shelton, former Director of Operations, Bureau for Medical Services.

2. Describe in detail the factual basis for each governmental interest that Defendants contend supports the Exclusion.

RESPONSE: These Defendants state that they provide coverage that is mandated for coverage by the Centers for Medicare and Medicaid Services (CMS). These defendants are constrained by budgetary/cost considerations.

3. Identify and describe in detail every instance in which a Health Plan offered through West Virginia's Medicaid Program provides partial or full coverage for Gender-Confirming Care of any kind, including but not limited to counseling and/or therapy, hormone therapy, or surgery. Include in you answer the coverage criteria for such care and the date such coverage began.

RESPONSE: Objection. This question seeking "every instance" is overly broad and burdensome. Without waiving the objection, with respect to any gender-confirming care that it is requested through the Managed Care Organizations, these Defendants are not in possession of this information. This question would best be directed to the individual MCOs regarding any care requested through them.

Upon information and belief, counseling is a covered service. These defendants would not necessarily know the reason for counseling and whether it was related to genderconfirming care or some other reason.

To the extent that this Request includes hormone therapy, these defendants object to this question on the basis it is not calculated to lead to the discovery of admissible evidence due to the fact the Plaintiff's claim regarding hormones has been voluntarily dismissed. Further, without waiving the objection, with regard to hormone therapy, these Defendants do not have a database where they keep track of the information in the manner requested. The data is not kept in a manner which would allow them to identify which patients have requested hormone therapy for gender confirming care. Information is tracked by the medication or drug requested, not the diagnosis or reason for the request. Upon information and belief, there are no gender edits for most estrogen and testosterone containing products, so coverage would not be denied on the basis that the hormone therapy was sought as part of gender-confirming care.

With respect to pharmacy services, please see BMS Provider Manual Chapter 518 Pharmacy Services that can be accessed online at:

https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter_518_Pharmacy_Services%20.pdf

and the most recently updated Preferred Drug List with Prior Authorization Criteria that can be accessed online at:

https://dhhr.wv.gov/bms/BMS%20Pharmacy/Documents/Preferred%20Drug%20Li st/2021/WV%20PDL%202021.Q3b%20v11.pdf.

Please note that to the extent that the Provider Manual states in section 518.4 that "Other drugs may be limited in quantity, duration, or based on gender. The information regarding these drug products and their limitations is available on the BMS website[,]" the "Drug Limits" list available online was last updated June 1, 2016, and does not reflect the removal of the gender edit for most estrogen and testosterone containing products.

- 4. Identify all conditions, diagnostic codes, or instances where coverage for hormone therapy is available under the Health Plans offered through West Virginia's Medicaid Program. Include in that identification:
 - a. Diagnostic code(s);
 - b. Procedure code(s);
 - c. Medical necessity criteria.

RESPONSE: These defendants object to this question on the basis it is not calculated to lead to the discovery of admissible evidence due to the fact the Plaintiff's claim regarding hormones has been voluntarily dismissed. Without waiving this objection please see BMS Provider Manual Chapter 518 Pharmacy Services that can be accessed online at:

https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter_518_Pharmacy_Se rvices%20.pdf

and the most recently updated Preferred Drug List with Prior Authorization Criteria that can be accessed online at:

https://dhhr.wv.gov/bms/BMS%20Pharmacy/Documents/Preferred%20Drug%20Li st/2021/WV%20PDL%202021.Q3b%20v11.pdf.

Please note that to the extent that the Provider Manual states in section 518.4 that "Other drugs may be limited in quantity, duration, or based on gender. The information regarding these drug products and their limitations is available on the BMS website[,]" the "Drug Limits" list available online was last updated June 1, 2016, and does not reflect the removal of the gender edit for most estrogen and testosterone containing products.

- 5. Identify all conditions, diagnostic codes, or instances where coverage for mastectomy, breast reduction surgery, and chest reconstruction surgery is available under the Health Plans offered through West Virginia's Medicaid Program. Include in that identification:
 - d. Diagnostic code(s);
 - e. Procedure code(s);
 - f. Medical necessity criteria.

RESPONSE: With respect to any such care requested or provided through the Managed Care Organizations, these Defendants are not in possession of this information. This question would best be directed to the individual MCOs.

Please see BMS Provider Manual Chapter 519.16 Surgical Services that can be accessed online at:

https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20519%20Practit ioner%20Services/Policy_519.16_Surgical_Services.pdf.

6. Describe in detail the factual basis for the decision to no longer exclude coverage for hormone therapy as treatment for gender dysphoria in the Health Plans offered through West Virginia's Medicaid Program.

RESPONSE: Upon information and belief, in or around 2017 it came to the attention of then-Pharmacy Director that claims were being denied based on gender edits that were in place for estrogen and testosterone containing products. After consulting with the Medical Director, a decision was made to remove the gender edits so that the hormone therapy would not be denied on the basis of gender.

7. Identify all persons, including but not limited to persons affiliated with the Rational Drug Therapy Program, who have been involved in the decision to provide coverage for hormone therapy as treatment for gender dysphoria.

RESPONSE: Upon information and belief, former Pharmacy Director Vicki Cunningham and Medical Director Dr. James Becker were involved in removal of the gender edit.

WILLIAM CROUCH, CYNTHIA BEANE, and WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES,

By counsel

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IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA HUNTINGTON DIVISION

CHRISTOPHER FAIN; ZACHARY MARTELL; and BRIAN MCNEMAR,

Individually and on behalf of all others similarly situated,

Plaintiffs,

Civil Action No. 3:20-cv-00740 Hon. Robert C. Chambers, Judge

v.

WILLIAM CROUCH, in his official capacity as Cabinet Secretary of the West Virginia Department Of Health and Human Resources; CYNTHIA BEANE, in her official capacity as Commissioner for the West Virginia Bureau for Medical Services; WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES; TED CHEATHAM, in his official Capacity as Director of the West Virginia Public Employees Insurance Agency; and THE HEALTH PLAN OF WEST VIRGINIA, INC.

Defendants.

CERTIFICATE OF SERVICE

Now come Defendants William Crouch, Cynthia Beane and West Virginia Department of Health and Human Resources, by counsel, and do hereby certify that on the 27th day of August, 2021, a true and exact copy of **DEFENDANTS RESPONSE TO PLAINTIFF'SFIRST SET OF INTERROGATORIES TO DEFENDANTS WILLIAM CROUCH, CYNTHIA BEANE, AND WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES** was served on counsel via electronic means as follows: Walt Auvil (WVSB#190) **Counsel for Plaintiffs** The Employment Law Center, PLLC 1208 Market Street Parkersburg, WV 26101-4323 (304) 485-3058 (304) 485-6344 (fax) auvil@theemploymentlawcenter.com

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IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA HUNTINGTON DIVISION

CHRISTOPHER FAIN, and SHAWN ANDERSON, a/k/a Shauntae Anderson, individually and on behalf of all others similarly situated,

Plaintiffs,

Civil Action No. 3:20-cv-00740 Hon. Robert C. Chambers, Judge

V.

WILLIAM CROUCH, in his official capacity as Cabinet Secretary of the West Virginia Department Of Health and Human Resources; CYNTHIA BEANE, in her official capacity as Commissioner for the West Virginia Bureau for Medical Services; and WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES,



Defendants.

DEFENDANTS' NINTH SUPPLEMENTAL RESPONSE TO PLAINTIFF'S FIRST SET OF REQUESTS FOR PRODUCTION TO DEFENDANTS WILLIAM CROUCH, CYNTHIA BEANE, AND WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES

DOCUMENT REQUESTS

2. All documents relating to Plaintiff's communications, injuries, requests for coverage, requests for prior authorization, requests for reimbursement and/or complaints regarding coverage for Gender-Confirming Care through the West Virginia Medicaid Program. This Request includes but is not limited to:

a. All communications to and from Plaintiff relating to coverage for Gender-

Confirming Care;

- b. All Documents and communications regarding Plaintiff's requests for Gender-Confirming Care, including but not limited to communications among Defendants, and/or the employees, entities, agents, representatives, contractors, vendors, and/or consultants of Defendants and/or West Virginia Department of Health and Human Resources, Bureau of Medical Services;
- c. All Documents and communications relating to consideration or processing by third-party administrators, contractors, and/or vendors of requests for Gender-Confirming Care by Plaintiff.

SUPPLEMENTAL RESPONSE: Pursuant to the Protective Order, *see* Member Notes (pharmacy) for Plaintiff Anderson, attached as Exhibit 172 (Bates No. DHHRBMS021560 - 21562).

3. Taking necessary steps to comply with applicable privacy laws and making all necessary redactions to protect any personal health information. Documents in electronic, delimited, and importable format (e.g., excel spreadsheet) sufficient to show number of individuals who have requested coverage for Gender-Confirming Care, the number of claims each individual has made for Gender-Confirming Care, whether those claims were approved or denied, the factual reasons for each decision, and whether any denials were based in whole or in part on the Exclusion.

SUPPLEMENTAL RESPONSE: See hormones data, attached as Exhibit 173 (Bates No. DHHRBMS021563).

6. All Documents and communications relating to the Exclusion and/or Gender-Confirming Care considered by the individuals responsible for adopting and/or maintaining the Exclusion in the Health Plans. Please identify the responsive Documents by Bates number. This includes, but is not limited to:

- a. Documents and communications regarding the safety or efficacy of Gender-Confirming Care;
- Documents and communications regarding the medical necessity of Gender-Confirming Care; and
- c. Documents and communications regarding the cost of Gender-Confirming Care.

SUPPLEMENTAL RESPONSE: Upon information and belief, see the following documents that have previously been produced as part of Exhibit 86: DHHRBMS012313-012314; DHHRBMS012318; DHHRBMS012322-012323; DHHRBMS012333; DHHRBMS012338; DHHRBMS012434-012447; DHHRBMS012483-012501; DHHRBMS012648-012653; DHHRBMS012665-012668; DHHRBMS012711-012823; DHHRBMS013523-013524; DHHRBMS015304; and DHHRBMS015453-15489. The following documents are designated CONFIDENTIAL: DHHRBMS012649-012653 and DHHRBMS012714-12823.

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9. Documents sufficient to identify the circumstances in which hormone therapy is covered through the West Virginia Medicaid Program, including but not limited to Diagnostic Codes, Procedure Codes, contracts, Health Plans, clinical guidelines and/or criteria, medical necessity criteria, and pre/prior authorization requirements and procedures where applicable.

SUPPLEMENTAL RESPONSE: See Limits 2022 Preferred Drug List, attached as Exhibit 174 (Bates No. DHHRBMS021564 – 21581).

15. The Rational Drug Therapy Program's criteria for coverage of hormone therapy for transgender and non-transgender West Virginia Medicaid participants.

SUPPLEMENTAL RESPONSE: Upon information and belief, see RDTP Email Correspondence and Attachments, marked as Exhibit 175 (Bates No. DHHRBMS021582 – 21620).

18. Documents that Defendants intend to use as exhibits at deposition, summary judgment, or trial, or that may be used to refresh the recollection of a witness at depositions or trial.

SUPPLEMENTAL RESPONSE: *See* Exhibits 176 to 187 (Bates No. DHHRBMS021621 - 21691), which represent materials that may be referred to by Brandon Lewis in connection with his anticipated testimony on Topic 14 in the Second Amended 30(b) Notice.

24. To the extent not requested above, all Documents that Defendants may rely upon to support their defenses against Plaintiff's claims in this action.

SUPPLEMENTAL RESPONSE: *See* Gender Edit Information 2010, attached as Exhibit 188 (Bates No. DHHRBMS021692 - 21700), and Gender Edit Information 2011, attached as Exhibit 189 (DHHRBMS021701 - 21709).

> WILLIAM CROUCH, CYNTHIA BEANE, and WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES,

By counsel

/s/Kimberly M. Bandy Lou Ann S. Cyrus, Esq. (WVSB #6558) Roberta F. Green, Esq. (WVSB #6598) Caleb B. David, Esq. (WVSB #12732) Kimberly M. Bandy, Esq. (WVSB #10081) Counsel for William Crouch, Cynthia Beane, and West Virginia Department of Health and Human Resources, Bureau for Medical Services SHUMAN MCCUSKEY SLICER PLLC P.O. Box 3953 Charleston, WV 25339 (304) 345-1400; (304) 343-1826 (fax) lcyrus@shumanlaw.com rgreen@shumanlaw.com cdavid@shumanlaw.com kbandy@shumanlaw.com

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IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA HUNTINGTON DIVISION

CHRISTOPHER FAIN, and SHAWN ANDERSON, a/k/a Shauntae Anderson, individually and on behalf of all others similarly situated,

Plaintiffs,

Civil Action No. 3:20-cv-00740 Hon. Robert C. Chambers, Judge

v.

WILLIAM CROUCH, in his official capacity as Cabinet Secretary of the West Virginia Department Of Health and Human Resources; CYNTHIA BEANE, in her official capacity as Commissioner for the West Virginia Bureau for Medical Services; and WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES,

Defendants.

CERTIFICATE OF SERVICE

Now come Defendants William Crouch, Cynthia Beane and West Virginia Department of Health and Human Resources, by counsel, and do hereby certify that on the 25th day of March, 2022, a true and exact copy of **DEFENDANTS' NINTH SUPPLEMENTAL RESPONSE TO PLAINTIFF'S FIRST SET OF REQUESTS FOR PRODUCTION TO DEFENDANTS WILLIAM CROUCH, CYNTHIA BEANE, AND WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES** was served on counsel via electronic means as follows:

Case 3:20-cv-00740 Document 252-7 Filed 05/31/22 Page 83 of 210 PageID #: 3922

Case 3:20-cv-00740 Document 227 Filed 03/25/22 Page 2 of 3 PageID #: 1425

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IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA HUNTINGTON DIVISION

CHRISTOPHER FAIN; ZACHARY MARTELL; and BRIAN MCNEMAR,

Individually and on behalf of all others similarly situated,

Plaintiffs,

Civil Action No. 3:20-cv-00740 Hon. Robert C. Chambers, Judge

v.

WILLIAM CROUCH, in his official capacity as Cabinet Secretary of the West Virginia Department of Health and Human Resources; CYNTHIA BEANE, in her official capacity as Commissioner for the West Virginia Bureau for Medical Services; WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES; TED CHEATHAM, in his official Capacity as Director of the West Virginia Public Employees Insurance Agency; and THE HEALTH PLAN OF WEST VIRGINIA, INC.

Exhibit BT 0007

DEFENDANTS' FIRST SUPPLEMENTAL RESPONSE TO PLAINTIFF'S FIRST SET OF REQUESTS FOR PRODUCTION TO DEFENDANTS WILLIAM CROUCH, CYNTHIA BEANE, AND WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES

DOCUMENT REQUESTS

8. Documents sufficient to identify the circumstances in which counseling and/or therapy is

covered through the West Virginia Medicaid Program, including but not limited to Diagnostic

Codes, Procedure Codes, contracts, Health Plans, clinical guidelines and/or criteria, medical

necessity criteria, and pre/prior authorization requirements and procedures where applicable.

SUPPLEMENTAL RESPONSE: Please see BMS Provider Manual Chapter 519.22, attached as Exhibit 4, beginning with Bates Number DHHRBMS000107.

9. Documents sufficient to identify the circumstances in which hormone therapy is covered

through the West Virginia Medicaid Program, including but not limited to Diagnostic Codes,

Procedure Codes, contracts, Health Plans, clinical guidelines and/or criteria, medical necessity

criteria, and pre/prior authorization requirements and procedures where applicable.

SUPPLEMENTAL RESPONSE: Please see BMS Provider Manual Chapter 518 Pharmacy Services, attached as Exhibit 5, beginning with Bates Number DHHRBMS000109, and the most recently updated Preferred Drug List with Prior Authorization Criteria, attached as Exhibit 6, beginning with Bates Number DHHRBMS000145.

Please note that to the extent that the Provider Manual states in section 518.4 that "Other drugs may be limited in quantity, duration, or based on gender. The information regarding these drug products and their limitations is available on the BMS website[,]" the "Drug Limits" list available online was last updated June 1, 2016, and does not reflect the removal of the gender edit for most estrogen and testosterone containing products.

10. Documents sufficient to identify the circumstances in which orchiectomy, penectomy, vaginoplasty, hysterectomy, phalloplasty, mammoplasty, breast reconstruction surgery, and/or mastectomy are covered through the West Virginia Medicaid Program, including but not limited to Diagnostic Codes, Procedure Codes, contracts, health plans, clinical guidelines and/or criteria, medical necessity criteria, and pre/prior authorization requirements and procedures where applicable.

SUPPLEMENTAL RESPONSE: Please see BMS Provider Manual Chapter 519.16 Surgical Services, attached as Exhibit 7, beginning with Bates Number DHHRBMS000199. 22. All documents upon which Defendants considered, relied upon, or intend to rely upon, in

support of their admissions and/or denials of any of the allegations contained in the Complaint.

SUPPLEMENTAL RESPONSE: Please see the Medicaid State Plan, attached as Exhibit 8, beginning with Bates Number DHHRBMS000203, and the online table of contents, attached as Exhibit 9, beginning with Bates Number DHHRBMS001003.

WILLIAM CROUCH, CYNTHIA BEANE, and WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES,

By counsel

/s/Kimberly M. Bandy Lou Ann S. Cyrus, Esquire (WVSB #6558) Roberta F. Green, Esquire (WVSB #6598) Caleb B. David, Esquire (WVSB #12732) Kimberly M. Bandy, Esquire (WVSB #10081) SHUMAN MCCUSKEY SLICER PLLC P.O. Box 3953 Charleston, WV 25339 (304) 345-1400; (304) 343-1826 (fax) lcyrus@shumanlaw.com rgreen@shumanlaw.com cdavid@shumanlaw.com

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Plaintiffs,

Civil Action No. 3:20-cv-00740 Hon. Robert C. Chambers, Judge

 \mathbf{v}_{z}

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Defendants.

CERTIFICATE OF SERVICE

Now come Defendants William Crouch, Cynthia Beane and West Virginia Department of Health and Human Resources, by counsel, and do hereby certify that on the 13th day of October, 2021, a true and exact copy of **DEFENDANTS' FIRST SUPPLEMENTAL RESPONSE TO PLAINTIFF'S FIRST SET OF REQUESTS FOR PRODUCTION TO DEFENDANTS WILLIAM CROUCH, CYNTHIA BEANE, AND WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES** was served on counsel via electronic means as follows: Walt Auvil (WVSB#190) *Counsel for Plaintiffs* The Employment Law Center, PLLC 1208 Market Street Parkersburg, WV 26101-4323 (304) 485-3058 (304) 485-6344 (fax) auvil@theemploymentlawcenter.com

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Exhibit BT 0008



CHAPTER 518 PHARMACY SERVICES

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DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.

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CHAPTER 518 PHARMACY SERVICES

BACKGROUND

West Virginia Medicaid offers a comprehensive scope of Pharmacy services to Medicaid members as an optional program, subject to medical necessity, appropriateness criteria, and prior authorization requirements. All covered drugs, whether legend or over the counter, must be prescribed by a practitioner qualified under state law within the scope of his/her license and in accordance with all state and Federal requirements.

The Omnibus Budget Reconciliation Act of 1990 (OBRA '90) mandated major changes in coverage and reimbursement for Medicaid-covered outpatient drugs. West Virginia Medicaid reimbursement is limited to drugs whose manufacturers have entered into and have in effect a rebate agreement with the Secretary, US Department of Health and Human Services.

POLICY

518.1 COVERED SERVICES

Except for certain limitations and exclusions, West Virginia Medicaid will reimburse for the following:

- Outpatient legend drugs;
- Specific over-the-counter drugs;
- Compounded prescriptions;
- Drugs that require prior authorization, when approved by the Bureau for Medical Services (BMS);
- Family planning supplies, including certain over-the-counter supplies;
- Certain diabetic supplies;
- Influenza, pneumonia, Hepatitis A, Hepatitis B, tetanus, tetanus-diphtheria (Td), and tetanusdiphtheria-and-pertussis (Tdap) vaccines for adults 19 years of age and older administered by a pharmacist. Members up to 19 years of age have access to vaccines via the Vaccines for Children Program; and
- Herpes zoster vaccine for adults 50 years of age and older administered by a pharmacist.

Drugs covered under the Medicaid outpatient pharmacy program are those that have been approved for safety and effectiveness under the Federal Food, Drug, and Cosmetic Act, when used for medically accepted indications.

Medically accepted indication means any use that is supported by one or more of the following official compendia:

- 1. The American Hospital Formulary Service Drug Information
- 2. The United States Pharmacopoeia Drug Information or its approved replacement
- 3. The DrugDex Information System

All covered drugs, whether legend or over the counter, must be prescribed by a practitioner qualified under state law within the scope of his/her license and in accordance with all state and Federal requirements.

The West Virginia Medicaid program follows the US Office of Inspector General's (OIG) guidelines in excluding prescribers from participating with West Virginia Medicaid who are barred from participating in Federal health programs. Reimbursement of prescriptions issued by these excluded prescribers is denied.

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West Virginia Medicaid also excludes from reimbursement any prescription ordered by a prescriber who is not enrolled with West Virginia Medicaid.

518.1.1 Preferred Drug List (PDL)

The West Virginia Preferred Drug List (PDL) is a list of medications recommended to the BMS by the West Virginia Medicaid Pharmaceutical and Therapeutics (P&T) Committee and approved by the U.S. Secretary of the Department of Health and Human Resources. The P&T Committee is composed of actively practicing physicians, pharmacists, a nurse practitioner, and a physician's assistant. The P&T Committee meetings are held a minimum of three times per year and are open to the public.

The drugs that are designated as "preferred" have been selected for their clinical significance and overall cost efficiencies. All Medicaid-covered drugs noted as "non-preferred" continue to be available through the prior authorization process.

The PDL only contains drugs from certain drug classes. Some classes of drugs will not be reviewed for preferential agents because there are no, or limited cost savings associated with these classes. Drugs that meet the criteria for coverage and have no preferred status are considered covered drugs.

The PDL is updated at minimum annually and as needed. Newly released drugs in classes that are included in the PDL will be considered non-preferred until the new drug has been reviewed.

The complete PDL, criteria for coverage of non-preferred drugs, minutes of P&T Committee meetings, and other pertinent information are available on the <u>BMS website</u>.

518.1.2 Over-the-Counter Drugs

Certain over-the-counter (OTC) drugs are reimbursed for eligible Medicaid members when prescribed by a qualified practitioner. The OTC drugs must be manufactured by companies participating in the Federal drug rebate program and are limited to generic products when available. Any OTC drug available in packaging designed for OTC sale to the public must be dispensed in the original packaging. These products must be billed at the shelf price of the pharmacy. If a pharmacy is not accessible to, or frequented by the general public, or if the OTC drug is not on display for sale to the general public, then the product will be reimbursed at the same rate as legend drugs.

The OTC drugs are not covered for residents of skilled nursing home facilities or intermediate care facilities for individuals with intellectual disabilities (ICF/IID) except for insulin. These drugs are included in the rates paid to these facilities.

A current list of covered OTC drugs is available on the BMS website.

518.1.3 Diabetic Testing Supplies and Syringes/Needles

Certain supplies used by eligible diabetic Medicaid members are covered through the Outpatient Pharmacy program. A prescription issued by a licensed prescriber within the scope of his/her practice is required for coverage of these items. Verbal prescriptions that meet Federal and state regulations are

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permitted. Prescriptions must state the number of tests to be performed per day. Co-payments are not required on prescriptions for these items. Covered supplies include:

- Blood glucose testing strips;
- Urine testing tablets and strips;
- Lancets;
- Insulin syringe and needle combinations for the administration of insulin; and
- Needles for insulin pen systems.

Needle and syringe combinations and disposable pen needles for insulin pens are reimbursed through the Pharmacy Point-Of-Sale (POS) program only for the administration of insulin.

Diabetic testing supplies and syringes/needles are not covered pharmacy services for members residing in skilled nursing or ICF/IID facilities.

The following limits apply for those members who have insulin dependent diabetes:

Urine and blood glucose testing tablets and strips	150 per 30 days
Lancets	200 per 30 days
Insulin syringe and needle combinations	100 per 30 days
Pen needles	100 per 30 days

The following limits apply for those members who have non-insulin dependent diabetes:

Urine and blood glucose testing tablets and strips	100 per 30 days
Lancets	100 per 30 days

Prescriptions for quantities greater than the above referenced amounts require prior authorization through the pharmacy prior authorization vendor.

Dual eligible members have coverage of diabetic supplies through Medicare. Medicaid will not cover these supplies for dual eligible individuals, except for amounts that may be reimbursed on Medicare Part B crossover.

518.1.4 Home Infusion Therapy Pharmacy Services

Drugs used for home infusion therapy services are covered under the West Virginia Medicaid Pharmacy program. These drugs require prior authorization and must be justified by the ordering practitioner, including why oral therapy is unsuitable for the patient. Dual eligible members have coverage of home infusion pharmacy services through their Medicare Part D plans.

Total Parenteral Nutrition (TPN) supplies are considered Durable Medical Equipment (DME) and supplies and are not pharmacy POS covered services.

518.1.5 In-Home Parenteral Therapy (IHPT)

In-Home Parenteral Therapy (IHPT) is a Medicaid-covered service. Medicaid coverage for this service will include drugs and services that are:

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- Medically necessary;
- Prescribed by a licensed physician;
- Administered through central line, peripheral line, infusion port, epidural, intrathecal or subcutaneous site;
- Provided by a licensed pharmacy enrolled with West Virginia Medicaid;
- Billed through electronic transmission according to standard guidelines or on the approved pharmacy paper claim form; and
- Prior authorized as directed by the BMS.

MEMBER REQUIREMENTS

Members receiving IHPT must meet the following requirements:

- The member must reside in either a private home or domiciliary care facility, such as an adult care residence. Members who are residents or patients of hospitals, nursing homes (including ICF/IID group homes), rehabilitation centers, and other institutional settings are not eligible for this service;
- The member must be under the care of a physician who prescribes the in-home infusion therapy and monitors the progress of the therapy;
- The member must have sites available for intravenous catheters or needle placement or have central venous access; and
- The member must be capable of self-administering or have a nurse or a caregiver who can be adequately trained, and is capable and willing to administer/monitor home infusion therapy safely and efficiently following appropriate teaching and adequate monitoring.

PRIOR AUTHORIZATION

All IHPT services require prior authorization. Requests must be made through the pharmacy prior authorization vendor. The approved <u>prior authorization forms</u> are available on the BMS website.

- **Pre-Mixed Solutions or Products Requiring No Compounding:** Pre-mixed solutions or products include those injectable items that do not require compounding by the pharmacist because a) the items are marketed as pre-mixed, thus requiring no dilution and/or compounding, or b) compounding is performed by the patient, the nurse or the caregiver. Commercially prepared products are mandated to be dispensed if available. Compounded products and related professional services shall not be reimbursed when the commercially prepared product is available.
- **Products Requiring Compounding:** Certain injectable products require compounding in order to meet the needs of the member, and are not available commercially.

The request for prior authorization must include the diagnosis, duration of therapy, prescribing physician information, and appropriate documentation. The prior approval will be effective from the date of the physician's original order and continue for the specified length of therapy unless there is a change in prescription or level of care. Changes in therapy require new prior authorizations. Written requests for prior authorization must be submitted via fax or mail to the pharmacy prior authorization vendor on form IV-1. Signed physicians' orders for compounded IHPT medications must be provided to the pharmacy prior authorization vendor if reimbursement for compounding activities is requested.

Please refer to <u>Chapter 600 Reimbursement Methodologies</u> for further information on IHPT billing and reimbursement by POS.

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518.1.6 Tobacco Cessation Program

West Virginia Medicaid, in partnership with the Bureau for Public Health (BPH), offers a tobacco cessation program, known as the <u>West Virginia Tobacco Quitline</u>, to assist members to discontinue use of tobacco products. See <u>Chapter 519.18</u>, <u>Tobacco Cessation Services</u> for more information on the Quitline, covered cessation agents, and limitations.

Nicotine replacement therapy and other smoking cessation agents are covered for West Virginia Medicaid members enrolled in the Quitline's telephone coaching program. Smoking cessation agents fall in three general categories: Nicotine Replacement Therapy (NRT), Bupropion (Zyban), and Varenicline (Chantix®). All agents are first line therapy and are covered for 12 weeks per calendar year, with additional treatment at the request by the member's physician. Authorization for therapy beyond the initial 12 weeks requires a written appeal from the prescriber with documentation of efficacy and patient compliance. A claims review must confirm compliance with no more than a five-day lapse between pharmacy fills of current therapy. Covered products include:

- Nicotine gum 24 pieces per day;
- Nicotine patches 1 patch per day;
- Nicotine lozenges 20 lozenges per day;
- Nicotine inhaler 168 inhalers per 30 days;
- Nicotine nasal spray 4 spray bottles per 30 days (This therapy is reserved for members that have failed other forms of NRT);
- Bupropion 300 mg per day (NRT and bupropion will not be covered concurrently); and
- Varenicline 2 mg per day.

Drugs in this category may be combined for concurrent use, unless indicated. All tobacco cessation products must be prescribed by an enrolled practitioner within the scope of his/her license under West Virginia law. Prior authorization is required for coverage of tobacco cessation drugs and is coordinated through the Quitline. If the caller has the prescription information for nicotine replacement therapy available, the coach can send it to Rational Drug Therapy for approval. Women who are pregnant are also eligible for treatment, when appropriate.

Dual eligible members have coverage of legend drugs through their Medicare Part D plans, and coverage of over-the-counter drugs and tobacco cessation counseling services through Medicaid.

518.1.7 Buprenorphine-Naloxone (Suboxone®) / Buprenorphine (Subutex®) Coverage

Buprenorphine-Naloxone and Buprenorphine are covered through the Pharmacy program and must have a prescription written by an enrolled prescriber approved to prescribe these services. Other limitations may apply. Additional information and detailed coverage criteria is available on the BMS website.

518.1.8 Bulk Chemicals

Per <u>CMS Medicaid Drug Rebate Program Release No. 155</u>, bulk chemicals are substances which when used in the manufacturing of a drug become the active ingredient of the drug product. As such they do not meet the definition of covered outpatient drugs as defined in section $\underline{1927(k)(2)}$ of the Social Security Act.

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However, bulk chemicals may be considered covered in rare circumstances if prescribed for a Food and Drug Administration (FDA) approved indication and/or medically accepted indication supported in official compendia. Prior authorization is required. All rules, regulations, limitations, and exclusions set forth in the Pharmacy Services manual apply also to bulk chemicals.

A list of covered bulk chemicals and criteria for coverage is available on the BMS website.

518.1.9 Brand Name versus Generic Drugs

Brand name multi-source legend drugs that have therapeutic equivalents available will be denied for payment. Generic drugs must be substituted, if available. In certain instances, pharmacies may indicate brand name drug usage on submitted electronic and paper pharmacy claims by using Dispensed as Written (DAW) codes. The DAW codes that are recognized by West Virginia Medicaid and can be used by providers to explain the dispensing of a brand name product instead of a generic one are as follows:

- **DAW 1:** Prescriber states that the brand name drug is "medically necessary. This information must be supplied in writing by the prescriber via written prescriptions in his or her own handwriting, and must write on the prescription "Brand Medically Necessary. A checkbox or other methods to indicate that the brand should be dispensed shall not be accepted. Approval from the pharmacy prior authorization vendor help desk is required for the use of DAW 1 and appropriate justification must be provided.
- **DAW 4:** A generic equivalent is not available or not stocked at the time of dispensing. This code shall only be used when a generic drug is sold out or a generic drug is unavailable on a wide-spread basis. It shall not be used routinely to circumvent the mandatory generic program for other reasons. A call to the pharmacy prior authorization vendor help desk is required for the use of DAW 4 and appropriate justification must be provided. The brand name rate will be reimbursed when approved.
- DAW 5: Pharmacy uses this brand as a generic and realizes it will be paid at the generic rate.
- **DAW 6:** Pharmacy is dispensing a generic drug that has been identified by the drug database as a brand name drug due to pricing issues. These generic drugs have high Average Wholesale Prices (AWP) in relation to other generic drugs that are available. An effort shall be made to obtain lower-priced alternatives.
- DAW 8: Substitution not allowed generic drug not available in marketplace.
- DAW 9: Substitution allowed by prescriber, but plan requires brand

For auditing purposes, documentation shall be made on the prescription to justify use of the DAW codes. All other DAW codes that are recognized by the National Council on Prescription Drug Programs (NCPDP) are not active in the West Virginia Medicaid program and will not affect the processing of claims, if submitted. The use of DAW codes is not permitted for non-preferred drugs included in the PDL program.

Completion of an FDA MedWatch form is required for the failure of a generic product to produce the same outcome as the equivalent brand name drug. The MedWatch form shall be sent by mail or fax to the pharmacy prior authorization vendor. The <u>MedWatch form</u> is available on the <u>FDA website</u>. Please note that some generic drugs may be classified as non-preferred by West Virginia Medicaid and require prior authorization. This occurs when brand name drugs are less expensive to Medicaid due to supplemental rebate negotiations. In this case, the pharmacy will be required to dispense the brand name drug instead of the generic equivalent.

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518.2 PRIOR AUTHORIZATION

Prior authorization for Medicaid-covered drugs is required for reimbursement of certain drugs to assure the appropriateness of drug therapy. Specific prior authorization criteria are based on review of the most current clinical information, FDA-approved indications, and manufacturers' recommendations. These criteria are reviewed by the Medicaid Drug Utilization Review (DUR) Board and recommended to the BMS. These criteria then form the basis of acceptable drug therapy for members with Medicaid pharmacy benefits. <u>Current criteria for coverage of non-preferred drugs and other drugs</u> requiring prior authorization is available on the BMS website. Drugs which require prior authorization and for which prior authorization criteria have not been met are considered non-reimbursable unless, upon appeal by the prescribing provider, the Medicaid medical director determines that the drug meets the appropriateness and medical necessity criteria.

The use of pharmaceutical samples will not be considered when evaluating the members' medical condition or prior prescription history for drugs that require prior authorization.

Federal regulations state that Medicaid-covered drugs that require prior authorization must have a 24-hour decision turnaround. In emergent situations, a 72-hour supply of medication must be made available to members until the prior authorization process can be completed. No more than a 72-hour supply shall be dispensed. Submitting a quantity greater than a 72-hour supply constitutes an improper claim unless it is for a package that cannot be broken. If a product package cannot be broken, then the whole package may be dispensed, if necessary, to meet the member's needs. Documentation of this action shall be made on the prescription for auditing purposes. Repeated submissions of 72-hour supplies for the same patient and same drug to circumvent the prior authorization process constitute an improper billing method. This practice is subject to audit.

518.2.1 Process of Requesting Prior Authorization

The pharmacy prior authorization vendor is the agency contracted to provide prior authorization services to the West Virginia Medicaid Pharmacy program. Prior authorization may be initiated either by the dispensing pharmacist, the prescriber, or the prescriber's designee. Prior authorization requests from third party vendors or contractors will be denied. Requests may be made by telephone, fax, or mail. If all the necessary information is provided, requests will be addressed within 24 hours. It is the responsibility of the provider of the service, either the physician or pharmacist, to obtain the authorization before rendering the service. Requests for prior authorization after the service is rendered will be denied. In cases of back-dated eligibility, prior authorizations may be considered on a case by case basis using coverage policies in place on the dates the services were rendered. If the service is provided before prior authorization is obtained, the Medicaid member must be informed that he/she will be responsible for the bill. There is a maximum approval limit of one year.

Prior authorization requests shall include the following:

- Member name, address, and Medicaid identification number;
- Name of drug, strength, dosage, and duration of treatment;
- Diagnosis;
- Pertinent laboratory information;
- Justification for the use of the drug;
- Return fax number; and

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• Signature of prescriber or pharmacist.

Prior authorization forms are available on the BMS website. These forms may be duplicated.

518.2.2 Prior Authorization Denial Appeals Process

If a prior authorization request is not approved, the prescriber may appeal the decision to the <u>Pharmacy</u> <u>Prior Authorization Vendor Appeals Department</u> in writing (first level appeal). Requests must include the following information:

- Member name, address, and Medicaid identification number;
- Name of drug, strength, dosage, and duration of treatment;
- Diagnosis;
- Pertinent laboratory information;
- Justification for the use of the drug, including any other treatments that have been tried;
- Supporting literature;
- Return fax number; and
- Signature of prescriber.

Office and/or hospital notes, including signed ones, are not acceptable and do not constitute an appeal. The appeal decision will be returned to the fax number of the *prescriber* on record.

Appeals will be processed within three business days of their receipt. All appeals denied by the pharmacy prior authorization vendor will be sent to the BMS for physician review. Any denial resulting from physician review is final.

The Medicaid member is notified of this denial and of the right to request a fair hearing.

518.3 NON-COVERED SERVICES

The following list of drugs, drug products, and related services are not reimbursable. Non-covered services include, but are not limited to:

- Drugs supplied by drug manufacturers who have not entered into a drug rebate agreement with the Centers for Medicare and Medicaid Services (CMS);
- Agents used for weight loss, anorexia, or weight gain, including binge-eating disorder;
- Agents used for cosmetic purposes or hair growth;
- Drugs identified by the CMS as being less-than-effective (DESI);
- Agents used for fertility;
- Drugs used to treat erectile dysfunction;
- Drugs that are investigational or approved drugs used for investigational purpose;
- Drugs used for off-label indications that are not found in official compendia or generally accepted in peer reviewed literature;
- Drugs dispensed after their expiration date;
- The cost of shipping or delivering a drug;
- Herbal or homeopathic products;

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- Drugs that result in therapeutic duplication, ingredient duplication, early refills, or other DUR events that are not medically necessary;
- Drugs that are not medically necessary;
- Covered outpatient drugs for which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee;
- Nutritional supplements;
- Free pharmaceutical samples;
- Diagnostic agents;
- Vacation supplies;
- Allergenic extracts;
- Excipients except when used in compounded prescriptions containing a covered legend drug. Excipients must be eligible for Federal rebates in order to be eligible for reimbursement;
- Vaccines through the pharmacy POS, except for Influenza, pneumonia, Hepatitis A, Hepatitis B, tetanus, tetanus-diphtheria (Td), and tetanus-diphtheria-and-pertussis (Tdap) vaccines for adults 19 years of age and older administered by a pharmacist; vaccines and vaccine administration approved during a public health emergency declaration, and herpes zoster vaccine for adults 50 years of age and older administered by a pharmacist; and
- Methadone for the treatment of opioid addiction/dependence is not covered as a pharmacy benefit. <u>See Chapter 504, Substance Use Disorder Services</u>.

Non-covered services are not eligible for a Department of Health and Human Resources' (DHHR) Fair Hearing. See <u>42 § 431.220 When a hearing is required</u> for more information.

518.4 SERVICE LIMITATIONS

Service limitations governing the provision of all West Virginia Medicaid pharmacy services will apply for eligible members as follows:

- Covered drugs are limited to their FDA-approved or medically accepted indications and dosing limits.
- When appropriate, PDL-preferred drugs must be tried before non-preferred drugs are approved.
- All covered outpatient drugs must be prescribed by a practitioner qualified under state law within the scope of his/her license and in accordance with all state and Federal requirements.
- Prescriptions may be written or verbal, and must meet all the Federal and state guidelines for legal prescriptions.
- Covered outpatient drugs are reimbursed up to a 34-day supply and may be refilled according to state and Federal Laws. Certain exceptions apply, for example, most oral systemic antibiotics are covered for a 14-day supply with one refill. Exceptions to this policy may apply if the only available package size of the product is one that exceeds the 34-day supply limit.
- Only those legend drugs for the symptomatic relief of cough and colds that appear on the approved BMS list are covered for this therapeutic indication. Certain over-the-counter cough and cold medications are also covered. This list is available on the BMS website. Dual eligible members have coverage of cough and cold medications through Medicaid if these products are not covered by their Medicare Part D or Part C plans.
- Barbiturates are not covered except for phenobarbital and mephobarbital, unless the barbiturate is in combination with another active ingredient. Dual eligible members have coverage of phenobarbital; mephobarbital; and butalbital, acetaminophen, and caffeine combination products

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DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.

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through Medicaid if these products are not covered by their Medicare Part D plans. (Note: Combination products of butalbital, acetaminophen, caffeine, and codeine will be covered by Medicare Part D or Part C plans for dual eligible members.)

- Vitamins and minerals are limited to:
 - Legend vitamins A, D, K, folic acid, B-12 for injection, iron preparations, and niacin.
 - Minerals including calcium, iron, magnesium, fluoride, and additional mineral requirements for the treatment of End Stage Renal Disease.
 - Multivitamins for children through age 20.
 - Prenatal vitamins for women through age 45.
 - Legend fluoride preparations.
- Other drugs may be limited in quantity, duration, or based on gender. The <u>information regarding</u> <u>these drug products and their limitations</u> is available on the BMS website. Exceptions are considered on a case-by-case basis through the pharmacy prior authorization vendor.
- Additional drugs may have quantity limits to assure accurate billing of units.
- Limitations apply to diabetic testing supplies and insulin syringes/needles depending on the member's diagnosis, i.e. insulin dependent or non-insulin dependent diabetes. Medicaid does not cover diabetic supplies for dual eligible members, except for coverage of Part B deductibles and coinsurance amounts. These individuals have coverage for diabetic supplies either through Medicare Part B or Part D.
- Dual eligible members are limited to coverage of Medicare Part D excluded drugs. Coverage is limited to drugs that are covered for other Medicaid eligible members in the following classes:
 - Barbiturates (if not for treatment of epilepsy, cancer, or mental health disorder, as Medicare Part D covers these conditions).
 - Over-the-counter medications.
 - Agents for the symptomatic relief of cough and cold symptoms.
 - Prescription vitamins and minerals.

518.5 DRUG UTILIZATION REVIEW (DUR)

The Omnibus Budget Reconciliation Act (OBRA '90) required that states establish a DUR program which consists of prospective and retrospective components as well as components to educate physicians and pharmacists on common drug therapy problems and assessments of whether usage complies with predetermined standards. In order to meet the requirements of the statute, the DUR program must assure that prescriptions are appropriate, medically necessary, and not likely to result in adverse medical results. The two primary objectives of DUR systems are to improve quality of care and to assist in containing health care costs.

The establishment of a DUR Board was required by OBRA '90. This Board consists of local pharmacists, physicians, and other healthcare providers from around the state. The Board is charged with making recommendations for educational interventions to prescribers and pharmacists to identify and reduce, for both providers and patients, the frequency of patterns of fraud, abuse, gross overuse, and inappropriate or medically unnecessary care. Specific drugs or classes of drugs may be targeted in regard to:

- Therapeutic appropriateness
- Overutilization
- Under utilization
- Appropriate use of generic products

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- Therapeutic duplication (same or different prescriber)
- Drug-disease contraindications
- Drug-drug interactions
- Incorrect drug dosage
- Incorrect duration of drug treatment
- Drug-allergy interactions
- Clinical abuse/misuse

The West Virginia Medicaid DUR Board meets quarterly to discuss methods of achieving the goals of assuring the appropriate use of drugs in the Medicaid program. These meetings are open to the public. The DUR Board also assists the BMS in defining criteria for coverage of drugs that require prior authorization.

The DUR Board meeting agendas, minutes, and other DUR information are available on the BMS website.

518.5.1 Prospective Drug Utilization Review (DUR)

Prospective DUR is conducted at the pharmacy POS before delivery of a medication by the pharmacist to the Medicaid member or caregiver. Prescription claims are screened to identify potential drug therapy problems of the following types:

- Therapeutic duplication
- Ingredient duplication
- Adverse drug-drug interactions
- Early refill
- Late refill
- High dosage
- Low dosage
- Incorrect duration of drug treatment
- Age/gender precaution
- Pregnancy precaution
- Breast feeding precaution

Dispensing pharmacists use the information provided by the pharmacy POS and their professional judgment to determine if the prescription shall be filled. The pharmacist determines the appropriateness of the prescribed therapy and intervenes with the prescribing physician and/or member in the event of a suspected problem.

Pharmacists may continue to process claims that contain prospective DUR messages by using DUR outcome and intervention codes. A call to the pharmacy prior authorization vendor help desk may be required in certain instances as determined by the BMS to obtain an edit override. Requests for edit overrides after the service is rendered will be denied, except in cases of back-dated eligibility. More detailed information regarding DUR may be accessed through the Health PAS-RX pharmacy POS <u>User</u> Guide found on the BMS fiscal agent's website.

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518.5.2 Retrospective Drug Utilization Review (DUR)

Retrospective DUR is required in order to identify patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and Medicaid members, or associated with specific drugs or groups of drugs. West Virginia Medicaid conducts retrospective DUR with the assistance of a vendor. They provide patient profiles addressing drug use that may be inappropriate based on predetermined standards. A Retrospective DUR Committee, consisting of healthcare professionals, meets monthly to review these patient profiles that are used to generate letters to physicians and pharmacists relating to these issues.

518.5.3 Pharmacy Lock-in Program

Members who use pharmacy services excessively or inappropriately may be assigned to a single pharmacy provider where they receive their Medicaid-covered medications. The purpose of this program is to assist members in using pharmacy services appropriately.

As part of this program, the Retrospective DUR Committee reviews Medicaid member utilization profiles to determine if controlled substances are being used at a frequency or amount that results in a level that may be harmful or not medically necessary. Inappropriate utilization can include frequent use of multiple controlled substances, use of multiple prescribing physicians and/or pharmacies, overlapping prescription drugs within the same drug class and drug seeking behavior, i.e., doctor shopping.

A series of letters is sent to prescribers and/or the member to seek information regarding his/her drug utilization or to warn that continued overutilization may result in restricting the member to a single pharmacy provider. If the pharmacy lock-in criteria are met, the member is given the opportunity to select a pharmacy, but pharmacy participation is voluntary. Pharmacists serving these members are requested to use their professional judgment in regard to filling prescriptions for controlled substances.

<u>Criteria for Lock-in Determination</u> is available on the BMS website. Members, upon discharge from a substance abuse program, or while receiving outpatient substance abuse treatment, will be locked into a single pharmacy provider. Upon admission to a facility for treatment of substance abuse or during the initial visit for outpatient substance abuse services, the member will be required to choose a pharmacy from which to receive all controlled substances.

518.6 PROVIDER PARTICIPATION REQUIREMENTS

Provider enrollment requirements in general are detailed in the BMS Manual <u>Chapter 300, Provider</u> <u>Participation and Requirements</u>.

518.7 CERTIFICATION

A pharmacy eligible to participate in Medicaid must hold a current permit from the West Virginia State Board of Pharmacy (BOP) and adhere to all state and Federal regulations. Pharmacies located out-of-state and filling prescriptions for West Virginia Medicaid members must be licensed by the state in which they are located. Pharmacies located out-of-state and are shipping or mailing prescriptions into West Virginia, must be licensed by the state in which they are located **and** hold a permit from the West Virginia BOP. Pharmacies are required to file a copy of their current permits with the BMS annually. Failure to do so may result in the withholding of payments and/or enrollment termination.

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When the current license and/or permit is not on file, the provider shall not be reimbursed by Medicaid until such time as the BMS Provider Enrollment Unit receives a copy of the current license and/or permit.

West Virginia only enrolls providers outside of West Virginia within a 30-mile radius of the state border, unless it is a specialty pharmacy with exclusive distribution rights for certain drug(s). These out-of-state specialty pharmacy providers will be limited to the National Drug Codes (NDCs) requested on their enrollment applications.

518.8 DISPENSING PHYSICIANS

The BMS does not enroll dispensing physicians for reimbursement as a pharmacy provider type. Reimbursement for self-administered prescription drugs is limited to licensed and participating pharmacies.

518.9 IN-HOME PARENTERAL THERAPY PROVIDER REQUIREMENTS AND RESPONSIBILITIES

Pharmacies requesting reimbursement for IHPT compounding services must meet all state and Federal licensure and certification requirements. In order to participate in the West Virginia Medicaid program and receive payment from the BMS, IHPT providers must:

- Submit an IHPT Medicaid Provider Enrollment Form to the BMS; and
- Submit a copy of the provider's West Virginia BOP Sterile Compounding Permit or respective state Board of Pharmacy Sterile Compounding Permit.

Participating pharmacies that bill services for West Virginia Medicaid members shall be subject to the laws and regulations set forth by the West Virginia BOP that govern the requirements to hold a Sterile Compounding Permit.

518.10 PHARMACIES PARTICIPATING IN THE 340B PROGRAM

Pharmacies participating in the program established by Section 340B of the Public Health Services Act of 1992 dispense drugs with discounts generated from participation in the program. These drugs are not eligible for Federal drug rebates.

Actual acquisition costs must be submitted when billing Medicaid. Submission of invoices may be required for audit purposes.

All 340B pharmacy providers for West Virginia Medicaid are required to bill each pharmacy POS claim with the following NCPDP values:

- Claim Segment-Submission Clarification Code (420-DK) Use value 20 in Position 1 or 2
- Pricing Segment- Basis of Cost Determination (423-DN) Use value 08

These updates may be found on the updated <u>West Virginia Medicaid Vendor Specification Sheet, D.0.</u> vs.1.7, September 2016.

The NCPDP values above identify claims to be removed from the rebate file which avoids billing manufacturers for duplicate discounts. As per 42 USC 256b(a)(5) a manufacturer may audit and seek

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recoupment of the duplicate discount from covered entities found to be non-compliant with 340B requirements. In these instances, the rebate is due to the State and the duplicate discount will be recouped from the non-compliant covered entity.

The Health Resources & Services Administration (HRSA) maintains a current listing of participating providers who intend to bill Medicaid for 340B drugs on the <u>HRSA website</u>. It is the providers' responsibility to verify that the HRSA listing of their participation is current and accurate. Providers must report any changes in Medicaid 340B program participation to HRSA.

518.11 PHARMACY CHANGE OF OWNERSHIP

Change of ownership policy is addressed in the BMS Manual <u>Chapter 300, Provider Participation</u> <u>Requirements</u> and additional information may be found on the fiscal agent's website, see BMS Manual <u>Chapter 100, General Information</u>.

518.12 CASH PAYMENTS

Pharmacies are encouraged to report to the BMS when a member pays cash for prescriptions that would otherwise be covered by Medicaid or considered for reimbursement upon a call to the pharmacy prior authorization vendor, or when the pharmacy provider suspects overutilization by the member. The cash <u>waiver form</u> used for this reporting is available on the BMS website. Information collected through this process may be used for member lock-in consideration.

Medicaid reserves the right to deny coverage of controlled substances when the member has been found to be paying cash to bypass Medicaid's prior authorization and/or quantity limit requirements.

518.13 MEMBER COUNSELING

The OBRA '90 requires that pharmacists offer counseling to Medicaid members and must include the following:

- Name and description of the medication;
- The route of administration, dosage form, dosage, and duration of therapy;
- Special directions and precautions for preparation, administration and use by the patient;
- Common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur;
- Techniques for self-monitoring prescription therapy;
- Proper storage;
- Prescription refill information; and
- Action to be taken in the event of a missed dose.

The West Virginia Medicaid program relies on the West Virginia BOP to monitor these activities, but the BMS may audit these requirements through routine or special reviews.

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518.14 DOCUMENTATION AND RECORD RETENTION REQUIREMENTS

518.14.1 Tamper-Resistant Prescription Pad Requirement

All prescriptions written for West Virginia Medicaid members must be on tamper-resistant pads/paper which meet all three characteristics set forth in the guidelines from the CMS. The three characteristics to meet the tamper-resistant prescription requirement are:

- 1. Prevent unauthorized copying of a completed or blank prescription form;
- 2. Prevent the erasure or modification of information written on the prescription, and
- 3. Prevent the use of counterfeit prescription forms.

Written prescriptions must contain ALL of the following:

Feature	Description
"Void" pantograph	The word "Void" appears when document is photocopied. Pharmacy will need to record on document if received by fax.
Uniform non-white background color – preferably green	Background is one color (preferably green), inhibits a forger from physically erasing written or printed information on a prescription form. If an attempt is made to erase copy – the consistent background color will look altered.
Quantity check off boxes	In addition to the written quantity on the prescription, quantities are indicated in ranges of 25's (or some other, similar range). Box MUST be checked for this feature to be valid.
Refill indicator	Refill indicator (circle or check number of refills or "NR"). Refill indicator must be used to be a valid feature.
Security features and descriptions listed on the front of the prescription	Listing of the security features of the prescription for compliance purposes. This will assist the pharmacist and auditors on what security features are included on the pads/paper.

Computer-generated prescriptions, electronic medical records (EMR), or ePrescribing generated prescriptions may be printed on plain paper and be fully compliant with all three categories of tamper resistance, provided they contain the features listed in the table below. Prescribers are urged to contact their software companies to ensure that computer generated prescriptions have all requirements necessary for tamper resistance.

Computer-generated prescriptions must contain the following:

1. One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form.

Feature	Description	
"Void" pantograph	The word "Void" appears when document is photocopied. Pharmacy will need to record on document if received via fax. <i>This requires the purchase of special paper.</i>	

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Feature	Description
OR	
Micro print signature line	Very small font which is legible (readable) when viewed at 5x magnification or greater, and illegible when copied.

2.One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber.

Feature	Description
Uniform non-white background color – preferably green	Background is one color (<i>preferably green</i>), inhibits a forger from physically erasing written or printed information on a prescription form. If someone tries to erase copy – the consistent background color will look altered.
OR	Toner-lock paper is special printer paper that establishes a
"Toner-lock" paper for laser printed prescriptions, or plain bond paper for inkjet printed prescriptions	strong bond between laser-printed text and paper, making erasure obvious. Note – this is NOT necessary for inkjet printers – as the ink from the inkjet printers is absorbed into normal "bond" paper.
Quantity written and quantity with border characteristics for computer generated printed prescriptions	Quantity written, and Quantity surrounded by special characters such as asterisks to prevent modification, e.g. QTY Fifty ***50****.
Refill written and refill with border Characteristic for computer generated printed prescriptions	Refills written, and Refill surrounded by special characters such as asterisks to prevent modification, e.g. Five refills ****5 refills*****.

3. One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

Feature	Description	
Security features and descriptions listed on the prescription	A complete list of the security features of the prescription for compliance purposes. This will assist the pharmacist and auditors on what security features are included on the paper.	

Prescriptions for West Virginia Medicaid members written by prescribers that reside outside of West Virginia may meet the Federal tamper-resistant prescription requirement if the prescription addresses the three distinct characteristics outlined above, and may contain the same or other features than those adopted by the BMS.

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518.14.2 Prescriptions Returned to Stock

Claims for prescriptions which have been filled by the participating pharmacy, but not dispensed to the patient, shall be reversed. This shall be done on a timely basis, within 15 days. A log of these returns must be maintained by the pharmacy for a period of five years for auditing purposes.

518.14.3 Nursing Home Returns

Drugs dispensed to nursing home residents that are not used by the member must be either returned to the dispensing pharmacy or destroyed according to applicable rules and regulations. Drugs that are returned unused by the Medicaid member and are available for re-dispensing, per West Virginia State BOP rules and regulations, must be credited to Medicaid. Claims for these returned medications must be reversed and resubmitted for the quantity used by the member.

518.14.4 Medication Dispensing/Shipping/Receiving

Providers shall take all necessary and prudent steps to prevent loss of medications in the shipping process and to assure that the member receives the shipment when needed, as Medicaid will not reimburse for medications not received by the member. In the case of a dispute, the only definitive proof of delivery accepted by BMS shall be a copy of the member's signature on the delivery log. Reimbursement shall be withheld should a dispute arise where proof of signature is not available from the pharmacy. It is recommended that a log of these signatures be maintained by the pharmacy for a period of five years should a dispute of delivery arise.

Claims for medications not received by the member in a timely manner, and which the member was compelled to obtain from a local pharmacy, may be reversed by the fiscal agent, if necessary, in order to allow for billing by a local pharmacy provider to meet the member's needs.

518.15 PHARMACY SERVICES FOR MEDICAID MEMBERS

Medicaid members eligible for pharmacy services have access to legend and over-the-counter drugs as defined in the State Plan filed with CMS. Any person requesting services shall be advised that he/she is responsible for furnishing proof of coverage to the provider prior to services being rendered. Eligibility may be verified through the Medicaid Voice Response System at 1-888-483-0801 or by sending an electronic NCPDP E-1 transaction through the pharmacy POS billing system.

518.15.1 Dual Eligible Members

Members eligible for both Medicare and Medicaid are called dual eligible members. Medicare is the primary payer for dual eligible members. Medicare, a Federal health insurance program for the aged and disabled, covers certain hospital (Part A), outpatient medical benefits and physicians' services (Part B) and prescription benefits (Part D) for participating individuals. Some dual eligible members may participate in Medicare Managed Care plans (Advantage or Part C plans) which include pharmacy services.

Dual eligible members have prescription drug coverage through Medicare Part D, or Part C if enrolled in a Medicare Managed Care plan. Medicaid is not responsible for covering pharmacy benefits for these individuals, except for drugs in the Medicare excluded categories. Medicaid does not reimburse for Medicare Part D or Part C co-payments. Medicaid does not pay as the secondary payer on Medicare Part D or Part C covered drugs.

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518.15.2 Medicaid Members Enrolled in Managed Care Organization Plans

Medicaid members enrolled in the managed care organization plans receive pharmacy benefits from the fee-for-service (FFS) pharmacy program. The FFS pharmacy program covers drugs which are submitted to pharmacies by written, telephonic, or electronic prescriptions.

Drugs that are billed with J Codes or Healthcare Common Procedure Coding System (HCPCS) Codes are covered by the managed care programs and cannot be billed to the fee-for-service program at the point of sale.

518.15.3 Medicaid Members with End Stage Renal Disease (ESRD)

Members diagnosed with End Stage Renal Disease (ESRD) may require <u>additional vitamin/mineral</u> <u>supplements</u> not usually covered by the pharmacy program. In order to accommodate these members, the prescriber must contact the prior authorization vendor (Rational Drug Therapy Program (RDTP)) by fax, phone or mail in order to confirm the ESRD diagnosis.

Once a member receives a kidney transplant, the member is no longer considered as having ESRD, and no longer qualifies for these additional supplements. To allow for clinical stabilization following transplant, a six-month extension of the ESRD coverage will be permitted before being terminated.

518.15.4 Qualified Medicare Beneficiary (QMB)

Qualified Medicare Beneficiary (QMB) members do not receive pharmacy coverage benefits through the Medicaid program. Medicaid does provide coverage of deductibles and co-insurance amounts for Medicare Part B covered drugs and other Medicare covered services with the exception of those covered under Part D.

518.15.5 Children in Foster and Adoptive Placement

Children in state custody and entered into foster, residential, or adoptive placements may be Medicaid eligible and receive a medical identification card. The eligibility number usually begins with "039." Drug claims may be submitted online through the pharmacy POS system or on the approved paper claim form. Medicaid coverage rules apply.

518.15.6 Incarcerated Members

Medicaid members who are incarcerated are restricted from coverage of pharmacy benefits until they are released from the correctional system. Claims submitted with dates of service during a period of incarceration will deny. If the member has been released before the restriction is updated, positive identification is required. A call to the pharmacy prior authorization vendor help desk must be made to request an override.

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518.16 PHARMACY SERVICES FOR NON-MEDICAID INDIVIDUALS

Individuals who do not qualify for the Medicaid program may have pharmacy coverage under other Federal or state-funded programs. These individuals do not receive medical identification cards, but may receive a letter or other form of eligibility authorization.

518.16.1 Limited Pharmacy Services or Ryan White Program

The Limited Pharmacy Services program is funded under Part B of the Ryan White HIV/AIDS Treatment Extension Act in West Virginia, and claims are processed through the BMS claims processing system. The program assists eligible persons with HIV infection in obtaining drugs covered by the Limited Pharmacy Services <u>formulary</u>. To be eligible for the Limited Pharmacy Services program, a person must meet the following criteria:

- Be an HIV infected resident of West Virginia;
- Have family income less than 400% of the Federal poverty level (FPL);
- Not be eligible for other forms of reimbursement such as Medicaid or full insurance coverage; and
- Have completed the Limited Pharmacy Services and Medicaid application at their local DHHR county office.

Limited Pharmacy Services participants do not receive a medical identification card, but do receive a letter that verifies eligibility and includes their identification number with a prefix of "69." All claims except those for vaccines may be submitted online through the pharmacy POS system or by using the approved paper claim form. Covered drugs are limited to a 30-day supply. Claims must be submitted within one year from the date of service. Formulary drugs must be dispensed in generic form if available. Brand-name drugs that have generic equivalents require prior authorization. There are no co-payment requirements for this program. Limited Pharmacy Services program may cover co-pays for eligible residents who are covered by insurance or Medicare Part D. Claims for vaccines must be submitted on the approved pharmacy paper claim form and mailed to ATF, PO Box 6360, Wheeling, West Virginia 26003. Certain drugs may require prior authorization and emergency supplies of these drugs may not be dispensed. Please refer to the BMS website for the Limited Pharmacy Services formulary. More information regarding Limited Pharmacy Services is available at the DHHR Office of Epidemiology and Prevention Services website or by calling the local AIDS Task Force.

518.16.2 Children with Special Health Care Needs (CSHCN)

Pharmacy services are available for certain children under 21 years of age receiving medical care under the Children with Special Health Care Needs (CSHCN) program. Services are not limited to children of families receiving public assistance grants. Coverage is established by the CSHCN program. These members do not receive a medical identification card. An identification number with a prefix of "99" is assigned. Claims may be submitted online using the pharmacy POS system or by using the approved paper claim form. Policy questions regarding this program shall be directed to CSHCN.

518.16.3 Individuals Eligible for Immunosuppressant or Antipsychotic Medications

Certain individuals who are not eligible for Medicaid services may be eligible for coverage of immunosuppressant or antipsychotic medications using all state funds. Eligibility for these services is

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determined at the individual's local county DHHR office. A six-month eligibility period is established, and it is the member's responsibility to reapply for these services. No identification card will be issued. Medicaid receives a written communication from the Division of Family Assistance defining the drug(s) that will be covered for a particular individual. A letter including the services to be covered and the individual's identification number, prefix "39", will be forwarded to the pharmacy provider and the individual. Claims for these services may be submitted online through the pharmacy POS system or on the approved paper claim form. Medicaid coverage rules apply to these claims. Some individuals may also be eligible for coverage of immunosuppressant drugs by Medicare Part B. Medicare must be billed first. This state program will pay co-insurance and deductible amounts on Medicare Part B crossover claims only. All other Medicare eligible individuals must pursue coverage of immunosuppressant drugs and antipsychotic medications through their Part D plans.

518.16.4 James "Tiger" Morton Catastrophic Illness Fund

Certain individuals who are not eligible for Medicaid services may be eligible for coverage of selected medications using state funds through the James "Tiger" Morton Catastrophic Illness Fund. These individuals will not have an identification card and coverage will be communicated to the pharmacy provider on a case-by-case basis. Claims for these services must be submitted using the approved paper claim form.

518.16.5 Emergency Medical Assistance or Other State Programs

Certain individuals who are not eligible for Medicaid services may be eligible for emergency medical assistance or other pharmacy services using state funds. These individuals will present a letter to the pharmacy provider listing particular drug(s) to be covered. A prefix of "15" or "38" along with the respective county code will be noted on the authorization letter to identify the eligible individual. Claims for these services must be submitted using the approved paper claim form with a copy of the eligibility letter attached.

518.16.6 Juvenile Services

Incarcerated minors have pharmacy services coverage through Juvenile Services. A letter of eligibility will be presented to the pharmacy which includes the individual's identification number beginning with prefix "17". Claims for these services may be submitted through the online POS system or by using the approved paper claim form. Medicaid coverage rules apply.

518.16.7 Adult Family Care and Protective Services

Children and adults receiving protective services as a result of abuse and/or neglect or other individuals in need of assistance may be provided limited eligibility for state-funded services. A Special Medical Authorization Letter is issued as needed by the DHHR field staff. This letter specifies the individual, the medical provider authorized to provide services, the services authorized and the coverage period. An identification number for use in billing the services is also provided. Pharmacy claims for these individuals may be submitted online or on the approved paper claim form. Medicaid coverage rules apply.

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518.17 DENIALS DUE TO ELIGIBILITY ISSUES

If an online denial occurs due to eligibility problems and the member presents a valid medical identification card or other proof of eligibility, the pharmacist should take the following steps:

- Dispense the prescription for valid and covered services, and
- Obtain proof of eligibility

Choose one of two options:

- 1. Resubmit the claim online at a later date, using the original date of service; or
- 2. Submit the claim on the approved paper claim form and attach a copy of the valid medical identification card or other proof of eligibility. Mail these claims to:

Gainwell Technologies Pharmacy Claims Post Office Box 3765 Charleston, West Virginia 25327-3709

518.18 BILLING PROCEDURES

Claims for prescribed drugs dispensed to Medicaid members may be submitted electronically using the POS system or on paper claim forms. Claims must be filed within 12 months from the date of service.

Submitting claims via electronic media offers the advantage of speed and accuracy in processing. All claims, regardless of method of submission, are subject to DUR edits, prior authorization, and other Medicaid requirements.

Medications must be dispensed at the facility from which the drug products are prepared, and the services rendered.

Claims must accurately report the National Drug Code (NDC) dispensed, the number of units dispensed, days' supply, and other required data for claims processing. Use of an incorrect NDC or inaccurate reporting of a drug quantity will cause the BMS to report false data to drug manufacturers when billed for drug rebates. The BMS will recover payments made on erroneous claims discovered during dispute resolution with drug manufacturers or during claim reviews. Pharmacies are required to submit documentation for purchases of drugs reimbursed by the BMS upon request.

518.18.1 Point-of-Sale (POS) System

Currently, online processing for Medicaid pharmacy claims is available for all pharmacies using NCPDP Version D.0. The provider must complete and submit the provider trading partner agreement prior to use of POS submission for claims.

The Pharmacy POS User Guide provides complete billing instructions for the POS system. The Pharmacy POS NCPDP Version D.0 Vendor Specification Document provides specifications and information for switch vendors. These documents and other billing information are available on the <u>fiscal agent website</u>.

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518.18.2 National Council on Prescription Drug Programs (NCPDP) Payer Sheet

West Virginia Medicaid accepts pharmacy POS claims submitted using NCPDP Version D.0 or Batch Version 1.1. According to the NCPDP accepted standards, some fields are required, optional, or conditional. The Pharmacy POS NCPDP Version D.0 Vendor Specification Document and the West Virginia Medicaid payer sheet are available on the <u>BMS website</u>.

518.18.3 Paper Claim Submission for Pharmacy Services

Pharmacies have the alternative of submitting a manual claim using a paper claim form, when necessary. The Universal Claim Form (UCF) provides a standard format for paper submission of drug claims to Medicaid. The UCF adheres to the data elements found in the NCPDP Telecommunication Standard and Data Dictionary. **Medicaid will not supply these forms to providers**.

518.18.4 Claim Reversals

Pharmacy claims submitted by POS cannot be adjusted. To correct information submitted on a POS claim, the claim must be reversed online and then resubmitted using the corrected information. There is currently no paper reversal claim form. If a paper claim submission requires corrections, the pharmacy Help Desk must be contacted.

518.18.5 Pharmacy Identification Number

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the use of the National Provider Identifier (NPI) as the standard for identifying covered healthcare providers, including pharmacies. Pharmacies must use their NPI number on electronic submissions for reimbursement of pharmacy claims. NCPDP numbers will no longer be accepted on electronic claims. The NPI or NCPDP number will continue to be used on the approved paper claim form. For additional NPI information or to complete an NPI application, visit the <u>CMS website</u>.

518.18.6 Prescriber Identification Number

The NPI is required for the prescriber identification information on electronic POS claims. Either the DEA number or the NPI is allowed on the manual claim form. Only prescribing NPI entities are permissible. Claims submitted with non-prescribing NPI entities will be denied, including but not limited to pharmacies, laboratories, hospitals, and dialysis centers.

518.18.7 National Drug Codes (NDC)

All pharmacy claims submitted to West Virginia Medicaid must identify the 11-digit NDC printed on the stock container in which the drug was purchased. **Using the correct NDC is extremely important in order to avoid disputes with manufacturers for rebate payments**. For example, if a drug is purchased in a 5000-count bottle and repackaged in 100-count bottles prior to dispensing, submitting the NDC for a 100-count bottle is not permitted. Most drugs distributed by repackagers are not covered by Medicaid because the repackager has not signed a rebate agreement with CMS. A pharmacy may not dispense a repackager's drug and then bill Medicaid using the original manufacturer's NDC.

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518.18.8 Decimal Units

The Medicaid pharmacy system is capable of accepting quantity amounts which contain decimal units. Pharmacy claims must be submitted using the standard units, including any decimal increments. Units must not be rounded up or down. Rounding results in over or under payments and creates inaccurate invoicing to manufacturers for the drug rebates owed to the state.

518.18.9 Days' Supply

For non-controlled substances, each Medicaid-covered prescription is limited to a <u>maximum</u> dispensed supply of 90 days, with some exceptions to accommodate packaging that cannot be broken.

All controlled substances are limited to a maximum supply of 34 days, with no exceptions.

If the member has coverage by a third party and is required to obtain up to a 93-day supply, coverage will be provided beyond the standard 90-day supply limit.

The pharmacist is responsible for submitting prescription claims up to the appropriate limit. Should a prescription be written for a quantity that is greater than the allowed limit, the pharmacist is responsible for notifying the prescriber of this limit and asking permission to reduce the number of units to be dispensed.

If the prescriber does not allow the prescription quantity to be reduced to the maximum Medicaid limit, the member shall be told that the cost of the prescription is his/her responsibility. The pharmacist must enter the actual day supply written on the prescription when attempting to fill a claim. Artificially adjusting the amount filled in order to meet Medicaid requirements when the prescription was written to last longer constitutes a false claim and is subject to recovery of the paid amounts.

518.18.10 Compounded Prescriptions

A compounded prescription is defined as any prescription requiring the combination of two or more substances, one of which must be a covered legend drug. The covered legend drug must be the first NDC submitted on a compounded prescription claim. The Drug Efficacy Study Implementation (DESI) drugs or non-covered drugs **not appearing as the first NDC** in a compounded product will not cause the claim to deny, but those ingredients will not be included in the reimbursement. Over-the-counter ancillary products will be reimbursed provided the drug is manufactured by a company which participates in the Federal drug rebate program. A compound may contain up to 25 ingredients.

Products such as suppository molds and other items identified as supplies included in a compounded prescription will not be reimbursed by West Virginia Medicaid.

Billing compounded prescriptions follows NCPDP Version D.0 guidelines. For a compounded prescription, an additional \$6.00 will be added to the dispensing fee. Compounding is considered an integral part of the prescription services and must not be billed separately. More information can be found in the User Guide, located using the BMS link to the <u>fiscal agent website</u>.

518.18.11 Abuse and Inappropriate Utilization

The following practices constitute abuse and inappropriate utilization, and are subject to audit:

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DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.

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- Excessive fees (commonly known as prescription splitting or incorrect or excessive dispensing fees): Billing inappropriately in order to obtain dispensing fees in excess of those allowed by:
 - Supplying medication in amounts less than necessary to cover the period of the prescription; and/or
 - Supplying multiple medications in strengths less than those prescribed to gain more than one dispensing fee.
- Excessive filling: Billing for an amount of a drug or supply greater than the prescribed quantity.
- Prescription shorting: Billing for drug or supply greater than the quantity actually dispensed.
- Substitution to achieve a higher price: Billing for a higher priced drug than prescribed even though the prescribed lower priced drug was available.
- Automated refills and automatic shipments are prohibited. Medicaid does not pay for any
 prescription without an explicit request from a member or the member's responsible party, such as
 a caregiver, for each refilling event. The pharmacy provider shall not contact the member in an
 effort to initiate a refill unless it is part of a good faith clinical effort to assess the member's
 medication regimen. The possession, by a provider, of a prescription with remaining refills
 authorized does not in itself constitute a request to refill the prescription. Members or providers
 cannot waive the explicit refill request and enroll in an electronic automatic refill program. Any
 prescriptions filled without a request from a member or his or her responsible party will be subject
 to recovery. Any pharmacy provider with a policy that includes filling prescriptions on a regular
 date or any type of cyclical procedure will be subject to audit, claim recovery or possible
 suspension or termination of the provider agreement.

518.18.12 Lost/Stolen Medications

For members who report to the pharmacy that their medications have either been lost or stolen, the following procedure applies:

- The member must supply the pharmacy with a police report for stolen controlled substances; the pharmacy must retain a copy for audit purposes.
- The prescribing practitioner must agree that the lost or stolen medication shall be replaced.
- Lost/stolen medication approvals are limited to one occurrence per drug per year.
- In cases of natural disaster, the BMS will address the situation on a case-by-case basis.

518.18.13 Wasted Medication

Members who have wasted medication due to improper use or storage may have their medication replaced. This will be determined on a case-by-case basis. Members shall be properly instructed on the storage and use of their medications and any special delivery device used to administer their medications. Requests for replacement of wasted medications due to improper storage or delivery by the pharmacy or improper handling by the administrating provider will be denied.

518.18.14 False Claims

Pharmacies are prohibited from submitting false claims to test for drug coverage, member eligibility, or for other purposes. Claims of this type result in false member drug history records and may result in the member or prescriber being included in lawsuits or reviews in error. All claims submitted for reimbursement must be the result of actual prescription requests.

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DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.

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518.19 REIMBURSEMENT

Federal Medicaid regulations governing pharmacy services establish upper limits for payment; i.e., the payment shall be based on the lower of the allowable cost of the drug, plus a dispensing fee or the provider's usual and customary charge to the general public.

Reimbursement for outpatient drugs is limited to products manufactured by companies participating in the Federal Drug Rebate program.

If a provider accepts the member as a Medicaid patient, the provider must bill West Virginia Medicaid for covered services and must accept the Medicaid reimbursement amount as full payment. No charge may be billed to a Medicaid member for a covered service unless a co-payment is applicable by regulation. However, the provider may bill the member for services not covered by the West Virginia Medicaid program if the parties agree in writing to this payment arrangement before such services are rendered. Please refer to <u>Chapter 300, Provider Participation Requirements</u> for more information about billing Medicaid members.

518.19.1 Ingredient Cost

Reimbursement for covered outpatient drugs is based on the following methodology. Reimbursement for brand (single source) and generic (multiple source) drugs shall be **the lower of**:

- 1. **National Average Drug Acquisition Cost (NADAC) plus the professional dispensing fee.** The NADAC is based on the retail price survey of pharmacies and focuses on the average acquisition cost of retail community pharmacies. The NADAC represents the average acquisition cost of pharmacies surveyed and includes independent retail community pharmacies and chain pharmacies. The prices are updated and loaded into the West Virginia Medicaid Pharmacy POS claims system on a weekly basis. To view the NADAC weekly files and the NADAC Week to Week File Comparison, please visit the <u>Pharmacy Drug Pricing Page</u> on the CMS website.
- 2. If no NADAC is available, then Wholesale Acquistion Cost (WAC) plus 0% plus the professional dispensing fee.
- 3. The Federal Upper Limit (FUL) as supplied by CMS plus the professional dispensing fee. The FUL is calculated at no less than 175% of the weighted average (as determined on the basis of utilization) of the most recently reported monthly Average Manufacturer's Price (AMP) for pharmaceutically and therapeutically equivalent multiple source drug products that are available for purchase by retail community pharmacies on a nationwide basis. In situations where the FUL is less than the community pharmacies' average cost, the FUL is established using a higher multiplier so the FUL amount will equal the most current average retail community pharmacies' acquisition cost as determined by the most current national survey of such costs. This methodology is codified in 42 CFR §447.514 (b)(1) and (2).

EXCEPTION: The FUL shall not apply in any case where a physician certifies in his/her own handwriting that, in his/her medical judgment, a specific brand is medically necessary for a particular patient. A notation like "brand medically necessary" written by the physician on the prescription above his/her signature is an acceptable certification. A procedure for checking a box on a form <u>will not</u> constitute an acceptable certification. All such certified prescriptions must be maintained in the pharmacy files and are subject to audit by the BMS.

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4. The State Maximum Allowable Cost (SMAC) plus the professional dispensing fee. The SMAC rate is applied to all brand and generic drug products in each drug group. Non-AB rated drugs recognized by national drug information suppliers as comparable to a particular brand drug are subjected to the same SMAC rate applicable to the brand and "AB" rated generic drugs of the same chemical composition, package size, dose, and drug group.

The determination of which drugs will be part of the SMAC list will be designated by BMS. Drugs no longer available at SMAC prices are removed. New drugs will be added to the SMAC list as they are identified. The SMAC vendor on behalf of BMS will continually monitor pharmacies and industry information and make changes to the SMAC to reflect current pharmaceutical market conditions. The <u>SMAC list</u> may be accessed on the BMS website. Comments and questions regarding the SMAC list can be made to the vendor.

EXCEPTION: The SMAC shall not apply in any case where a physician certifies in his/her own handwriting that, in his/her medical judgment, a specific brand is medically necessary for a particular patient. A notation like "brand medically necessary" written by the physician on the prescription above his/her signature is an acceptable certification. A procedure for checking a box on a form <u>will not</u> constitute an acceptable certification. All such certified prescriptions must be maintained in the pharmacy files and are subject to audit by the BMS.

- 5. The submitted ingredient cost plus the professional dispensing fee.
- 6. The provider's usual and customary charges to the general public, including any sale price in effect on the date of dispensing.

518.19.2 Application of Dispensing Fee

- For covered legend and over-the-counter drugs, a professional dispensing fee of \$10.49 per prescription will be added to the NADAC (or WAC when NADAC is not available), FUL, SMAC, or submitted ingredient cost.
- Pharmacies participating in the 340B program will receive a dispensing fee of \$10.49 per prescription. These pharmacies are required to submit their Actual Acquisition Costs (AAC) to Medicaid.
- For a compounded prescription, an additional \$6.00 will be added to the dispensing fee. A compounded prescription is defined as any prescription requiring the combination of two or more substances, one of which must be a legend drug. Compounding is considered an integral part of the prescription services and must not be billed separately.
- The dispensing fee may only be paid once every 30 days per drug entity for members residing in ICF/IID or nursing facilities.
- Claims paid on the basis of the usual and customary charge to the general public do not include an additional dispensing fee.

518.19.3 Co-Payments

A co-payment is required for each prescription with the exception of prescriptions for members excluded by regulation and/or those items specifically excluded from the co-payment requirement. The member co-

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payment per prescription will be deducted from the allowed total charge to determine the amount payable for each prescription billed to the program. The deduction will apply as follows:

- If the allowed total charge is \$5.00 or less, there is no co-payment per prescription.
- If the allowed total charge is \$5.01 through \$10.00, the co-payment is \$.50 per prescription.
- If the allowed total charge is \$10.01 through \$25.00, the co-payment is \$1.00 per prescription.
- If the allowed total charge is \$25.01 through \$50.00, the co-payment is \$2.00 per prescription.
- If the allowed total charge is \$50.01 or more, the co-payment is \$3.00 per prescription.

The following populations and services are exempt from copays:

- Family planning services and supplies
- Members in long-term care facilities (i.e., nursing facilities or ICF/IID)
- Pregnant women including 60 days post-partum
- Native Americans and Alaska natives
- Members under age 21
- Members receiving Hospice services
- Members receiving Medicaid Waiver services, or covered through the Breast and Cervical Cancer Treatment program
- Three-day emergency supplies
- Diabetic testing supplies and syringes/needles
- BMS approved home infusion supplies
- POS-approved vaccines
- Agents for smoking cessation including nicotine replacement drugs, buproprion (Zyban) and Chantix

Please refer to <u>Chapter 600, Reimbursement Methodologies</u> regarding maximum quarterly out-of-pocket limits.

Members have been informed of co-payment requirements and the exclusions from co-payment. Federal regulations stipulate that no provider may deny services to an eligible individual in situations when the member is unable to pay co-payment charges. However, this does not preclude the member's liability for payment of the co-payment due the provider.

Providers may bill the member or refer the member to a collection agency, etc., in the same manner that the provider initiates collections from private pay customers.

Providers are prohibited from advertising or soliciting business by waiving members' co-payment responsibility. Members are responsible for applicable copays, and providers are prohibited from waiving the copay requirement to attract business from other providers.

518.19.4 Third-Party Liability (TPL) or Coordination of Benefits (COB)

Medicaid is the payer of last resort. The TPL ensures that Medicaid is the last payer to reimburse for covered Medicaid services. In particular, Medicaid participating providers must always seek reimbursement from other liable resources, including private or public insurance entities. Before submitting

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DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.

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claims to Medicaid, providers must pursue all requirements of the primary insurer including, but not limited to prior authorization, brand name justifications, and DUR events.

Federal regulations require that state Medicaid administration identify any third-party resource available to meet the medical expenses of a member. The "third party" may be an individual, institution, corporation, or a public/private agency liable for all or part of the member's medical costs; e.g., private health insurance, United Mine Workers of America (UMWA) benefits, Veterans Administration benefits, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), Medicare, Hospice, etc. Additionally, no Medicaid reimbursement may be made if the service is the responsibility of a public or private Workers Compensation Plan.

Medicaid covered drugs which currently require a prior authorization from BMS will continue to require a prior authorization if a primary insurer approves that service, and Medicaid reimburses any part of the cost.

Medicaid co-payment is still required, if applicable, for claims considered by third party payers and reimbursed by the BMS.

<u>Chapter 600, Reimbursement Methodologies</u>, of the BMS Provider Manual provides more detailed information regarding Third Party Liability.

More information regarding the billing of COB for NCPDP Version D.0 can be found on the <u>fiscal agent</u> <u>website</u>.

518.19.5 Medicare-Covered Drugs and Supplies, Part B

Pharmacies are required to verify and pursue members' Medicare coverage and to submit pharmacy claims to Medicare for those pharmacy services covered by Medicare. Pharmacies can submit claims to Medicare Part B either on the acceptable paper claim form (CMS 1500) or electronically. Once the Medicare claim has been approved and processed, Medicare will automatically submit the balance of the claim as a "crossover" to Medicaid electronically, if the provider's Medicare number is on file with Medicaid. These claims should not be submitted to Medicaid separately if the claim crossed over from Medicare.

For Dually Eligible members and Qualified Medicare Beneficiary (QMB), if the service is covered by Medicare and Medicaid, Medicaid will pay the lesser of:

- The full coinsurance and deductible amounts due, based upon the Medicare allowed amount, or
- Medicaid's maximum allowable fee for that service minus the amount paid by Medicare.

For QMB, if the service is not covered or is denied by Medicare, Medicaid will not reimburse.

Drugs that are not covered by Medicare Part B may be covered by Medicare Part D. Medicaid does not reimburse for Part D co-payments.

518.19.6 Medicare-Covered Drugs, Part D

Dual eligible members have prescription drug coverage through Medicare Part D. Medicaid is not responsible for covering pharmacy benefits for these individuals, except for drugs in the Medicare excluded categories. Dual eligible members are limited to coverage of Medicare Part D excluded drugs. Coverage is limited to drugs that are covered for other Medicaid eligible members in the following classes:

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DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.

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- Barbiturates (if not for treatment of epilepsy, cancer, or mental health disorder, as Medicare Part D covers these conditions)
- OTC medications
- Agents for the symptomatic relief of cough and cold symptoms
- Prescription vitamins and minerals

Medicaid does not reimburse for Medicare Part D co-payments. Medicaid does not pay as the secondary payer on Medicare Part D covered drugs.

518.19.7 In-Home Parenteral Therapy (IHPT) Billing and Reimbursement Via Point-of-Sale

Billing for IHPT claims is accomplished through NCPDP Version D.0 electronic or 1.1 batch (paper claim) system. Instructions for the processing of claims are found in the general pharmacy manual information.

The active ingredient(s) for each prescription is/are to be billed using the NDC and its respective unit of use. The drug portion of IHPT will be reimbursed online according to the current reimbursement policy. The codes used for the reimbursement of compounding services are inclusive of, but not limited to, diluents for reconstitution, IV fluids, and other supplies used in the compounding process. Billing shall correspond to those items and fees reflecting therapy for a duration of a maximum of 34 days as prior authorized by the Pharmacy prior authorization vendor. If the order is discontinued, any billing for agents that have not been delivered to the member must be reversed.

- Pre-mixed Solutions or products requiring no compounding: After receiving prior authorization, prescriptions for items which are dispensed with no compounding requirements shall be submitted for payment via POS or approved paper claim form using the NDC number of the product and the quantity dispensed. Reimbursement will be made using the established retail reimbursement policy. Do not use the NCPDP compound indicator.
- IV Drugs Requiring Compounding: Products for IHPT requiring compounding involve billing in multiple parts. Drug components shall be submitted online or on the approved paper claim form using the actual NDC's that were used and quantity of each drug component, as approved by the Pharmacy prior authorization vendor. Use the NCPDP compound indicator when the product includes multiple agents. Please note: reimbursement for the diluting agent is included in the compounding fee and shall not be billed as a component of the compounded IHPT product if reimbursement for a compounding fee is requested.
- **Compounding Fee:** The compounding fee which includes all components of the prescription compounding, such as sterile water, alcohol swabs, IV fluids, needles/syringes, etc., and professional services shall be submitted online or on the approved paper claim form. The authorization for reimbursement of the compounding fee will be issued from the Pharmacy prior authorization vendor upon receipt of a copy of the signed order from the prescribing physician. Do not use the NCPDP compound indicator.
- Units Dispensed: Units are defined by First Data Bank product classification. In general, if a drug requires reconstitution, the units submitted will be the number of vials. For example, a 2-gm vial of cephazolin is submitted as a quantity of "1" for each vial. If the drug or component is available in solution, the units are submitted in milliliters. For example, a 2ml vial of gentamicin injection (80mg/vial) is submitted as "2" for each vial. The actual amount used in compounding shall be

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submitted. Wastage shall be kept to a minimum. The units dispensed must match the amount prior authorized by the pharmacy prior authorization vendor.

The pharmacy prior authorization vendor Help Desk is available to assist providers with questions regarding proper unit billing. In all cases, the amount and duration of therapy for which the BMS is billed must match those ordered by the physician and delivered to the member.

- **Brand Name Justification:** If a drug being dispensed is a product for which a generic equivalent exists, the generic must be dispensed. The use of brand name products must be justified, as referenced in the general pharmacy instructions.
- **Supplies:** Please refer to <u>Chapter 506, Durable Medical Equipment, Prosthetics, Orthotics and</u> <u>Supplies (DMEPOS)</u> for coverage policy and billing instructions for supplies associated with IHPT.

REFERENCES

West Virginia State Plan references pharmacy services at sections 3.1-A(12)(a), 3.1-B(12)(a), supplement 2 to attachments 3.1-A and 3.1-B(12)(a) and reimbursement at 4.19-B(12)(a). The Plan also references vaccine administration by a pharmacist (other licensed practitioner) at supplement 2 to attachments 3.1-A and 3.1-B(6)(d)(3) and reimbursement at 4.19-B(6)(d)(3), 4.18-A outlines required copayments.

GLOSSARY

Definitions in <u>Chapter 200, Definitions and Acronyms</u> apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

340B Program: A Federal program administered by the Health Resources and Services Administration (HRSA) whereby certain designated facilities purchase prescription medications at deep discounts, allowing these facilities to offer some medications to their patients at greatly reduced prices.

Dispense As Written (DAW): A numerical value used by providers to explain the dispensing of a brandname product instead of a generic one.

Drug Efficacy Study and Implementation Program (DESI): Drugs determined by the Food and Drug Administration as lacking substantial evidence of effectiveness.

End Stage Renal Disease (ESRD): The stage of renal impairment that appears irreversible and permanent, and requires a regular course of dialysis or kidney transplantation to maintain life.

First Data Bank (FDB): A database company for drug pricing and drug utilization review (DUR) edits.

Federal Drug Rebates: Payments made by pharmaceutical manufacturers to the states for drugs dispensed to Medicaid members.

Federal Upper Limit (FUL): Maximum allowable cost established by CMS for certain prescribed drugs.

Home IV: Intravenous medications administered in the home, provided by specialized pharmacies, which require the services of a nurse or trained caregiver.

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In-Home Parenteral Therapy (IHPT): The parenteral administration of fluids, drugs, chemical agents, or nutritional substances to members in the home setting.

Lock-In: Program administered through the retrospective DUR process to limit members to the use of one pharmacy provider.

Multi-Source Drugs: Drugs that are marketed or sold by two or more manufacturers or labelers.

National Provider Identifier (NPI): A standard unique healthcare provider identification number mandated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Parenteral: All routes of administration of substances other than gastrointestinal.

Pharmaceutical and Therapeutics Committee (P&T Committee): An advisory body that recommends drugs to West Virginia Medicaid for inclusion or exclusion relating to the PDL.

Pharmacy Prior Authorization Vendor: Agency designated by the BMS for prior authorizing prescription drugs.

Qualified Medicare Beneficiary (QMB): A Medicaid program for beneficiaries who need help in paying for Medicare services. The beneficiary must have Medicare Part A and limited income and resources. For those who qualify, the Medicaid program pays Medicare Part A premiums, Part B premiums, and Medicare deductibles and coinsurance amounts for Medicare services.

Retrospective Drug Utilization Review (DUR): Review of member drug history records against predetermined standards to improve quality of healthcare and to educate physicians and pharmacists on common drug therapy issues.

Single-Source Drug: A drug that is available from only one manufacturer.

State MAC (SMAC): Maximum allowable cost for drug products or supplies established by the state Medicaid agency.

Supplemental Drug Rebate: A payment from a pharmaceutical manufacturer, negotiated by the state, in addition to the Federal rebate.

CHANGE LOG

REPLACE	TITLE	EFFECTIVE DATE
Entire Chapter	Pharmacy Services	October 1, 2015

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	1	
Entire Chapter	Changes were made to: 518.1.9 Brand Name versus Generic Drugs 518.1.10 Pharmacies Participating in the 340B Program 518.15.2 Medicaid Members Enrolled in Managed Care Organizations 518.19.1 Ingredient Cost 518.19.2 Application of Dispensing Fee	July 20, 2018
Entire Chapter	Changes were made to: 518.1.6 Tobacco Cessation Program 518.1.7 Buprenorphine-Naloxone (Suboxone®) / Buprenorphine (Subutex®) Coverage (PA and Lock-In requirements were removed 518.3 Non-Covered Services 518.10 Pharmacies Participating in the 340B Program 518.12 Reporting of Cash Payments (also renamed to "Cash Payments")	December 1, 2020
Entire Chapter	Changes were made to: 518.15.3 Medicaid Members With End Stage Renal Disease (ESRD)	February 4, 2021
Entire Chapter	518.16.1 Limited Pharmacy Services or Ryan White Program claims updated.	July 28, 2021

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Case 3:20-cv-00740 Docume**pt/252:7 rdFilede05/31/22**rvPage 127 of 210 PageID #: 3960 WEST VIRGINIA MEDICAID PREFERRED DRUG LIST WITH PRIOR AUTHORIZATION CRITERIA

This is not an all-inclusive list of available covered drugs and includes only managed categories. Refer to cover page for complete list of rules governing this PDL.

- Prior authorization for a non-preferred agent in any class will be given only if there has been a trial of the preferred brand/generic equivalent or preferred formulation of the active ingredient, at a therapeutic dose, that resulted in a partial response with a documented intolerance.
- Prior authorization of a non-preferred isomer, pro-drug, or metabolite will be considered with a trial of a preferred parent drug of the same chemical entity, at a therapeutic dose, that resulted in a partial response with documented intolerance or a previous trial and therapy failure, at a therapeutic dose, with a preferred drug of a different chemical entity indicated to treat the submitted diagnosis. The required trial may be overridden when documented evidence is provided that the use of these preferred agent(s) would be medically contraindicated.
- Unless otherwise specified, the listing of a particular brand or generic name includes all legend forms of that drug. OTC drugs are not covered unless specified.
- PA criteria for non-preferred agents apply in addition to general Drug Utilization Review policy that is in effect for the entire pharmacy program, including, but not limited to, appropriate dosing, duplication of therapy, etc.
- The use of pharmaceutical samples will not be considered when evaluating the members' medical condition or prior prescription history for drugs that require prior authorization.
- Quantity limits may apply. Refer to the Limits List on <u>the BMS Website</u> by clicking the hyperlink.
- Unless otherwise indicated, non-preferred combination products require medical reasoning beyond convenience or enhanced compliance as to why the clinical need cannot be met with a preferred agent or combination of preferred single-ingredient agents.
- Acronyms
 - CL Requires clinical PA. For detailed clinical criteria, please go to the <u>PA criteria</u> page by clicking the hyperlink.
 - NR Denotes a new drug which has not yet been reviewed by the P & T Committee. These agents are available only on appeal to the BMS Medical Director.
 - AP Non-preferred and selected preferred drugs, where indicated, are subject to auto-PA criteria. See PA criteria column.





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PREFERRED DRUG LIST WITH PRIOR AUTHORIZATION CRITERIA

This is not an all-inclusive list of available covered drugs and includes only managed categories. Refer to cover page for complete list of rules governing this PDL.

	Status	PA Criteria	
CLASSES CHANGING	Changes	Changes	New Drugs
ANTIHEMOPHILIA FACTOR AGENTS			XXX
ANTIPARKINSONS AGENTS			XXX
GLUCOCORTICOIDS, INHALED			XXX
GUANYLATE CYCLASE STIMULATORS			XXX
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	XXX		XXX
IMMUNOSUPPRESSIVES, ORAL			XXX
LAXATIVES AND CATHARTICS			XXX
MULTIPLE SCLEROSIS AGENTS			XXX
OPHTHALMICS, ANTI-INFLAMMATORIES- IMMUNOMODULATORS			XXX
PAH AGENTS, PROSTACYCLINS			XXX
STEROIDS, TOPICAL			XXX
SPINAL MUSCULAR ATROPHY AGENTS		XXX	XXX



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PREFERRED DRUG LIST WITH PRIOR AUTHORIZATION CRITERIA

This is not an all-inclusive list of available covered drugs and includes only managed categories. Refer to cover page for complete list of rules governing this PDL.

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THERAPEUTIC DRUG CLASS

PA CRITERIA

PREFERRED AGENTS

NON-PREFERRED AGENTS

ACNE AGENTS, TOPICAL^{AP}

CLASS PA CRITERIA: Non-preferred agents require a thirty (30) day trial of one (1) preferred retinoid and two (2) unique chemical entities in two (2) other subclasses, including the generic version of the requested non-preferred product, before they will be approved, unless one (1) of the exceptions on the PA form is present.

In cases of pregnancy, a trial of retinoids will *not* be required. For members eighteen (18) years of age or older, a trial of retinoids will *not* be required. Acne kits are non-preferred.

Specific Criteria for sub-class will be listed below. NOTE: Non-preferred agents in the Rosacea sub-class are available <u>only on appeal</u> and require at least a 30-day trial of all preferred agents in that sub-class.

	ANTI-INFECTIVE	
CLINDAGEL (clindamycin) clindamycin lotion, medicated swab, solution erythromycin gel, solution	AMZEEQ FOAM (minocycline) CLEOCIN-T (clindamycin) CLINDACIN ETZ kit, medicated swab (clindamycin) CLINDACIN P (clindamycin) CLINDACIN PAC (clindamycin) clindamycin gel, foam dapsone ERYGEL (erythromycin) erythromycin medicated swab EVOCLIN (clindamycin) FABIOR (tazarotene) KLARON (sulfacetamide) OVACE/PLUS (sulfacetamide) sodium sulfacetamide 10% cleansing gel sulfacetamide	
	RETINOIDS	
DIFFERIN (adapalene) RETIN-A (tretinoin) RETIN-A MICRO (tretinoin)	adapalene AKLIEF CREAM (trifarotene) ALTRENO LOTION (tretinoin) ARAZLO (tazarotene) ATRALIN (tretinoin) AVITA (tretinoin) tazarotene cream tretinoin cream, gel tretinoin gel micro	In addition to the Class Criteria: PA required for members eighteen (18) years of age or older.
	KERATOLYTICS	



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PREFERRED DRUG LIST WITH PRIOR AUTHORIZATION CRITERIA

This is not an all-inclusive list of available covered drugs and includes only managed categories. Refer to cover page for complete list of rules governing this PDL.

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cream OTC, gel Rx & OTC, lotion OTC, wash OTC PANOXYL-4 OTC (benzoyl peroxide)	BP 10-1 (benzoyl peroxide) BPO (benzoyl peroxide)	
		In addition to the Olege Oniteries blan and such is stirt.
ACANYA (clindamycin phosphate/benzoyl peroxide) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin gel (generic DUAC only) EPIDUO (adapalene/benzoyl peroxide)* EPIDUO FORTE (adapalene/benzoyl peroxide)* ONEXTON (clindamycin phosphate/benzoyl peroxide) sulfacetamide sodium/sulfur suspension ZIANA (clindamycin/tretinoin)*	 adapalene-benzoyl peroxide* AVAR/-E/LS (sulfur/sulfacetamide) BENZACLIN GEL (benzoyl peroxide/ clindamycin) benzoyl peroxide/clindamycin gel (all generics other than DUAC) benzoyl peroxide/urea clindamycin phosphate/benzoyl peroxide (generic Acanya) clindamycin-tretinoin gel* erythromycin/benzoyl peroxide NEUAC (clindamycin phosphate/benzoyl peroxide) SSS 10-4 (sulfacetamide /sulfur) SSS 10-5 foam (sulfacetamide /sulfur) sulfacetamide sodium/sulfur cloths, lotion, pads sulfacetamide/sulfur wash/cleanser sulfacetamide sodium/sulfur/ urea SUMADAN/XLT (sulfacetamide/sulfur) 	In addition to the Class Criteria: Non-preferred combination agents require thirty (30) day trials of the corresponding preferred single agents before they will be approved. *PA required for combination agents with Retinoid products for members eighteen (18) years of age or older.
	ROSACEA AGENTS	
FINACEA GEL (azelaic acid) MIRVASO GEL (brimonidine) metronidazole cream metronidazole gel 0.75% (NDCs 00115-1474- 46, 00168-0275-45, 51672-4116-06, 66993-0962-45 only)	azelaic acid gel FINACEA FOAM (azelaic acid) ivermectin METROCREAM (metronidazole) METROGEL GEL (metronidazole) metronidazole lotion metronidazole gel (all other NDCs) NORITATE CREAM (metronidazole) RHOFADE (oxymetazoline) ROSADAN (metronidazole) SOOLANTRA CREAM (ivermectin) ZILXI (minocycline) foam	Subclass criteria : Non-preferred agents are available only on appeal and require evidence of 30-day trials of all chemically-unique preferred agents in the sub-class.
ALZHEIMER'S AGENTSAP	ZILXI (minocycline) foam	

the exceptions on the PA form is present.

Prior authorization is required for members up to forty-five (45) years of age if there is no diagnosis of Alzheimer's disease.



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PREFERRED DRUG LIST WITH PRIOR AUTHORIZATION CRITERIA

This is not an all-inclusive list of available covered drugs and includes only managed categories. Refer to cover page for complete list of rules governing this PDL.

donepezil 5 and 10 mg donepezil ODT	CHOLINESTERASE INHIBITORS ARICEPT (donepezil) donepezil 23 mg* EXELON PATCH (rivastigmine) galantamine galantamine ER RAZADYNE ER (galantamine) Rivastigmine	 *Donepezil 23 mg tablets will be authorized if the following criteria are met: 1. There is a diagnosis of moderate-to-severe Alzheimer's Disease and 2. There has been a trial of donepezil 10 mg daily for at least three (3) months and donepezil 20 mg daily for an additional one (1) month.
memantine CHOLINE	NMDA RECEPTOR ANTAGONIST memantine ER memantine solution NAMENDA (memantine) NAMENDA XR (memantine)* STERASE INHIBITOR/NMDA RECEPTOR ANTAG NAMZARIC (donepezil/memantine)	*Namenda XR requires ninety (90) days of compliant therapy with Namenda. ONIST COMBINATIONS Combination agents require thirty (30) day trials of each
		corresponding preferred single agent.
the requested non-preferred agent (if available) b for the requested non-preferred brand agent, the authorization for children under 18 years of a attempted. BUTRANS (buprenorphine)	equire six (6) day trials of three (3) chemically distinct before they will be approved, unless one (1) of the exc in another generic non-preferred agent must be trialect ge. Requests must be for an FDA approved age and ARYMO ER (morphine sulfate)	t preferred agents AND a six (6) day trial of the generic form of eptions on the PA form is present. If no generic form is available linstead. NOTE: All long-acting opioid agents require a prior indication and specify previous opioid and non-opioid therapies *Belbuca prior authorization requires manual review. Full PA
fentanyl transdermal 12, 25, 50, 75, 100 mcg/hr morphine ER tablets tramadol ER tablets (generic Ultram ER) XTAMPZA ER (oxycodone)	BELBUCA (buprenorphine buccal film)* buprenorphine patch (all labelers including 00093) CONZIP ER (tramadol) fentanyl transdermal 37.5, 62.5, 87.5 mcg/hr hydromorphone ER HYSINGLA ER (hydrocodone)	criteria may be found on the <u>PA Criteria</u> page by clicking the hyperlink. **Methadone will be authorized without a trial of the preferred agents if a diagnosis of cancer is submitted.
	hydrocodone ER capsule and tablet KADIAN (morphine) methadone** MORPHABOND ER (morphine sulfate) morphine ER capsules (generic for Avinza) morphine ER capsules (generic for Kadian) MS CONTIN (morphine) NUCYNTA ER (tapentadol)**** oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER tramadol ER (generic Conzip ER)*** ULTRAM ER (tramadol) ZOHYDRO ER (hydrocodone)	 ***Tramadol ER (generic Conzip) requires a manual review and may be authorized for ninety (90) days with submission of a detailed treatment plan including anticipated duration of treatment and scheduled follow-ups with the prescriber. ****Nucynta requires six (6) day trials of three (3) chemically distinct preferred agents



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PREFERRED DRUG LIST WITH PRIOR AUTHORIZATION CRITERIA

This is not an all-inclusive list of available covered drugs and includes only managed categories. Refer to cover page for complete list of rules governing this PDL.

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ANALGESICS, NARCOTIC SHORT ACTING (Non-parenteral)^{AP}

CLASS PA CRITERIA: Non-preferred agents require six (6) day trials of at least four (4) chemically distinct preferred agents (based on the narcotic ingredient only), including the generic formulation of the requested non-preferred agent, before they will be approved, unless one (1) of the exceptions on the PA form is present. **NOTE: All tramadol and codeine products require a prior authorization for children under 18 years of age.** Requests must be for an FDA approved age and indication and specify non-opioid therapies attempted.

APAP/codeine butalbital/APAP/caffeine/codeine codeine hydrocodone/APAP 2.5/325 mg, 5/325 mg, 7.5/325 mg,10/325 mg hvdrocodone/APAP solution hydrocodone/ibuprofen hydromorphone tablets LORTAB SOLUTION (hydrocodone/acetaminophen) morphine oxycodone tablets, concentrate, solution oxvcodone/APAP oxycodone/ASA pentazocine/naloxone tramadol tramadol/APAP

ABSTRAL (fentanyl) ACTIQ (fentanvl) butalbital/ASA/caffeine/codeine butorphanol DEMEROL (meperidine) dihydrocodeine/ APAP/caffeine DILAUDID (hydromorphone) fentanvl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) hydrocodone/APAP 5/300 mg, 7.5/300 mg, 10/300 mg hydromorphone liquid, suppositories levorphanol LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) meperidine NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) oxycodone capsules oxycodone/ibuprofen oxymorphone PERCOCET (oxycodone/APAP) ROXICODONE (oxycodone) ULTRACET (tramadol/APAP) VICOPROFEN (hydrocodone/ibuprofen)

Fentanyl buccal, nasal and sublingual products will only be authorized for a diagnosis of cancer and as an adjunct to a long-acting agent. These dosage forms will not be authorized for monotherapy.

Limits: Unless the patient has escalating cancer pain or another diagnosis supporting increased quantities of short-acting opioids, all short acting solid forms of the narcotic analgesics are limited to 120 tablets per thirty (30) days. Longer-acting medications should be maximized to prevent unnecessary breakthrough pain in chronic pain therapy.

Immediate-release tramadol is limited to 240 tablets per thirty (30) days.

ANDROGENIC AGENTS

CLASS PA CRITERIA: A non-preferred agent v	will only be authorized if one (1) of the exceptions on	the PA form is present.
ANDRODERM (testosterone)	ANDROID (methyltestosterone)	
ANDROGEL (testosterone)	FORTESTA (testosterone)	
METHITEST (methyltestosterone)	JATENZO (testosterone undecanoate)	
testosterone cypionate vial ^{CL}	methyltestosterone capsule	
testosterone enanthate vial ^{CL}	NATESTO (testosterone)	
	TESTIM (testosterone)	
	TESTRED (methyltestosterone)	
	testosterone gel	
	VOGELXO (testosterone)	
	XYOSTED (testosterone enanthate)	



ANESTHETICS TODICAL AP

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PREFERRED DRUG LIST WITH PRIOR AUTHORIZATION CRITERIA

This is not an all-inclusive list of available covered drugs and includes only managed categories. Refer to cover page for complete list of rules governing this PDL.

ANESTHETICS, TOPICAL ^{AP}		
CLASS PA CRITERIA: Non-preferred ag	ents require ten (10) day trials of each preferred agent l	before they will be approved, unless one (1) of the exceptions on the
PA form is present.		
lidocaine	lidocaine/hydrocortisone	
lidocaine/prilocaine	LIDOTRAL CREAM (lidocaine)	
xylocaine	LIDOZION LOTION (lidocaine)	
,	SYNERA (lidocaine/tetracaine)	
ANGIOTENSIN MODULATOR	SAP	
	ents require fourteen (14) day trials of each preferred nless one (1) of the exceptions on the PA form is prese	agent in the same sub-class, with the exception of the Direct Renin nt.
	ACE INHIBITORS	
benazepril	ACCUPRIL (quinapril)	*Epaned will be authorized with a diagnosis of hypertension,
captopril	ALTACE (ramipril)	symptomatic heart failure or asymptomatic left ventricular
enalapril	EPANED (enalapril)*	dysfunction provided that the patient is less than seven (7)
fosinopril	LOTENSIN (benazepril)	years of age OR is unable to ingest a solid dosage form due
lisinopril	moexipril	to documented oral-motor difficulties or dysphagia.
quinapril	perindopril	
ramipril	PRINIVIL (lisinopril)	**Qbrelis solution may be authorized for children ages 6-10
rampin	QBRELIS SOLUTION (lisinopril)**	who are unable to tolerate a solid dosage form. Qbrelis may
	trandolapril	also be authorized for older patients with clinical
	VASOTEC (enalapril)	documentation indicating oral-motor difficulties or
	ZESTRIL (lisinopril)	dysphagia.
benazepril/amlodipine	ACCURETIC (quinapril/HCTZ)	
benazepril/HCTZ	LOTENSIN HCT (benazepril/HCTZ)	
captopril/HCTZ	LOTREL (benazepril/amlodipine)	
enalapril/HCTZ	TARKA (trandolapril/verapamil)	
fosinopril/HCTZ	trandolapril/verapamil	
lisinopril/HCTZ	VASERETIC (enalapril/HCTZ)	
quinapril/HCTZ	ZESTORETIC (lisinopril/HCTZ)	
	ANGIOTENSIN II RECEPTOR BLOCKE	RS (ARBs)
irbesartan	ATACAND (candesartan)	
losartan	AVAPRO (irbesartan)	
valsartan	BENICAR (olmesartan)	
olmesartan	candesartan	
	COZAAR (losartan)	
	DIOVAN (valsartan)	
	EDARBI (azilsartan)	
	MICARDIS (telmisartan)	
	telmisartan	
	ARB COMBINATIONS	
ENTRESTO (valsartan/sacubitril) ^{AP*}	ATACAND-HCT (candesartan/HCTZ)	*Entresto will only be authorized for patients 18 years of age
	AZOR (olmesartan/amlodipine)	J
ENTRESTO (valsartan/sacubitril) ^{ap} * irbesartan/HCTZ losartan/HCTZ olmesartan/amlodipine	AVALIDE (irbesartan/HCTZ)	^a Entresto will only be authorized for patients 18 years of age or older who are diagnosed with chronic heart-failure.

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PREFERRED DRUG LIST WITH PRIOR AUTHORIZATION CRITERIA

This is not an all-inclusive list of available covered drugs and includes only managed categories. Refer to cover page for complete list of rules governing this PDL.

olmesartan/HCTZ TRIBENZOR (olmesartan/amlodipine/HCTZ) valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ	candesartan/HCTZ DIOVAN-HCT (valsartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ) olmesartan/amlodipine/HCTZ telmisartan/amlodipine telmisartan HCTZ	
	DIRECT RENIN INHIBITORS	
	aliskiren TEKTURNA (aliskiren) TEKTURNA HCT (aliskiren/HCTZ)	Substitute for Class Criteria: Tekturna requires a thirty (30) day trial of one (1) preferred ACE, ARB, or combination agent, at the maximum tolerable dose, before it will be authorized unless one (1) of the exceptions on the PA form is present. Amturnide, Tekamlo, Tekturna HCT or Valturna will be authorized if the criteria for Tekturna are met and the patient also needs the other agents in the combination.
ANTIANGINAL & ANTI-ISCHEMIC		
		alaa talu'ay a calaiyoo ahayoo khackay a bata khackay ay a yityita
as single agents or a combination agent contain		also taking a calcium channel blocker, a beta blocker, or a nitrite
ranolazine ^{AP}	RANEXA	
ANTIBIOTICS, GI & RELATED AG		
•		efore they will be approved, unless one (1) of the exceptions on
FIRVANQ (vancomycin) metronidazole tablet neomycin tinidazole	DIFICID (fidaxomicin)* FLAGYL (metronidazole) metronidazole capsule paromomycin VANCOCIN (vancomycin) vancomycin XIFAXAN (rifaximin)*	*Full PA criteria may be found on the <u>PA Criteria</u> page by clicking the hyperlink.
ANTIBIOTICS, INHALED		
		nt and documentation of therapeutic failure before they will be
BETHKIS (tobramycin) KITABIS PAK (tobramycin)	CAYSTON (aztreonam) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin	
ANTIBIOTICS, TOPICAL		
	equire ten (10) day trials of at least one preferred age nless one (1) of the exceptions on the PA form is pres	ent, including the generic formulation of the requested non- sent.



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bacitracin (Rx, OTC)	CENTANY (mupirocin)	
gentamicin sulfate	CORTISPORIN	
mupirocin ointment	(bacitracin/neomycin/polymyxin/HC)	
	mupirocin cream	
	neomycin/polymyxin/pramoxine	
	XEPI CREAM (ozenoxacin)	
ANTIBIOTICS, VAGINAL		
CLASS PA CRITERIA: Non-preferred age will be approved, unless one (1) of the exc	ents require trials of each chemically unique preferred agent at the manufacturer's recommended duration, before the eptions on the PA form is present.	iey
CLEOCIN OVULE (clindamycin)	CLEOCIN CREAM (clindamycin)	
CLINDESSE (clindamycin)	clindamycin cream	
metronidazole gel	METROGEL (metronidazole)	
NUVESSA (metronidazole)	SOLOSEC (secnidazole)	
	VANDAZOLE (metronidazole)	
ANTICOAGULANTS		
CLASS PA CRITERIA: Non-preferred age present.	ents require a trial of each preferred agent in the same sub-class, unless one (1) of the exceptions on the PA form is	;
enoxaparin	ARIXTRA (fondaparinux)	
-	fondaparinux	
	FRAGMIN (dalteparin)	
	LOVENOX (enoxaparin)	
	ORAL	
ELIQUIS (apixaban)	SAVAYSA (edoxaban)	
PRADAXA (dabigatran)		
warfarin		
XARELTO (rivaroxaban)		
ANTICONVULSANTS		

CLASS PA CRITERIA: For a diagnosis of seizure disorder, non-preferred agents require a fourteen (14) day trial of a preferred agent in the same sub-class before they will be approved, unless one (1) of the exceptions on the PA form is present; patients currently on established therapies shall be grandfathered.

For all other diagnoses, non-preferred agents require a thirty (30) day trial of a preferred agent in the same sub-class before they will be approved, unless one (1) of the exceptions on the PA form is present.

In situations where AB-rated generic equivalent products are available, "Brand Medically Necessary" must be hand-written by the prescriber on the prescription for the brand name product to be reimbursed.



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PREFERRED DRUG LIST WITH PRIOR AUTHORIZATION CRITERIA

This is not an all-inclusive list of available covered drugs and includes only managed categories. Refer to cover page for complete list of rules governing this PDL.

ADJUVANTS		
carbamazepine carbamazepine ER divalproex divalproex ER divalproex sprinkle EPITOL (carbamazepine) GABITRIL (tiagabine) lamotrigine levetiracetam IR levetiracetam IR levetiracetam IR suspension oxcarbazepine suspension and tablets TEGRETOL SUSPENSION (carbamazepine) topiramate IR topiramate ER* valproic acid VIMPAT (lacosamide) zonisamide	APTIOM (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) carbamazepine oral suspension CARBATROL (carbamazepine) DEPAKOTE (divalproex) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) DIACOMIT CAPSULE/POWDER PACK (stripentol)** EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FINTEPLA (fenfluramine) SOLUTION**** FYCOMPA (perampanel) KEPPRA (levetiracetam) KEPPRA SOLUTION (levetiracetam) KEPPRA SOLUTION (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL AXR (lamotrigine) Iamotrigine dose pack Iamotrigine GDT OXTELLAR XR (oxcarbazepine) QUDEXY XR (topiramate ER)*** rufinamide oral suspension SABRIL (vigabatrin) SPRITAM (levetiracetam) TEGRETOL TABLETS (carbamazepine) TEGRETOL XR (carbamazepine) TEGRETOL XR (carbamazepine) TEGRETOL XR (topiramate) TRILEPTAL SUSPENSION and TABLETS (oxcarbazepine) TROKENDI XR (topiramate)*** vigabatrin tablet/powder pack XCOPRI (cenobamate)	 *Topiramate ER will be authorized after a thirty (30) day trial of topiramate IR. **Diacomit may only be approved as adjunctive therapy for diagnosis of Dravet Syndrome when prescribed by, or in consultation with, a neurologist AND requires a thirty (30) day trial of valproate and clobazam unless one (1) of the exceptions on the PA form is present. Diacomit must be used concurrently with clobazam. ***Qudexy XR and Trokendi XR are only approvable on appeal. ***Full PA criteria for Fintepla may be found on the PA Criteria page by clicking the hyperlink.
phenobarbital	MYSOLINE (primidone)	
primidone		
	BENZODIAZEPINESAP	
clonazepam diazepam rectal gel diazepam tablets	clobazam* clonazepam ODT DIASTAT (diazepam rectal)	*Onfi shall be authorized as adjunctive therapy for treatment of Lennox-Gastaut Syndrome and Dravet Syndrome without further restrictions. All other indications require an appeal to



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NAYZILAM NASAL SPRAY (midazolam) VALTOCO NASAL SPRAY (diazepam)	KLONOPIN (clonazepam) ONFI (clobazam)* ONFI SUSPENSION (clobazam)* SYMPAZAN (clobazam film)*	the Medical Director. NOTE: generic clobazam is preferred over brand ONFI.
	CANNABINOIDS	
	EPIDIOLEX SOLUTION (cannabidiol)*	* Full PA criteria may be found on the <u>PA Criteria</u> page by clicking the hyperlink.
	HYDANTOINSAP	
DILANTIN (phenytoin sodium, extended)	DILANTIN INFATABS (phenytoin)	
PEGANONE (ethotoin) phenytoin capsules, chewable tablets, suspension	PHENYTEK (phenytoin)	
•	SUCCINIMIDES	
CELONTIN (methsuximide) ethosuximide capsules ethosuximide syrup	ZARONTIN (ethosuximide) capsules ZARONTIN (ethosuximide) syrup	
ANTIDEPRESSANTS, OTHER		
CLASS PA CRITERIA: See below for individ	ual sub-class criteria.	
	MAOIsap	
	MARPLAN (isocarboxazid) NARDIL (phenelzine) phenelzine tranylcypromine	Patients stabilized on MAOI agents will be grandfathered.
	SNRISAP	
duloxetine capulses	CYMBALTA (duloxetine)	Non-preferred agents require separate thirty (30) day trials of
venlafaxine ER capsules	desvenlafaxine ER desvenlafaxine fumarate ER EFFEXOR XR (venlafaxine) FETZIMA (levomilnacipran) PRISTIQ (desvenlafaxine) venlafaxine IR venlafaxine ER tablets (venlafaxine)	a preferred agent in this sub-class AND an SSRI before they will be approved, unless one (1) of the exceptions on the PA form is present.
SECOND GENERATION NON-SSRI, OTHERAP		
bupropion IR bupropion SR bupropion XL mirtazapine trazodone	APLENZIN (bupropion hbr) EMSAM (selegiline) FORFIVO XL (bupropion) nefazodone REMERON (mirtazapine) TRINTELLIX (vortioxetine) VIIBRYD (vilazodone HCI) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion)	Non-preferred agents require separate thirty (30) day trials of a preferred agent in this sub-class AND an SSRI before they will be approved, unless one (1) of the exceptions on the PA form is present.
	SELECTED TCAs	



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imipramine HCI	imipramine pamoate	Non-preferred agents require a twelve (12) week trial of imipramine HCI before they will be approved, unless one (1) of the exceptions on the PA form is present.
ANTIDEPRESSANTS, SSRIs ^{AP} CLASS PA CRITERIA: Non-preferred agents exceptions on the PA form is present.	require thirty (30) day trials of at least two (2) prefer	rred agents before they will be approved, unless one (1) of the
		abilized on a non-preferred SSRI will receive an authorization to
citalopram escitalopram tablets fluoxetine capsules, solution fluvoxamine paroxetine sertraline	BRISDELLE (paroxetine) CELEXA (citalopram) escitalopram solution fluoxetine tablets fluvoxamine ER LEXAPRO (escitalopram) paroxetine 7.5 mg capsules paroxetine ER PAXIL (paroxetine) PAXIL CR (paroxetine) PEXEVA (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	
CLASS PA CRITERIA: See below for sub-clas	s criteria.	
	5HT3 RECEPTOR BLOCKERS	
granisetron ondansetron ODT, solution, tablets	ondansetron vials SANCUSO (granisetron) SUSTOL (granisetron) ZOFRAN (ondansetron) ZUPLENZ (ondansetron)	Non-preferred agents require a three (3) day trial of a preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.
	CANNABINOIDS	
	dronabinol* MARINOL (dronabinol)*	 *Dronabinol will only be authorized for: 1. The treatment of anorexia associated with weight loss in patients with AIDS or cancer and unresponsive to megestrol or 2. The prophylaxis of chemotherapy induced nausea and vomiting unresponsive to three (3) day trials of ondansetron or promethazine for patients from eighteen (18) up to sixty-five (65) years of age.



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	SUBSTANCE P ANTAGONISTS	
EMEND (aprepitant)	aprepitant VARUBI (rolapitant)	Non-preferred agents require a three (3) day trial of a preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.
	COMBINATIONS	
	AKYNZEO (netupitant/palonosetron) BONJESTA (doxylamine/pyridoxine) DICLEGIS (doxylamine/pyridoxine) doxylamine/pyridoxine (generic Diclegis)	Non-preferred agents will only be approved on appeal.
ANTIFUNGALS, ORAL		
CLASS PA CRITERIA: Non-preferred agents	will only be authorized if one (1) of the exceptions on	the PA form is present.
clotrimazole fluconazole*	ANCOBON (flucytosine) CRESEMBA (isovuconazonium) ^{CL**}	*PA is required when limits are exceeded.
nystatin terbinafine ^{CL}	DIFLUCAN (fluconazole) flucytosine griseofulvin ^{***}	**Full PA criteria may be found on the <u>PA Criteria</u> page by clicking the hyperlink.
	itraconazole ketoconazole**** MYCELEX (clotrimazole) NOXAFIL (posaconazole)	***PA is not required for griseofulvin suspension for children up to eighteen (18) years of age for the treatment of tinea capitis.
	ORAVIG (miconazole) posaconazole tablet SPORANOX (itraconazole)	****Ketoconazole will be authorized if the following criteria are met:1. Diagnosis of one of the following fungal infections:
	TOLSURA (itraconazole) VFEND (voriconazole) voriconazole suspension	 blastomycosis, coccidioidomycosis, histoplasmosis, chromomycosis, or paracoccidioidomycosis and 2. Documented failure or intolerance of all other diagnosis-
	voriconazole tablets	appropriate antifungal therapies, i.e. itraconazole, fluconazole, flucytosine, etc and
		 Baseline assessment of the liver status including alanine aminotransferase (ALT), aspartate aminotransferase (AST), total bilirubin, alkaline phosphatase, prothrombin time, and international normalized ratio (INR) before starting treatment and Weakly manifering of corum ALT for the duration of
		4. Weekly monitoring of serum ALT for the duration of treatment (If ALT values increase to a level above the upper limit of normal or 30% above baseline, or if the patient develops symptoms of abnormal liver function, treatment should be interrupted and a full set of liver tests be obtained. Liver tests should be repeated to ensure normalization of values.) and
		 5. Assessment of all concomitant medications for potential adverse drug interactions with ketoconazole. Ketoconazole will not be authorized for treatment for fungal infections of the skin and nails.



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ANTIFUNGALS, TOPICALAP

CLASS PA CRITERIA: Non-preferred agents require fourteen (14) day trials of two (2) preferred agents before they will be approved, unless one (1) of the exceptions on the PA form is present. If a non-preferred shampoo is requested, a fourteen (14) day trial of one (1) preferred product (i.e. ketoconazole shampoo) is required.

ANTIFUNGALS		
econazole	CICLODAN (ciclopirox)	*Oxistat cream will be authorized for children up to thirteen
ketoconazole cream, shampoo	ciclopirox	(13) years of age for tinea corporis, tinea cruris, tinea pedis,
MENTAX (butenafine)	ERTACZO (sertaconazole)	and tinea (pityriasis) versicolor.
miconazole (OTC)	EXELDERM (sulconazole)	
nystatin	EXTINA (ketoconazole)	
nyotatin	GYNAZOLE 1 CREAM (butoconazole)	
	JUBLIA (efinaconazole)	
	ketoconazole foam	
	KERYDIN (tavaborole)	
	KETODAN (ketoconazole)	
	LUZU (luliconazole)	
	miconazole/petrolatum/zinc oxide	
	NAFTIN GEL (naftifine)	
	OXISTAT (oxiconazole)*	
	tavaborole 5% topical solution	
	VUSION (miconazole/petrolatum/zinc oxide)	
ANTIFUNGAL/STEROID COMBINATIONS		
clotrimazole/betamethasone cream	clotrimazole/betamethasone lotion	
	nystatin/triamcinolone	
ANTIHEMOPHILIA FACTOR AGENTS ^{CL}		

CLASS PA CRITERIA: All agents will require prior-authorization, and non-preferred agents require medical reasoning explaining why the need cannot be met using a preferred product.

All currently established regimens shall be grandfathered with documentation of adherence to therapy.

FACTOR VIII		
ADVATE AFSTYLA ALPHANATE HEMOFIL M HUMATE-P KOATE KOGENATE FS NOVOEIGHT NUWIQ WILATE	ADYNOVATE ELOCTATE ESPEROCT JIVI KOVALTRY RECOMBINATE VONVENDI	
XYNTHA XYNTHA SOLOFUSE		
FACTOR VII		



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	NOVOSEVEN ^{NR} SEVENFACT ^{NR}		
	FACTOR IX		
ALPHANINE SD ALPROLIX BENEFIX IXINITY MONONINE PROFILNINE RIXUBIS	IDELVION REBINYN		
	FACTOR IXa/IX		
	HEMLIBRA (emicizumab-kxwh)*	*Hemlibra shall be approved without further restriction for patients with Hemophilia A with documented presence of Factor VIII inhibitors.	
ANTIHYPERTENSIVES, SYMPATH	IOLYTICS		
	equire thirty (30) day trials of each preferred unique o	hemical entity in the corresponding formulation before they will	
CATAPRES-TTS (clonidine) clonidine patch clonidine tablets	CATAPRES TABLETS (clonidine)		
ANTIHYPERURICEMICS			
CLASS PA CRITERIA: Non-preferred agents require a thirty (30) day trial of one (1) of the preferred agents for the prevention of gouty arthritis attacks (colchicine/probenecid, probenecid, or allopurinol) before they will be approved, unless one (1) of the exceptions on the PA form is present.			
	ANTIMITOTICS		
COLCRYS (colchicine) tablets	colchicine capsules colchicine tablets MITIGARE (colchicine) GLOPERBA (colchicine)*	 In the case of acute gouty attacks, a ten (10) day supply (twenty (20) units) of the preferred agent(s) in this subclass will be authorized per ninety (90) days. *Gloperba may only be authorized for those who are unable to ingest solid dosage forms due to documented oralmotor difficulties or dysphagia. 	
	ANTIMITOTIC-URICOSURIC COMBINATION		
colchicine/probenecid			
URICOSURIC			
probenecid			
XANTHINE OXIDASE INHIBITORS			
allopurinol	febuxostat tablets ULORIC (febuxostat) ZYLOPRIM (allopurinol)		



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ANTIMIGRAINE AGENTS, PROPHYLAXISCL

CLASS PA CRITERIA: All agents require a prior authorization. Full PA criteria may be found on the PA Criteria page by clicking the hyperlink. Non-preferred agents require a 90-day trial of all preferred agents. All currently established regimens may be grandfathered with documentation of efficacy and adherence to therapy. AIMOVIG (erenumab)AIMOVIG (erenumab)EMGALITY (galcanezumab) 120mg/mL
EMGALITY (galcanezumab) 300mg/3 mL**Emgality 300 mg/3 mL requires review by the Medical Director and is available only on appeal.

ANTIMIGRAINE AGENTS, ACUTEAP

CLASS PA CRITERIA: Non-preferred agents require three (3) day trials of each preferred unique chemical entity as well as a three (3) day trial using the same route of administration as the requested agent (if available), before they will be approved, unless one (1) of the exceptions on the PA form is present.

TRIPTANS			
naratriptan rizatriptan ODT rizatriptan tablet sumatriptan injection ^{CL} sumatriptan nasal spray sumatriptan tablets	almotriptan AMERGE (naratriptan) eletriptan FROVA (frovatriptan) frovatriptan IMITREX NASAL SPRAY (sumatriptan) IMITREX tablets (sumatriptan) MAXALT MLT (rizatriptan) MAXALT MLT (rizatriptan) MAXALT (rizatriptan) ONZETRA XSAIL (sumatriptan)* RELPAX (eletriptan) TOSYMRA NASAL SPRAY (sumatriptan)* ZEMBRACE SYMTOUCH (sumatriptan) zolmitriptan zolmitriptan DDT ZOMIG (zolmitriptan) ZOMIG ZMT (zolmitriptan)	*In addition to the Class Criteria: Onzetra Xsail and Tosymra require three (3) day trials of each preferred oral, nasal and injectable forms of sumatriptan.	
	TRIPTAN COMBINATIONS		
	TREXIMET (sumatriptan/naproxen sodium)		
	OTHER		
NURTEC ODT (rimegepant)*	CAMBIA (diclofenac) UBRELVY (ubrogepant)** REYVOW (lasmiditan)**	 *Nurtec ODT requires three (3) day trials of two (2) preferred chemically distinct triptans before it may be approved, unless one (1) of the exceptions on the PA form is present. **Ubrelvy and Reyvow require three (3) day trials of two (2) preferred chemically distinct triptans as well as a three (3) day trial of Nurtec ODT before they may be approved, unless one (1) of the exceptions on the PA form is present. 	
ANTIPARASITICS. TOPICALAP			

ANTIPARASITICS, TOPICAL^A

CLASS PA CRITERIA: Non-preferred agents require trials of each preferred agent (which are age and weight appropriate) before they will be approved, unless one (1) of the exceptions on the PA form is present.

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lindane malathion OVIDE (malathion) SKLICE (ivermectin)	permethrin 5% cream EURAX (crotamiton) pyrethrins-piperonyl butoxide OTC ivermectin 0.5% lotion LICE EGG REMOVER OTC (benzalkonium chloride) lindane
SKLICE (ivermectin)	OVIDE (malathion)

ANTIPARKINSON'S AGENTS

CLASS PA CRITERIA: Patients starting therapy on drugs in this class must show a documented allergy to all preferred agents in the corresponding sub-class, before a non-preferred agent will be authorized.

	ANTICHOLINERGICS			
benztropine trihexyphenidyl				
COMT INHIBITORS				
entacapone	COMTAN (entacapone) ONGENTYS (opicapone) TASMAR (tolcapone) tolcapone	COMT Inhibitor agents will only be approved as add-on therapy to a levodopa-containing regimen for treatment of documented motor complications.		
DOPAMINE AGONISTS				
APOKYN (apomorphine) PEN bromocriptine pramipexole ropinirole	KYNMOBI (apomorphine) FILM MIRAPEX ER (pramipexole)* NEUPRO (rotigotine) pramipexole ER ropinirole ER	*Mirapex ER will be authorized for a diagnosis of Parkinsonism without a trial of preferred agents.		
OTHER ANTIPARKINSON'S AGENTS				
amantadine ^{*AP} carbidopa/levodopa levodopa/carbidopa/entacapone selegiline	AZILECT (rasagiline) carbidopa GOCOVRI ER (amantadine) INBRIJA (levodopa) levodopa/carbidopa ODT LODOSYN (carbidopa) NOURIANZ (istradefylline) OSMOLEX ER (amantadine) PARLODEL (bromocriptine) rasagiline RYTARY (levodopa/carbidopa) SINEMET (levodopa/carbidopa) STALEVO (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone) XADAGO (safinamide) ZELAPAR (selegiline)	*Amantadine will not be authorized for the treatment or prophylaxis of influenza.		



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ANTIPSORIATICS, TOPICAL

CLASS PA CRITERIA: Non-preferred agents require thirty (30) day trials of two (2) preferred unique chemical entities before they will be approved, unless one (1) of the exceptions on the PA form is present.

calcipotriene/betamethasone ointment, suspension calcitriol DOVONEX (calcipotriene) ENSTILAR (calcipotriene/betamethasone) SORILUX (calcipotriene) tazarotene cream	TACLONEX (calcipotriene/ betamethasone) VECTICAL (calcitriol)	suspension calcitriol DOVONEX (calcipotriene) ENSTILAR (calcipotriene/betamethasone) SORILUX (calcipotriene)	
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ANTIPSYCHOTICS, ATYPICAL

CLASS PA CRITERIA: All antipsychotic agents require prior authorization for children up to eighteen (18) years of age. All PA requests for antipsychotics for children 6 years of age and younger will be reviewed by Medicaid's consultant psychiatrist.

Non-preferred agents require thirty (30) day trials of two (2) preferred agents, including the generic formulation of the requested agent (if available), before they will be approved unless one (1) of the exceptions on the PA form is present. All trials must be at the maximum recommended dose for the diagnosis provided before they would be considered a failure unless an adverse reaction is documented necessitating a change in therapy.

Patients shall be grandfathered onto their existing therapy, provided the requested agent is being used according to the manufacturer label. Continuation of therapy for an off-label indication or non-standard dosage may be granted a thirty (30) day prior-authorization while the Medical Director reviews the request.

SINGLE INGREDIENT

ABILIFY MAINTENA (aripiprazole) ^{CL}	ABILIFY MYCITE (aripiprazole)	The following criteria exceptions apply to the specified
aripiprazole tablets	ABILIFY TABLETS (aripiprazole)	products:
ARISTADA (aripiprazole) ^{CL}	ADASUVE (loxapine)	*Invega Trinza will be authorized after four months' treatment
ARISTADA INITIO (aripiprazole) ^{CL}	aripiprazole solution	with Invega Sustenna
clozapine	asenapine sublingual tablets	
INVEGA SUSTENNA (paliperidone) ^{CL}	CAPLYTA (lumateperone)	**Quetiapine 25 mg will be authorized:
INVEGA TRINZA (paliperidone)* CL	clozapine ODT	1. For a diagnosis of schizophrenia or
olanzapine	CLOZARIL (clozapine)	2. For a diagnosis of bipolar disorder or
olanzapine ODT	FANAPT (iloperidone)	3. When prescribed concurrently with other strengths of
PERSERIS (risperidone) ^{CL}	GEODON (ziprasidone)	Seroquel in order to achieve therapeutic treatment
quetiapine ER	GEODON IM (ziprasidone)	levels.



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quetiapine** ^{AP for the 25 mg Tablet Only} RISPERDAL CONSTA (risperidone) ^{CL} risperidone ODT risperidone solution, tablet ziprasidone ZYPREXA RELPREVV (olanzapine)	INVEGA ER (paliperidone) LATUDA (lurasidone)*** NUPLAZID (pimavanserin) **** olanzapine IM ^{CL} paliperidone ER REXULTI (brexipiprazole) RISPERDAL (risperidone) SAPHRIS (asenapine) SECUADO (asenapine) SEROQUEL (quetiapine) SEROQUEL XR (quetiapine) VERSACLOZ (clozapine) VRAYLAR (capriprazine)***** VRAYLAR DOSE PAK (capriprazine)***** ZYPREXA (olanzapine) ZYPREXA IM (olanzapine) ^{CL}	Quetiapine 25 mg will not be authorized for use as a sedative hypnotic. **** Latuda will be be authorized for the indication of Bipolar Depression with documentation of the diagnosis. All other indications require class criteria to be followed. ****Nuplazid may only be authorized for the treatment of Parkinson Disease Induced Psychosis after documented treatment failure with quetiapine. ***** Vraylar may be authorized for the indication of Bipolar Depression only after failure of a 30-day trial of Latuda and a 30-day trial of either quetiapine OR a combination of olanzapine + fluoxetine. All other indications require class criteria to be followed.
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ATYPICAL ANTIPSYCHOTIC/SSRI COMBINATIONS

olanzapine/fluoxetine

ANTIRETROVIRALSAP

CLASS PA CRITERIA: Non-preferred drugs require medical reasoning beyond convenience or enhanced compliance as to why the clinical need cannot be met with a preferred agent or combination of preferred agents. <u>NOTE</u>: Regimens consisting of preferred agents will result in no more than one additional unit per day over equivalent regimens composed of non-preferred agents. Patients already on a non-preferred regimen shall be grandfathered.

SINGLE TABLET REGIMENS			
BIKTARVY (bictegravir/emtricitabine/ tenofovir alafenamide) COMPLERA (emtricitabine/rilpivirine/tenofovir) DELSTRIGO (doravirine/lamivudine/ tenofovir df) GENVOYA (elvitegravir/cobicistat/ emtricitabine/tenofovir) ODEFSEY (emtricitabine/rilpivirine/tenofovir) SYMFI (efavirenz/lamivudine/tenofovir)	ATRIPLA (efavirenz/emtricitabine/tenofovir) DOVATO (dolutegravir/lamivudine) efavirenz/emtricitabine/tenofovir JULUCA (dolutegravir/rilpivirine) SYMTUZA (darunavir/cobicistat/ emtricitabine/tenofovir alafenamide) STRIBILD (elvitegravir/cobicistat/ emtricitabine/tenofovir)* TRIUMEQ (abacavir/lamivudine/ dolutegravir)**	*Stribild requires medical reasoning beyond convenience or enhanced compliance as to why the medical need cannot be met with the the preferred agent Genvoya. **Triumeq requires medical reasoning beyond convenience or enhanced compliance as to why the medical need cannot be met with the preferred agents Epzicom and Tivicay.	
SYMFI LO (efavirenz/lamivudine/tenofovir)	INTEGRASE STRAND TRANSFER INHIBI	TORS	
ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium) TIVICAY PD (dolutegravir sodium)	ISENTRESS HD (raltegravir potassium)		
	NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir sulfate tablet EMTRIVA (emtricitabine) EPIVIR SOLUTION (lamivudine) lamivudine	abacavir sulfate solution didanosine DR capsule emtricitabine capsule EPIVIR TABLET (lamivudine)		

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tenofovir disoproxil fumarate VIREAD ORAL POWDER (tenofovir disoproxil fumarate) ZIAGEN SOLUTION (abacavir sulfate) zidovudine	RETROVIR (zidovudine) stavudine VIDEX EC (didanosine) VIDEX SOLUTION (didanosine) VIREAD TABLETS (tenofovir disoproxil fumarate) ZIAGEN TABLET (abacavir sulfate)		
	N-NUCLEOSIDE REVERSE TRANSCRIPTASE INI	HIBITOR (NNRTI)	
SUSTIVA (efavirenz)	EDURANT (rilpivirine) efavirenz etravirine INTELENCE (etravirine) nevirapine nevirapine ER PIFELTRO (doravirine) VIRAMUNE ER 24H (nevirapine) VIRAMUNE SUSPENSION (nevirapine)		
	PHARMACOENHANCER – CYTOCHROME P450) INHIBITOR	
TYBOST (cobicistat)			
	PROTEASE INHIBITORS (PEPTIDIC		
atazanavir EVOTAZ (atazanavir/cobicistat) NORVIR (ritonavir) REYATAZ POWDER PACK (atazanavir)	fosamprenavir LEXIVA (fosamprenavir) REYATAZ CAPSULE (atazanavir) ritonavir tablet VIRACEPT (nelfinavir mesylate) PROTEASE INHIBITORS (NON-PEPTID APTIVUS (tipranavir)		
PREZCOBIX (darunavir/cobicistat) PREZISTA (darunavir ethanolate)			
	ENTRY INHIBITORS - CCR5 CO-RECEPTOR AN	ITAGONISTS	
	SELZENTRY (maraviroc)		
	ENTRY INHIBITORS – FUSION INHIBIT	ORS	
	FUZEON (enfuvirtide)		
	COMBINATION PRODUCTS – NRTIS	5	
abacavir/lamivudine CIMDUO (lamivudine/tenofovir) lamivudine/zidovudine	abacavir/lamivudine/zidovudine COMBIVIR (lamivudine/zidovudine) EPZICOM (abacavir/lamivudine) TEMIXYS (lamivudine/tenofovir) TRIZIVIR (abacavir/lamivudine/zidovudine)		
	INATION PRODUCTS - NUCLEOSIDE & NUCLEO		
DESCOVY (emtricitabine/tenofovir)	TRUVADA (emtricitabine/tenofovir)* emtricitabine/tenofovir	*Truvada shall be treated as preferr PrEP in members assigned female at be approved over Descovy where gu superiority over Descovy (documenta support the request for PA).	birth. Truvada may also idelines clearly indicate
KALETRA (lopinavir/ritonavir)	COMBINATION PRODUCTS – PROTEASE INI lopinavir/ritonavir	HIBITORS	



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GP 120 DIRECTED ATTACHMENT INHIBITORS

RUKOBIA (fostemsavir tromethamine) TABLETS

ANTIVIRALS, ORAL

CLASS PA CRITERIA: Non-preferred agents require five (5) day trials of each preferred agent in the same sub-class before they will be approved, unless one (1) of the exceptions on the PA form is present.

ANTI HERPES		
acyclovir	famciclovir	
valacyclovir	SITAVIG (acyclovir)	
	VALTREX (valacyclovir)	
	ZOVIRAX (acyclovir)	
	ANTI-INFLUENZA	
oseltamivir	FLUMADINE (rimantadine)	In addition to the Class Criteria: The anti-influenza agents
RELENZA (zanamivir)	rimantadine	will be authorized only for a diagnosis of influenza.
TAMIFLU (oseltamivir)	XOFLUZA (baloxavir)	
ANTIVIRALS, TOPICAL ^{AP}		
CLASS PA CRITERIA: Non-preferred agents require a five (5) day trial of the preferred agent before they will be approved, unless one (1) of the exceptions on the		
PA form is present.		

ZOVIRAX CREAM (acyclovir) ZOVIRAX OINTMENT (acyclovir) acyclovir ointment docosanol cream DENAVIR (penciclovir)

BETA BLOCKERSAP

CLASS PA CRITERIA: Non-preferred agents require fourteen (14) day trials of three (3) chemically distinct preferred agents, including the generic formulation of the requested non-preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.

BETA BLOCKERS		
acebutolol	BETAPACE (sotalol)	*Hemangeol will be authorized for the treatment of proliferating
atenolol	BYSTOLIC (nebivolol)	infantile hemangioma requiring systemic therapy.
betaxolol	HEMANGEOL (propranolol)*	
bisoprolol	INDERAL LA (propranolol)	**Propranolol ER shall be authorized for patients with a
CORGARD (nadolol)	INDERAL XL (propranolol)	diagnosis of migraines. Existing users will be grandfathered for
metoprolol	INNOPRAN XL (propranolol)	use in migraine prophylaxis.
metoprolol ER	KAPSPARGO SPRINKLE (metoprolol)	
pindolol	LOPRESSOR (metoprolol)	
propranolol	nadolol	
SORINE (sotalol)	propranolol ER**	
sotalol	TENORMIN (atenolol)	
timolol	TOPROL XL (metoprolol)	
	BETA BLOCKER/DIURETIC COMBINATION	DRUGS
atenolol/chlorthalidone	nadolol/bendroflumethiazide	
bisoprolol/HCTZ	TENORETIC (atenolol/chlorthalidone)	
metoprolol/HCTZ	ZIAC (bisoprolol/HCTZ)	
propranolol/HCTZ		
BETA- AND ALPHA-BLOCKERS		



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carvedilol labetalol	COREG (carvedilol) COREG CR (carvedilol)		
BLADDER RELAXANT PREPARA	TIONSAP		
CLASS PA CRITERIA: Non-preferred agents in the exceptions on the PA form is present	require thirty (30) day trials of each chemically distinct	preferred agent before they will be approved, unless one (1) of	
GELNIQUE (oxybutynin) oxybutynin IR oxybutynin ER solifenacin TOVIAZ (fesoterodine)	darifenacin ER tablet DETROL (tolterodine) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) flavoxate GEMTESA (vibegron) ^{NR} MYRBETRIQ (mirabegron) OXYTROL (oxybutynin) tolterodine tolterodine ER trospium trospium ER VESICARE (solifenacin)		
BONE RESORPTION SUPPRESS	ON AND RELATED AGENTS		
CLASS PA CRITERIA: See below for class cri	teria.		
	BISPHOSPHONATES		
alendronate tablets ibandronate	ACTONEL (risedronate) alendronate solution ATELVIA (risedronate) BINOSTO (alendronate) BONIVA (ibandronate) FOSAMAX TABLETS (alendronate) FOSAMAX PLUS D (alendronate/vitamin D) Risedronate	Non-preferred agents require thirty (30) day trials of each preferred Bisphosphonate agent before they will be approved, unless one (1) of the exceptions on the PA form is present.	
OTHER BONE RESORPTION SUPPRESSION AND RELATED AGENTS			
	calcitonin EVISTA (raloxifene)* FORTEO (teriparatide) MIACALCIN (calcitonin) raloxifene* teriparatide TYMLOS (abaloparatide)	Non-preferred agents require a thirty (30) day trial of a preferred Bisphosphonate agent before they will be approved, unless one (1) of the exceptions on the PA form is present. *Raloxifene will be authorized for postmenopausal women with osteoporosis who are at high risk for invasive breast cancer.	



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BPH TREATMENTS

CLASS PA CRITERIA: Non-preferred agents require thirty (30) day trials of at least two (2) chemically distinct preferred agents, including the generic formulation of the requested non-preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.

5-ALPHA-REDUCTASE (5AR) INHIBITORS AND PDE-5 AGENTS			
finasteride	AVODART (dutasteride) CIALIS 5 mg (tadalafil) dutasteride PROSCAR (finasteride) ALPHA BLOCKERS		
alfuzosin			
doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) FLOMAX (tamsulosin) RAPAFLO (silodosin) silodosin		
5-AL	PHA-REDUCTASE (5AR) INHIBITORS/ALPHA BLC	OCKER COMBINATION	
	dutasteride/tamsulosin JALYN (dutasteride/tamsulosin)	Substitute for Class Criteria : Concurrent thirty (30) day trials of dutasteride and tamsulosin are required before the non-preferred agent will be authorized.	
BRONCHODILATORS, BETA AGO	DNISTAP		
CLASS PA CRITERIA: Non-preferred agents require thirty (30) day trials of each chemically distinct preferred agent in their corresponding sub-class unless one (1) of the exceptions on the PA form is present.			
	INHALATION SOLUTION		
albuterol	BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)*	*Xopenex Inhalation Solution will be authorized for twelve (12) months for a diagnosis of asthma or COPD for patients on concurrent asthma controller therapy (either oral or inhaled) with documentation of failure on a trial of albuterol or documented intolerance of albuterol, or for concurrent diagnosis of heart disease.	
	INHALERS, LONG-ACTING		
SEREVENT (salmeterol)	STRIVERDI RESPIMAT (olodaterol)		
	INHALERS, SHORT-ACTING		
PROAIR HFA (albuterol) PROAIR RESPICLICK (albuterol) VENTOLIN HFA (albuterol)	albuterol HFA PROAIR DIGIHALER (albuterol) PROVENTIL HFA (albuterol) XOPENEX HFA (levalbuterol)		
	ORAL		
	albuterol ER albuterol IR metaproterenol terbutaline		



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CALCIUM CHANNEL BLOCKERSAP

CLASS PA CRITERIA: Non-preferred agents require fourteen (14) day trials of each preferred agent within the corresponding sub-class before they will be approved, unless one (1) of the exceptions on the PA form is present.

LONG-ACTING			
amlodipine diltiazem ER felodipine ER nifedipine ER verapamil ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDIZEM CD, LA (diltiazem) diltiazem LA KATERZIA SUSPENSION (amlodipine)* MATZIM LA (diltiazem) nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)	*Katerzia will be authorized for children who are 6-10 years of age who are unable to ingest solid dosage forms. Katerzia may also be authorized for older patients with clinical documentation indicating oral-motor difficulties or dysphagia.	
	SHORT-ACTING		
diltiazem verapamil	CARDIZEM (diltiazem) isradipine nicardipine nifedipine nimodipine NYMALIZE SOLUTION (nimodipine) PROCARDIA (nifedipine)		
CEPHALOSPORINS AND RELATE			
CLASS PA CRITERIA: Non-preferred agents r unless one (1) of the exceptions on the PA form		ne corresponding sub-class before they will be approved,	
BETA LAC	TAMS AND BETA LACTAM/BETA-LACTAMASE IN	HIBITOR COMBINATIONS	
amoxicillin/clavulanate IR	amoxicillin/clavulanate ER AUGMENTIN (amoxicillin/clavulanate)		
	CEPHALOSPORINS		
cefaclor capsule cefadroxil capsule, tablet cefdinir cefuroxime tablet cephalexin capsule, suspension	cefaclor suspension cefaclor ER tablet cefadroxil suspension cefixime cefpodoxime cefprozil cefuroxime suspension cephalexin tablet KEFLEX (cephalexin) SUPRAX (cefixime)		



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COPD AGENTS

CLASS PA CRITERIA: Non-preferred agents require a sixty (60) day trial of one preferred agent from the corresponding sub-class before they will be approved, unless one (1) of the exceptions on the PA form is present.

ATROVENT HFA (ipratropium) ipratropium nebulizer solution SPIRIVA (tiotropium) SPIRIVA RESPIMAT (tiotropium) TUDORZA (aclidinium)	INCRUSE ELLIPTA (umeclidinium) LONHALA MAGNAIR (glycopyrrolate) YUPELRI SOLUTION (revefenacin)		
	ANTICHOLINERGIC-BETA AGONIST COMBIN	IATIONS ^{AP}	
ANORO ELLIPTA (umeclidinium/vilanterol) albuterol/ipratropium nebulizer solution BEVESPI (glycopyrrolate/formoterol) COMBIVENT RESPIMAT (albuterol/ipratropium)	DUAKLIR PRESSAIR (aclidinium/formoterol)* STIOLTO RESPIMAT (tiotropium/olodaterol)**	 *In addition to the Class PA criteria, Duaklir Pressair requires sixty (60) day trials of each long acting preferred agent, as well as a 60-day trial of Stiolto Respimat. **In addition to the Class PA criteria, Stiolto Respimat requires 	
		a sixty (60) day trial of a long acting preferred agent.	
ANTI	CHOLINERGIC-BETA AGONIST-GLUCOCORTICO		
	TRELEGY ELLIPTA (fluticasone/umeclidinium/vilanterol)* BREZTRI AEROSPHERE (budesonide/glycopyrrolate/formoterol)**	 * Trelegy Ellipta may be prior authorized for patients currently established on the individual components for at least 30 days. **Breztri may be prior authorized for patients currently established on the individual components for at least 30 days. 	
PDE4 INHIBITOR			
CROHNS DISEASE ORAL STERO	DALIRESP (roflumilast)*	 *Daliresp will be authorized if the following criteria are met: Patient is forty (40) years of age or older and Diagnosis of severe chronic obstructive pulmonary disease (COPD) associated with chronic bronchitis and multiple exacerbations requiring systemic glucocorticoids in the preceding six (6) months and Concurrent therapy with an inhaled corticosteroid and long-acting bronchodilator and evidence of compliance and No evidence of moderate to severe liver impairment (Child-Pugh Class B or C) and No concurrent use with strong cytochrome P450 inducers (rifampicin, phenobarbital, carbamazepine or phenytoin) 	
CITCHING DISLAGE ORAL STERU	-		
	ORAL		
budesonide ER capsule (generic Entocort EC)	ENTOCORT EC (budesonide)* ORTIKOS (budesonide)*	*Please see the following PDL classes for PDL status of additional agents used for induction and remission (Cytokine and CAM Antagonists/ Immunosuppressives, Oral/ Ulcerative Colitis Agents)	



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*Entocort EC and Ortikos may only be authorized if the patient has a documented allergy or intolerance to the generic budesonide 3mg 24-hour capsules.

CYTOKINE & CAM ANTAGONISTSCL

CLASS PA CRITERIA: Non-preferred agents require ninety (90) day trials of all preferred agents which are indicated for the diagnosis, unless one (1) of the exceptions on the PA form is present. *Patients stabilized for at least 6-months on their existing non-preferred regimen shall be grandfathered (provided the current therapy is for a labeled indication). All off-label requests require review by the Medical Director.*

	ANTI-TNFs	
ENBREL (etanercept)* HUMIRA (adalimumab)*	CIMZIA (certolizumab pegol) REMICADE (infliximab) RENFLEXIS (infliximab) SIMPONI subcutaneous (golimumab)	*Full PA criteria may be found on the <u>PA Criteria</u> page by clicking the hyperlink.
	OTHERS	
TALTZ (ixekizumab)* XELJANZ (tofacitinib)**	ACTEMRA subcutaneous (tocilizumab) COSENTYX (secukinumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) ILUMYA (tildrakizumab) KEVZARA (sarilumab) KINERET (anakinra) OLUMIANT (baricitinib) ORENCIA subcutaneous (abatacept) OTEZLA (apremilast) RINVOQ ER (upadacitinib) SILIQ (brodalumab) SKYRIZI (risankizumab) STELARA subcutaneous (ustekinumab) TREMFYA (guselkumab) XELJANZ XR (tofacitinib)	 *Taltz will be authorized for treatment of plaque psoriasis, psoriatic arthritis, and ankylosing spondylitis only after inadequate response to a ninety (90) day trial of one preferred agent. **Xeljanz will only be preferred for the treatment of rheumatoid arthritis and ulcerative colitis. For all other indications it is non preferred. Full PA criteria may be found on the <u>PA Criteria</u> page by clicking the hyperlink.
EPINEPHRINE, SELF-INJECTED		
CLASS PA CRITERIA: A non-preferred agent to understand the training for the preferred age		patient's inability to follow the instructions, or the patient's failure
epinephrine (labeler 49502 only)	epinephrine (all labelers except 49502) EPIPEN (epinephrine) EPIPEN JR (epinephrine) SYMJEPI (epinephrine)	
ERYTHROPOIESIS STIMULATING		
CLASS PA CRITERIA: Non-preferred agents require a thirty (30) day trial of a preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.		



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PREFERRED DRUG LIST WITH PRIOR AUTHORIZATION CRITERIA

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CIPRO SUSPENSION (ciprofloxacin) BAXDELA (delafloxacin) ciprofloxacin CIPRO TABLETS (ciprofloxacin) levofloxacin tablet ciprofloxacin suspension levofloxacin levofloxacin solution moxifloxacin ofloxacin ofloxacin ofloxacin CLASS PA CRITERIA: Non-preferred agents require thirty (30) day trials of each chemically unique preferred agent before they will be approved, unless one (1)	EPOGEN (rHuEPO) RETACRIT (epoetin alfa)	ARANESP (darbepoetin) MIRCERA (methoxy PEG-epoetin) PROCRIT (rHuEPO)	 Erythropoiesis agents will be authorized if the following criteria are met: 1. Hemoglobin or Hematocrit less than 10/30 respectively. For renewal, hemoglobin or hematocrit levels greater than 12/36 will require dosage reduction or discontinuation. Exceptions will be considered on an individual basis after medical documentation is reviewed. (Lab oratory values must be dated within six (6) weeks of request.) and 2. Transferrin saturation ≥ 20%, ferritin levels ≥100 mg/ml, or on concurrent therapeutic iron therapy. (Laboratory values must be dated within three (3) weeks of request. For re-authorization, transferrin saturation or ferritin levels are not required if the patient has been responsive to the erythropoietin agent and 3. For HIV-infected patients, endogenous serum erythropoietin level must be ≤ 500mU/ml to initiate therapy and 4. No evidence of untreated GI bleeding, hemolysis, or Vitamin B-12, iron or folate deficiency.
form is present. Example 1 CIPRO SUSPENSION (ciprofloxacin) ciprofloxacin levofloxacin tablet BAXDELA (delafloxacin) CIPRO TABLETS (ciprofloxacin) ciprofloxacin suspension levofloxacin solution moxifloxacin ofloxacin CIPRO TABLETS (ciprofloxacin) ciprofloxacin suspension levofloxacin solution moxifloxacin ofloxacin CIPRO TABLETS (ciprofloxacin) ciprofloxacin suspension levofloxacin solution moxifloxacin GLUCOCORTICOIDS, INHALED ^{AP} CLASS PA CRITERIA: Non-preferred agents require thirty (30) day trials of each chemically unique preferred agent before they will be approved, unless one (1) the exceptions on the PA form is present.	FLUOROQUINOLONES (Oral)		
ciprofloxacin CIPRO TABLETS (ciprofloxacin) levofloxacin tablet ciprofloxacin suspension levofloxacin solution levofloxacin moxifloxacin ofloxacin ofloxacin ofloxacin CLASS PA CRITERIA: Non-preferred agents require thirty (30) day trials of each chemically unique preferred agent before they will be approved, unless one (1) the exceptions on the PA form is present.	CLASS PA CRITERIA: Non-preferred agen form is present.	ts require a five (5) day trial of a preferred agent be	efore they will be approved, unless one (1) of the exceptions on the PA
CLASS PA CRITERIA: Non-preferred agents require thirty (30) day trials of each chemically unique preferred agent before they will be approved, unless one (1) the exceptions on the PA form is present.	CIPRO SUSPENSION (ciprofloxacin) ciprofloxacin levofloxacin tablet	CIPRO TABLETS (ciprofloxacin) ciprofloxacin suspension levofloxacin solution moxifloxacin	
the exceptions on the PA form is present.	GLUCOCORTICOIDS, INHALEDAP		
GLUCOCORTICOIDS	CLASS PA CRITERIA: Non-preferred ager the exceptions on the PA form is present.	nts require thirty (30) day trials of each chemically u	unique preferred agent before they will be approved, unless one (1) of
		GLUCOCORTICOIDS	



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ASMANEX TWISTHALER (mometasone) budesonide nebulizer 0.5 mg/2 ml & 0.25 mg/2 ml solution* FLOVENT DISKUS (fluticasone) FLOVENT HFA (fluticasone) PULMICORT FLEXHALER (budesonide)	ARMONAIR DIGIHALER (fluticasone) ALVESCO (ciclesonide) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) budesonide nebulizer 1 mg/2ml solution PULMICORT NEBULIZER SOLUTION (budesonide) QVAR REDIHALER (beclomethasone)	*Budesonide Respules are only preferred for children up to nine (9) years of age. For patients nine (9) and older, prior authorization is required and will be approved only for a diagnosis of severe nasal polyps.
	GLUCOCORTICOID/BRONCHODILATOR CO	MBINATIONS
ADVAIR DISKUS (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT(budesonide/formoterol)	AIRDUO DIGIHALER (fluticasone/salmeterol) AIRDUO RESPICLICK (fluticasone/salmeterol) budesonide/formoterol BREO ELLIPTA (fluticasone/vilanterol) fluticasone/salmeterol WIXELA (fluticasone/salmeterol)	
GUANYLATE CYCLASE STIMU		
	ADEMPAS (riociguat)* VERQUVO (vericiguat)**	*Adempas requires a thirty (30) day trial of a preferred agent from any other PAH Class before it may be approved, unless one (1) of the exceptions on the PA form is present. **Full PA criteria for Verguvo may be found on the PA Criteria
		page by clicking the hyperlink.
GROWTH HORMONE ^{CL}		
CLASS PA CRITERIA: Non-preferred agent the PA form is present.	s require three (3) month trials of each preferred agen	t before they will be approved, unless one (1) of the exceptions on
GENOTROPIN (somatropin) NORDITROPIN (somatropin)	INCRELEX (mecasermin) NUTROPIN AQ (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) ZOMACTON (somatropin) ZORBTIVE (somatropin)	Patients already on a non-preferred agent will receive authorization to continue therapy on that agent for the duration of the existing PA.
H. PYLORI TREATMENT		
-		red components of the requested non-preferred agent and must

CLASS PA CRITERIA: Non-preferred agents require a trial of the combination of individual preferred components of the requested non-preferred agent and must be used at the recommended dosages, frequencies and duration of the non-preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.



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Please use individual components: preferred PPI (omeprazole or pantoprazole) amoxicillin tetracycline metronidazole clarithromycin bismuth PYLERA (bismuth/metronidazole/tetracycline	HELIDAC (bismuth/metronidazole/tetracycline) lansoprazole/amoxicillin/clarithromycin OMECLAMOX-PAK (omeprazole/amoxicillin/clarithromycin) TALICIA (omeprazole/amoxicillin/rifabutin)	
HEPATITIS B TREATMENTS		
CLASS PA CRITERIA: Non-preferred agents the PA form is present.	s require ninety (90) day trials of each preferred agent t	before they will be approved, unless one (1) of the exceptions on
BARACLUDE SOLUTION (entecavir) * entecavir lamivudine HBV	adefovir BARACLUDE TABLET (entecavir) EPIVIR HBV (lamivudine) HEPSERA (adefovir) VEMLIDY (tenofovir alafenamide fumarate)	*Baraclude <u>solution</u> will be authorized only for patients with documentation of dysphagia.
HEPATITIS C TREATMENTS ^{CL}		
CLASS PA CRITERIA: For patients starting require medical reasoning why a preferred re		d on the PA Criteria page. Requests for non-preferred regimens
MAVYRET (pibrentasvir/glecaprevir)* ribavirin sofosbuvir/velpatasvir (labeler 72626)* ZEPATIER (elbasvir/grazoprevir)*	EPCLUSA (sofosbuvir/velpatasvir)* HARVONI (ledipasvir/sofosbuvir)* ledipasvir/sofosbuvir* PEGASYS (pegylated interferon) PEG-INTRON (pegylated interferon) RIBASPHERE RIBAPAK (ribavirin) RIBASPHERE 400 mg, 600 mg (ribavirin) SOVALDI (sofosbuvir)* VIEKIRA XR (dasabuvir/ombitasvir/ paritaprevir/ritonavir)* VOSEVI (sofosbuvir/velpatasvir/voxilaprevir)	*Full PA criteria may be found on the <u>PA Criteria</u> page by clicking the hyperlink.
HYPERPARATHYROID AGENTS	SAP	
CLASS PA CRITERIA: Non-preferred agent	s require thirty (30) day trials of each preferred agent t	before they will be approved, unless one (1) of the exceptions on

CLASS PA CRITERIA: Non-preferred agents require thirty (30) day trials of each preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.

paricalcitol capsule	cinacalcet doxercalciferol HECTOROL (doxercalciferol) paricalcitol injection RAYALDEE (calcifediol) SENSIPAR (cinacalcet) ZEMPLAR (paricalcitol)



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the exceptions on the PA form is present.		
metformin metformin ER (generic Glucophage XR)	FORTAMET (metformin ER) GLUCOPHAGE XR (metformin ER) GLUMETZA (metformin ER)* metformin solution (generic Riomet) metformin ER (generic Glumetza & Fortamet) RIOMET (metformin)	*Glumetza will be approved only after a 30-day trial o Fortamet.
HYPOGLYCEMICS, DPP-4 INHI		
CLASS PA CRITERIA: Non-preferred age	ents are available only on appeal.	
NOTE: DPP-4 inhibitors will NOT be appr	oved in combination with a GLP-1 agonist.	
JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) TRADJENTA (linagliptin)	alogliptin alogliptin/metformin alogliptin/pioglitazone JENTADUETO XR (linagliptin/metformin) KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin) NESINA (alogliptin) ONGLYZA (saxagliptin) OSENI (alogliptin/pioglitazone)	
HYPOGLYCEMICS, GLP-1 AGC	ONISTS ^{CL}	
CLASS PA CRITERIA: Non-preferred agen	ts will only be approved (in 6-month intervals) if ALL o	f the following criteria has been met:
 Documentation demonstrating 90 days Documentation demonstrating treatment 	s in this class will not be approved for patients with a s of compliance <u>on all current diabetic therapies</u> is provi it failure with all unique preferred agents in the same c n of <u>continued</u> compliance on all diabetic therapies and	ded.
NOTE: GLP-1 agents will NOT be approve	ed in combination with a DPP-4 inhibitor.	
OZEMPIC (semaglutide) TRULICITY (dulaglutide) VICTOZA (liraglutide)	ADLYXIN (lixisenatide) BYETTA (exenatide) BYDUREON BCISE (exenatide) RYBELSUS (semaglutide)	
HYPOGLYCEMICS, INSULIN AI		



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FIASP (insulin aspart) HUMALOG (insulin lispro) HUMALOG JR KWIKPEN (insulin lispro) HUMALOG MIX PENS (insulin lispro/lispro protamine) HUMALOG MIX VIALS (insulin lispro/lispro protamine) HUMULIN N VIAL (insulin) HUMULIN R U-500 VIAL (insulin) LANTUS (insulin glargine) LEVEMIR (insulin detemir) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/aspart protamine) TOUJEO SOLOSTAR (insulin glargine) TOUJEO MAX SOLOSTAR (insulin glargine)	AFREZZA (insulin) ^{CL} BASAGLAR (insulin glargine) HUMALOG KWIKPEN U-200 (insulin lispro) HUMULIN PENS (insulin) HUMULIN R VIAL (insulin) HUMULIN 70/30 (insulin) insulin aspart insulin aspart VUMJEV (insulin lispro) AVOOLIN (insulin) SEMGLEE (insulin glargine) SOLIQUA (insulin glargine/lixisenatide)** TRESIBA (insulin degludec)*** TRESIBA fLEXTOUCH (insulin degludec) *** XULTOPHY (insulin degludec/liraglutide)**	 Patient is four (4) years of age or older; and Patient is currently on a regimen including a longer acting or basal insulin, and Patient has had a trial of a similar preferred agent, Novolog or Humalog, with documentation that the desired results were not achieved ** Non-preferred insulin combination products require that the patient must already be established on the individual agents at doses not exceeding the maximum dose achievable with the combination product, and require medical reasoning beyond convenience or enhanced compliance as to why the clinical need cannot be met with a combination of preferred single-ingredient agents. ***Patients stabilized on Tresiba may be grandfathered at the request of the prescriber, if the prescriber considers the preferred products to be clinically inappropriate. ***Tresiba U-100 may be approved only for: Patients who have demonstrated at least a 6-month history of compliance on a preferred long-acting insulin and who continue to have regular incidents of hypoglycemia. ***Tresiba U-200 may be approved only for: Patients who require once-daily doses of at least 60 units of long-acting insulin and have demonstrated at least a 6-month history of compliance on preferred long-acting insulin and who continue to have regular incidents of hypoglycemia.
CLASS PA CRITERIA: Non-preferred agents		
CLASS FA CRITERIA: Non-preferred agents	are available only on appeal.	
	MEGLITINIDES	
nateglinide	PRANDIN (repaglinide)	
repaglinide	STARLIX (nateglinide)	

MEGLITINIDE COMBINATIONS

repaglinide/metformin



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HYPOGLYCEMICS, MISCELLANEOUS AGENTS

CLASS PA CRITERIA: Welchol will be authorized for add-on therapy for type 2 diabetes when there is a previous history of a thirty (30) day trial of an oral diabetic agent.		
WELCHOL (colesevelam)AP	colesevelam	*Symlin will be authorized with a history of bolus insulin

WELCHOL (colesevelam)^{AP}

coleseve	lam
SYMLIN	(pramlintide)*

Symlin will be authorized with a history of bolus insulin utilization in the past ninety (90) days with no gaps in insulin therapy greater than thirty (30) days.

HYPOGLYCEMICS, SGLT2 INHIBITORS

CLASS PA CRITERIA: Non-preferred agents will only be approved (in 6-month intervals) if ALL of the following criteria has been met:

1) Current A1C must be submitted. Agents in this class will not be approved for patients with a starting A1C of less than (<) 7%.

Documentation demonstrating 90 days of compliance on all current diabetic therapies is provided. 2)

3) Documentation demonstrating treatment failure with all unique preferred agents in the same class.

Re-authorizations will require documentation of <u>continued</u> compliance on all diabetic therapies and A1C levels must reach goal, (either an A1C of ≤8%, or demonstrated continued improvement).

*Preferred SGLT2 inhibitors and combinations may be approved for a diagnosis of Heart Failure with Reduced Ejection Fraction (HFrEF) with or without Type II DM, Chronic Kidney Disease (CKD) with or without Type II DM, or Atherosclerotic Cardiovascular Disease (ASCVD) with Type II DM without further restrictions.

SGLT2 INHIBITORS		
FARXIGA (dapagliflozin)* INVOKANA (canagliflozin)* JARDIANCE (empagliflozin)*	STEGLATRO (ertugliflozin)	
	SGLT2 COMBINATIONS	
INVOKAMET (canagliflozin/metformin)* SYNJARDY (empagliflozin/metformin)*	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET XR (canagliflozin/metformin) SEGLUROMET (ertugliflozin/metformin STEGLUJAN (ertugliflozin/sitagliptin) SYNJARDY XR (empagliflozin/metformin) TRIJARDY XR (empagliflozin/linagliptin/metformin) QTERN (dapagliflozin/saxagliptin) XIGDUO XR (dapagliflozin/metformin)	
HYPOGLYCEMICS, TZD		
CLASS PA CRITERIA: Non-preferred agents are available only on appeal.		
THIAZOLIDINEDIONES		
pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	
TZD COMBINATIONS		



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	ACTOPLUS MET (pioglitazone/ metformin) DUETACT (pioglitazone/glimepiride) pioglitazone/glimepiride pioglitazone/ metformin	Patients are required to use the components of Actoplus Met and Duetact separately. Exceptions will be handled on a case- by-case basis.
IMMUNOMODULATORS, ATOPIC CLASS PA CRITERIA: Non-preferred agents one (1) of the exceptions on the PA form is pre- and skin folds.	require 30-day trial of a medium to high potency top	ical corticosteroid AND all preferred agents in this class unless e excluded with involvement of sensitive areas such as the face
ELIDEL (pimecrolimus) PROTOPIC (tacrolimus)	DUPIXENT (dupilumab)* EUCRISA (crisaborole) ^{AP**} pimecrolimus cream tacrolimus ointment	*Full PA criteria for Dupixent may be found on the <u>PA Criteria</u> page by clicking the hyperlink **Eucrisa requires a 30-day trial of Elidel OR a medium to high potency corticosteroid unless contraindicated.
IMMUNOMODULATORS, GENITA	L WARTS & ACTINIC KERATOSIS AG	ENTS
CLASS PA CRITERIA: Non-preferred agents the PA form is present.	require thirty (30) day trials of each preferred agent b	efore they will be approved, unless one (1) of the exceptions on
CONDYLOX GEL (podofilox) EFUDEX (fluorouracil) imiquimod	ALDARA (imiquimod) CARAC (fluorouracil) diclofenac 3% gel fluorouracil 0.5% cream fluorouracil 5% cream podofilox TOLAK (fluorouracil 4% cream) VEREGEN (sinecatechins) ZYCLARA (imiquimod)*	*Zyclara will be authorized for a diagnosis of actinic keratosis.
IMMUNOSUPPRESSIVES, ORAL		
CLASS PA CRITERIA: Non-preferred agents the PA form is present.	require a fourteen (14) day trial of a preferred agent b	efore they will be approved, unless one (1) of the exceptions on
azathioprine cyclosporine, modified mycophenolate mofetil sirolimus tacrolimus capsule	ASTAGRAF XL (tacrolimus) AZASAN (azathioprine) CELLCEPT (mycophenolate mofetil) ENVARSUS XR (tacrolimus) IMURAN (azathioprine) LUPKYNIS (voclosporin) [†] mycophenolic acid mycophenolic acid mycophenolic mofetil suspension MYFORTIC (mycophenolic acid) NEORAL (cyclosporine, modified) PROGRAF (tacrolimus) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine)	*Lupkynis requires a ninety (90) day trial of Benlysta prior to approval. Full PA criteria for Lupkynis may be found on the PA Criteria page by clicking the hyperlink.



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	ZORTRESS (everolimus)	
INTRANASAL RHINITIS AGEI		
CLASS PA CRITERIA: See below for ind	dividual sub-class criteria.	
	ANTICHOLINERGICS	
ipratropium	ATROVENT (ipratropium)	Non-preferred agents require thirty (30) day trials of one (1) preferred nasal anti-cholinergic agent, AND one (1) preferred antihistamine AND one (1) preferred intranasal corticosteroid agent before they will be approved, unless one (1) of the exceptions on the PA form is present.
	ANTIHISTAMINES	
azelastine	olopatadine PATANASE (olopatadine)	Non-preferred agents require thirty (30) day trials of one (1) preferred antihistamine AND one (1) preferred intranasal corticosteroid before they will be approved, unless one (1) of the exceptions on the PA form is present.
	COMBINATIONS	
	azelastine/fluticasone DYMISTA (azelastine / fluticasone)	Dymista requires a concurrent thirty (30) day trial of each preferred component before it will be approved, unless one (1) of the exceptions on the PA form is present.
	CORTICOSTEROIDS	
fluticasone propionate OMNARIS (ciclesonide) QNASL HFA (beclomethasone) ZETONNA (ciclesonide)	BECONASE AQ (beclomethasone) flunisolide mometasone NASONEX (mometasone)	Non-preferred agents require thirty (30) day trials of each preferred agent in this sub-class before they will be approved, unless one (1) of the exceptions on the PA form is present
	ME/SHORT BOWEL SYNDROME/SELE	ECTED GI AGENTS CL
CLASS PA CRITERIA: All agents are ap	provable only for patients age eighteen (18) and older.	See below for additional sub-class criteria.
	CONSTIPATION	
AMITIZA (lubiprostone) MOVANTIK (naloxegol) LINZESS (linaclotide)	LINZESS 72 mcg (linaclotide) lubiprostone capsule MOTEGRITY (prucalopride) RELISTOR INJECTION (methylnaltrexone) RELISTOR TABLET (methylnaltrexone) SYMPROIC (naldemedine) TRULANCE (plecanatide) ZELNORM (tegaserod maleate)	All agents in this subclass require documentation of the current diagnosis and evidence that the patient has failed to find relief with dietary modification and a fourteen (14) day trial of an osmotic laxative. No agent shall be approved to treat opioid induced constipation (OIC) without evidence of at least 90-days of opioid use preceding the request. Continuation of coverage shall be granted with evidence of continuous and concurrent opioid use.
		Agents may be authorized only for their FDA-approved labeled indication. The following agent-specific criteria



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		 shall also apply, unless one (1) of the exceptions on the PA form is present: Motegrity requires a 30-day trial of both Amitiza and Linzess. <u>Relistor</u> and <u>Symproic</u> are indicated for OIC and require thirty (30) day trials of both Movantik and Amitiza. <u>Trulance</u> requires thirty (30) day trials of both Amitiza and Linzess, however for the indication of IBS-C in <u>males</u>, a trial of Amitiza is not required. <u>Linzess 72mcg</u> may only be approved for a diagnosis of chronic idiopathic constipation (CIC) AND for those who cannot tolerate the 145mcg dose. <u>Zelnorm</u> is indicated for females < 65 years of age diagnosed with irritable bowel syndrome with constipation (IBS-C) AND requires thirty (30) day trials of Amitiza and Linzess. <u>Lubiprostone</u> may only be authorized with a
		documented allergy or intolerance to Amitiza.
	DIARRHEA	
	Alosetron MYTESI (crofelemer) LOTRONEX (alosetron) VIBERZI (eluxadoline)	Full PA criteria may be found on the <u>PA Criteria</u> page by clicking the hyperlink
LAXATIVES AND CATHARTICS		
CLASS PA CRITERIA: Non-preferred agents require thirty (30) day trials of each preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present		

COLYTE GOLYTELY NULYTELY peg 3350	CLENPIQ (sodium picosulfate, magnesium oxide, citric acid) MOVIPREP OSMOPREP SUPREP SUTAB (magnesium sulfate, potassium sulfate, sodium sulfate)	
LEUKOTRIENE MODIFIERS		
CLASS PA CRITERIA: Non-preferred agents the PA form is present.	require thirty (30) day trials of each preferred agent be	efore they will be approved, unless one (1) of the exceptions on

ACCOLATE (zafirlukast) SINGULAIR (montelukast)
zileuton ZYFLO (zileuton)



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LIPOTROPICS, OTHER (Non-statins)

CLASS PA CRITERIA: Non-preferred agents require a twelve (12) week trial of a preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.

BILE ACID SEQUESTRANTS ^{AP}		
cholestyramine colestipol tablets	COLESTID (colestipol) colesevelam colestipol granules QUESTRAN (cholestyramine) WELCHOL (colesevelam)*	*Welchol will be authorized for add-on therapy for type 2 diabetes when there is a previous history of a thirty (30) day trial of an oral agent (metformin, sulfonylurea or thiazolidinedione (TZD)). See HYPOGLYCEMICS, MISCELLANEOUS.
	CHOLESTEROL ABSORPTION INHIBIT	ORS
ezetimibe	ZETIA (ezetimibe)	
	FATTY ACIDS ^{CL}	
omega-3 acid ethyl esters VASCEPA (icosapent ethyl)*	icosapent ethyl capsules LOVAZA (omega-3-acid ethyl esters)	 ^{CL}All agents in this subclass require a prior authorization and an initial triglyceride level ≥ 500 mg/dL. *Additionally, Vascepa may be approved if the following criteria is met: The patient has an initial triglyceride level of ≥ 150 mg/dL prior to start of therapy; AND The patient has established cardiovascular disease or diabetes; AND The patient is concomitantly receiving a statin.
	FIBRIC ACID DERIVATIVES ^{AP}	, , , , , , , , , , , , , , , , , , ,
fenofibrate 54 and 160 mg fenofibrate micronized 67mg, 134mg & 200mg fenofibrate nanocrystallized 48 mg, 145 mg gemfibrozil	ANTARA (fenofibrate) FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) fenofibrate 40 mg tablet fenofibrate 150 mg capsules fenofibrate 43, 50, 120 and 130 mg fenofibric acid LIPOFEN (fenofibrate) LOPID (gemfibrozil) TRICOR (fenofibrate nanocrystallized) TRILIPIX (fenofibric acid)	
MTP INHIBITORS		
	JUXTAPID (lomitapide)*	*Full PA criteria may be found on the <u>PA Criteria</u> page by clicking the hyperlink.
NIACIN		
niacin niacin ER (OTC) NIASPAN (niacin)	niacin ER (Rx)	
PCSK-9 INHIBITORS/BEMPEDOIC ACID		



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	PRALUENT (alirocumab)* REPATHA (evolocumab)* NEXLETOL (bempedoic acid)* NEXLIZET (bempedoic acid/ezetimibe)*	*Full PA criteria may be found on the <u>PA Criteria</u> page by clicking the hyperlink.
LIPOTROPICS, STATINS	AP	
CLASS PA CRITERIA: See below	for individual sub-class criteria.	
	STATINS	
atorvastatin lovastatin pravastatin rosuvastatin simvastatin*	ALTOPREV (lovastatin) CRESTOR (rosuvastatin) EZALLOR (rosuvastatin) ^{NR} EZALLOR SPRINKLE (rosuvastatin)* fluvastatin fluvastatin ER LESCOL XL (fluvastatin) LIPITOR (atorvastatin) LIVALO (pitavastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)** ZYPITAMAG (pitavastatin)	Non-preferred agents require twelve (12) week trials of two (2) preferred agents, including the generic formulation of the requested non-preferred agent, before they will be approved, unless one (1) of the exceptions on the PA form is present. *Ezallor SPRINKLE will only be authorized for those who are unable to ingest solid dosage forms due to documented oral-motor difficulties or dysphagia. **Zocor/simvastatin 80mg tablets will require a clinical PA.
	STATIN COMBINATIONS	
	amlodipine/atorvastatin CADUET (atorvastatin/amlodipine) ezetimibe/simvastatin VYTORIN (simvastatin/ezetimibe)*	 Non-preferred agents require thirty (30) day concurrent trials of the corresponding preferred single agents before they will be approved, unless one (1) of the exceptions on the PA form is present. *Vytorin will be authorized only after an insufficient response to a twelve (12) week trial of the maximum tolerable dose of atorvastatin or rosuvastatin, unless one (1) of the exceptions on the PA form is present. Vytorin 80/10mg tablets will require a clinical PA.
MABS, ANTI-IL/IgE		
		ninety (90) day trial of Xolair. Full PA Criteria may be found on
	FASENRA (benralizumab) FASENRA PEN (benralizumab) NUCALA SYRINGE/VIAL (mepolizumab) NUCALA AUTO INJECTOR (mepolizumab)	



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MACROLIDES

CLASS PA CRITERIA: Non-preferred agents require a five (5) day trial of each preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.

MACROLIDES		
azithromycin erythromycin base MULTIPLE SCLEROSIS AGENTS ^C	clarithromycin tablets clarithromycin ER clarithromycin suspension E.E.S. (erythromycin ethylsuccinate) ERYPED (erythromycin ethylsuccinate) ERY-TAB (erythromycin) ERYTHROCIN (erythromycin stearate) erythromycin estolate ZITHROMAX (azithromycin)	
		nultiple sclerosis. Preferred oral agents require a ninety (90)
	preferred agents require ninety (90) day trials of two (2) chemically unique preferred agents (in the same sub-class)
	INTERFERONSAP	
AVONEX (interferon beta-1a) AVONEX PEN (interferon beta-1a) BETASERON (interferon beta-1b) REBIF (interferon beta-1a) REBIF REBIDOSE (interferon beta-1a)	EXTAVIA KIT (interferon beta-1b) EXTAVIA VIAL (interferon beta-1b) PLEGRIDY (peginterferon beta-1a)	
	NON-INTERFERONS	
AUBAGIO (teriflunomide)* dalfampridine ER** COPAXONE 20 mg (glatiramer) GILENYA (fingolimod) TECFIDERA (dimethyl fumarate)***	AMPYRA (dalfampridine)** BAFIERTAM CAPSULES (monomethyl fumarate) COPAXONE 40 mg (glatiramer)**** dimethyl fumerate*** glatiramer GLATOPA (glatiramer) KESIMPTA INJECTION (ofatumumab) MAYZENT (siponimod)***** MAVENCLAD (cladribine) VUMERITY (diroximel) ZEPOSIA (ozanimod)	 In addition to class PA criteria, the following conditions and criteria may also apply: *Aubagio requires the following additional criteria to be met: Diagnosis of relapsing multiple sclerosis and Measurement of transaminase and bilirubin levels within the (6) months before initiation of therapy and ALT levels at least monthly for six (6) months after initiation of therapy and Complete blood cell count (CBC) within six (6) months before initiation of therapy and Female patients must have a negative pregnancy test before initiation of therapy and be established on a reliable method of contraception if appropriate and Patient is between eighteen (18) up to sixty-five (65) years of age and Negative tuberculin skin test before initiation of therapy



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**Dalfampridine ER and Ampyra require the following additional criteria to be met:

- 1. Diagnosis of multiple sclerosis and
- 2. No history of seizures and
- 3. No evidence of moderate or severe renal impairment.

***Dimethyl fumerate and Tecfidera require the following additional criteria to be met:

- 1. Diagnosis of relapsing multiple sclerosis and
- 2. Complete blood count (CBC) within six (6) months of initiation of therapy and six (6) months after initiation **and**
- 3. Complete blood count (CBC) annually during therapy.

****Copaxone 40mg will only be authorized for documented injection site issues.

*****Mayzent may be authorized with no additional requirement beyond the diagnosis for patients with documented <u>secondary progressive MS</u>.

NEUROPATHIC PAIN

CLASS PA CRITERIA: Non-preferred agents require a thirty (30) day trial of a preferred agent in the corresponding dosage form (oral or topical) before they will be approved, unless one (1) of the exceptions on the PA form is present.

capsaicin OTC duloxetine gabapentin lidocaine patch 5% pregabalin capsule ZTLIDO PATCH (lidocaine)	CYMBALTA (duloxetine) DRIZALMA SPRINKLE (duloxetine)* GRALISE (gabapentin)** HORIZANT (gabapentin) lidocaine patch 4% LIDODERM (lidocaine) LYRICA CR (pregabalin)*** LYRICA SOLUTION (pregabalin)*** NEURONTIN (gabapentin) ^{AP} pregabalin ER tablet (generic Lyrica CR) QUTENZA (capsaicin) SAVELLA (milnacipran)**** LYRICA CAPSULE (pregabalin)	 *Drizalma SPRINKLE will only be authorized for those who are unable to ingest solid dosage forms due to documented oralmotor difficulties or dysphagia. **Gralise will be authorized only if the following criteria are met: Diagnosis of post herpetic neuralgia and Trial of a tricyclic antidepressant for a least thirty (30) days and 90-day trial of gabapentin immediate release formulation (positive response without adequate duration) and Request is for once daily dosing with 1800 mg maximum daily dosage. ****Lyrica CR and Lyrica Solution require medical reasoning beyond convenience as to why the need cannot be met using preferred pregabalin capsules. ****Savella will be authorized for a diagnosis of fibromyalgia only after a 90-day trial of one preferred agent



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NSAIDSAP

CLASS PA CRITERIA: See below for sub-class PA criteria.

NON-SELECTIVE			
diclofenac (IR, SR) flurbiprofen ibuprofen (Rx and OTC) INDOCIN SUSPENSION (indomethacin) indomethacin ketoprofen ketorolac meloxicam tablet nabumetone naproxen sodium tablet naproxen sodium DS tablet naproxen suspension EC-naproxen DR tablet piroxicam sulindac	DAYPRO (oxaprozin) diflunisal DUEXIS (famotidine/ibuprofen) etodolac IR etodolac SR FELDENE (piroxicam) fenoprofen INDOCIN SUPPOSITORIES (indomethacin) indomethacin ER ketoprofen ER meclofenamate mefenamic acid meloxicam submicronized capsule (generic Vivlodex) meloxicam suspension MOBIC TABLET (meloxicam) NALFON (fenoprofen) NAPRELAN (naproxen) naproxen CR oxaprozin RELAFEN DS (nabumetone) SPRIX (ketorolac) TIVORBEX (indomethacin) tolmetin VIVLODEX (meloxicam) VOLTAREN (diclofenac) ZIPSOR (diclofenac potassium) ZORVOLEX (diclofenac)	Non-preferred agents require thirty (30) day trials of each preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.	
	NSAID/GI PROTECTANT COMBINATIO	DNS	
	ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol naproxen/esomeprazole VIMOVO (naproxen/esomeprazole)	Non-preferred agents are only available on appeal and require medical reasoning beyond convenience as to why the need cannot be met with the combination of preferred single agents.	
	COX-II SELECTIVE		
	CELEBREX (celecoxib) celecoxib	COX-II Selective agents require thirty (30) day trials of each preferred Non-Selective Oral NSAID, UNLESS the following criteria are met:	
		Patient has a history or risk of a serious GI complication; OR	



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		 Agent is requested for treatment of a chronic condition and 1. Patient is seventy (70) years of age or older, or 2. Patient is currently on anticoagulation therapy.
	TOPICAL	
FLECTOR PATCH (diclofenac)* diclofenac gel (RX)**	diclofenac patch diclofenac solution LICART PATCH (diclofenac) PENNSAID (diclofenac)	 *Flector patches are limited to two per day. **diclofenac gel will be limited to 100 grams per month. Non-preferred agents require a thirty (30) day trial of the preferred Topical agent and thirty (30) day trials of each preferred oral NSAID before they will be approved, unless one(1) of the exceptions on the PA form is present.
OPHTHALMIC ANTIBIOTICS	AP	
bacitracin/polymyxin ointment ciprofloxacin* erythromycin	AZASITE (azithromycin) bacitracin BLEPH-10 (sulfacetamide)	*Prior authorization of any fluoroquinolone agent require three (3) day trials of all other preferred agents unles definitive laboratory cultures exist indicating the need to us
erythromycin gentamicin	BLEPH-10 (sulfacetamide) BESIVANCE (besifloxacin)*	definitive laboratory cultures exist indicating the need to us a fluoroquinolone.
levofloxacin* MOXEZA (moxifloxacin)	CILOXAN (ciprofloxacin) gatifloxacin	
neomycin/bacitracin/polymyxin ofloxacin*	moxifloxacin** NATACYN (natamycin)	
polymyxin/trimethoprim tobramycin	neomycin/polymyxin/gramicidin OCUFLOX (ofloxacin)	
TOBREX OINT (tobramycin)	POLYTRIM (polymyxin/trimethoprim) sulfacetamide drops	
	sulfacetamide ointment TOBREX (tobramycin)	
	VIGAMOX (moxifloxacin)	

OPHTHALMIC ANTIBIOTIC/STEROID COMBINATIONSAP

ZYMAXID (gatifloxacin)

CLASS PA CRITERIA: Non-preferred agents require three (3) day trials of each preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.

neomycin/polymyxin/dexamethasone	BLEPHAMIDE (prednisolone/sulfacetamide)	
sulfacetamide/prednisolone	MAXITROL ointment (neomycin/polymyxin/	
TOBRADEX OINTMENT (tobramycin/	dexamethasone)	
dexamethasone)	MAXITROL suspension (neomycin/polymyxin/	
TOBRADEX SUSPENSION (tobramycin/	dexamethasone)	
dexamethasone)	neomycin/bacitracin/polymyxin/ hydrocortisone	
ZYLET (loteprednol/tobramycin)	neomycin/polymyxin/hydrocortisone	
	PRED-G (prednisolone/gentamicin)	
	TOBRADEX ST (tobramycin/ dexamethasone)	
	tobramycin/dexamethasone suspension	



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OPHTHALMICS FOR ALLERGIC CONJUNCTIVITISAP

CLASS PA CRITERIA: Non-preferred agents require thirty (30) day trials of three (3) preferred chemically unique agents before they will be approved, unless one (1) of the exceptions on the PA form is present.

ALAWAY (ketotifen)	ALOCRIL (nedocromil)
ALREX (loteprednol)	ALOMIDE (lodoxamide)
BEPREVE (bepotastine)	azelastine
cromolyn	Epinastine
ketotifen	LUMIFY (brimonidine)
LASTACAFT (alcaftadine)	olopatadine 0.1% (all formulations except Generic
olopatadine 0.1% (Generic PATANOL labeler	PATANOL labeler 61314)
61314 only)	olopatadine 0.2% (all labelers)
ZADITOR OTC (ketotifen)	PATANOL (olopatadine)
	ZERVIATE (cetirizine)

OPHTHALMICS, ANTI-INFLAMMATORIES- IMMUNOMODULATORS^{CL}

CLASS PA CRITERIA: All agents require a prior authorization. Non-preferred agents require a 60-day trial of the preferred agent(s).

RESTASIS (cyclosporine)	CEQUA (cyclosporine) EYSUVIS (loteprednol) RESTASIS MULTIDOSE (cyclosporine)* XIIDRA (lifitegrast)	 *Restasis Multidose is approvable only on appeal and requires medical reasoning as to why the clinical need cannot be met with the preferred product (Restasis). All agents must meet the following prior-authorization criteria:
		 Patient must be sixteen (16) years of age or greater; AND Prior Authorization must be requested by an ophthalmologist or optometrist; AND Clinically diagnosed tear deficiency due to ocular inflammation in patients with keratoconjunctivitis sicca or dry eye syndrome (also known as dry eye); AND Patient must have a functioning lacrimal gland; AND Patient using artificial tears at least four (4) times a day over the last thirty (30) days; AND Patient must not have an active ocular infection

OPHTHALMICS, ANTI-INFLAMMATORIES

CLASS PA CRITERIA: Non-preferred agents require five (5) day trials of at least two (2) preferred agents before they will be approved, unless one (1) of the exceptions on the PA form is present. Trials must include at least one agent with the same mechanism of action as the requested non-preferred agent.

dexamethasone	ACULAR (ketorolac)
diclofenac	ACULAR LS (ketorolac)
DUREZOL (difluprednate)	ACUVAIL (ketorolac tromethamine)
fluorometholone	bromfenac
FML FORTE (fluorometholone)	BROMSITE (bromfenac)
FML S.O.P. (fluorometholone)	FLAREX (fluorometholone)

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ketorolac LOTEMAX DROPS, OINTMENT (loteprednol) MAXIDEX (dexamethasone) NEVANAC (nepafenac) PRED MILD (prednisolone) prednisolone acousto	flurbiprofen FML (fluorometholone) ILEVRO (nepafenac) INVELTYS (loteprednol) LOTEMAX GEL (loteprednol)
PRED MILD (prednisolone) prednisolone acetate	LOTEMAX GEL (loteprednol) loteprednol drops, gel
prednisolone sodium phosphate	OMNIPRED (prednisolone)
	OZURDEX (dexamethasone)
	PRED FORTE (prednisolone)
	PROLENSA (bromfenac)
	RETISERT (fluocinolone)
	TRIESENCE (triamcinolone)

OPHTHALMICS, GLAUCOMA AGENTS

CLASS PA CRITERIA: Non-preferred agents will only be authorized if there is an allergy to all preferred agents in the corresponding sub-class.

COMBINATION AGENTS			
COMBIGAN (brimonidine/timolol)	COSOPT PF (dorzolamide/timolol)		
dorzolamide/timolol			
SIMBRINZA (brinzolamide/brimonidine)			
	BETA BLOCKERS		
BETOPTIC S (betaxolol) carteolol	betaxolol ISTALOL (timolol)		
levobunolol	timolol gel		
timolol drops	TIMOPTIC (timolol)		
	CARBONIC ANHYDRASE INHIBITOR	S	
AZOPT (brinzolamide)	brinzolamide		
dorzolamide	TRUSOPT (dorzolamide)		
	PARASYMPATHOMIMETICS		
PHOSPHOLINE IODIDE (echothiophate iodide)	pilocarpine		
	PROSTAGLANDIN ANALOGS		
latanoprost TRAVATAN-Z (travoprost)	bimatoprost LUMIGAN (bimatoprost) travoprost VYZULTA (latanoprostene)* XALATAN (latanoprost) XELPROS (latanoprost) ZIOPTAN (tafluprost)	*Vyzulta – prior authorization requires failure on a 3-month trial of at least one preferred prostaglandin eye drop used in combination with an agent from another subclass.	
	RHO-KINASE INHIBITORS		
RHOPRESSA (netarsudil) ROCKLATAN (netarsudil/latanoprost)			
	SYMPATHOMIMETICS		
brimonidine 0.2%	ALPHAGAN P 0.1% Solution (brimonidine)		
	ALPHAGAN P 0.15% Solution (brimonidine)		
	apraclonidine		



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IOPIDINE (apraclonidine)

OPIATE DEPENDENCE TREATMENTS

CLASS PA CRITERIA: Bunavail and Zubsolv may only be approved with a documented intolerance or allergy to Suboxone strips AND buprenorphine/naloxone tablets.

WV Medicaid's buprenorphine coverage policy may be viewed by clicking on the following hyperlink: Buprenorphine Coverage Policy and Related Forms

buprenorphine/naloxone tablets*	BUNAVAIL (buprenorphine/naloxone)	* Full PA criteria may be found on the PA Criteria page by
naloxone	buprenorphine tablets	clicking the hyperlink.
NARCAN NASAL SPRAY (naloxone)	buprenorphine/naloxone film	
SUBOXONE FILM (buprenorphine/naloxone)*	LUCEMYRA (lofexidine)	**Sublocade is approvable only on appeal and requires
VIVITROL (naltrexone)	SUBLOCADE (buprenorphine soln)**	medical reasoning as to why the clinical need cannot be met
, , , , , , , , , , , , , , , , , , ,	ZUBSOLV (buprenorphine/naloxone)	with a preferred product.

OTIC ANTIBIOTICSAP

CLASS PA CRITERIA: Non-preferred agents require five (5) day trials of each preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.

CIPRO HC (ciprofloxacin/hydrocortisone)	ciprofloxacin
CIPRODEX (ciprofloxacin/dexamethasone)	ciprofloxacin/dexamethasone)
ofloxacin	ciprofloxacin/fluocinolone
CORTISPORIN-TC (colistin/hydrocortisone/	neomycin/polymyxin/HC solution/suspension
neomycin)	OTOVEL (ciprofloxacin/fluocinolone)

PAH AGENTS – ENDOTHELIN RECEPTOR ANTAGONISTSCL

CLASS PA CRITERIA: Non-preferred agents require a thirty (30) day trial of a preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.

LETAIRIS (ambrisentan)	ambrisentan
TRACLEER TABLET (bosentan)	bosentan
	OPSUMIT (macitentan)
	TRACLEER SUSP (bosentan)

PAH AGENTS – PDE5s^{CL}

CLASS PA CRITERIA: Non-preferred agents require a thirty (30) day trial of a preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.

Patients stabilized on non-preferred agents will be grandfathered. sildenafil tablets ADCIRCA (tada

ADCIRCA (tadalafil)
REVATIO IV (sildenafil)
REVATIO SUSPENSIÓN (sildenafil)
REVATIO TABLETS (sildenafil)
sildenafil suspension (generic Revatio)

PAH AGENTS - PROSTACYCLINSCL



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	s require a thirty (30) day trial of a preferred agent, in a one (1) of the exceptions on the PA form is present.	cluding the preferred generic form of the non-preferred agent (if
epoprostenol (generic Flolan) VENTAVIS (iloprost)*	epoprostenol (generic Veletri) FLOLAN (epoprostenol) ORENITRAM ER (treprostinil) REMODULIN (treprostinil sodium) TYVASO (treprostinil) UPTRAVI (selexipag) VELETRI (epoprostenol)	*Ventavis will only be authorized for the treatment of pulmonary artery hypertension (WHO Group 1) in patients with NYHA Class III or IV symptoms.
PANCREATIC ENZYMESAP		
CLASS PA CRITERIA: Non-preferred agents PA form is present. For members with cystic fibrosis, a trial of a pr		re they will be approved, unless one (1) of the exceptions on the
CREON ZENPEP	PANCREAZE PERTZYE VIOKACE	
PHOSPHATE BINDERSAP		
CLASS PA CRITERIA: Non-preferred agent exceptions on the PA form is present.	s require a thirty (30) day trial of at least two (2) prefe	erred agents before they will be approved, unless one (1) of the
calcium acetate CALPHRON (calcium acetate) MAGNEBIND RX (calcium carbonate, folic acid, magnesium carbonate) PHOSLYRA (calcium acetate) sevelamer carbonate	AURYXIA (ferric citrate) FOSRENOL (lanthanum) lanthanum chewable RENAGEL (sevelamer) RENVELA (sevelamer carbonate) VELPHORO (sucroferric oxyhydroxide)	
PITUITARY SUPPRESSIVE AGE		
CLASS PA CRITERIA: Unless otherwise no	ted, non-preferred agents are available only on appeal	
LUPANETA (leuprolide) LUPRON DEPOT KIT (leuprolide) LUPRON DEPOT-PED KIT (leuprolide) SYNAREL (nafarelin) TRELSTAR (triptorelin) TRIPTODUR (triptorelin) VANTAS (histrelin) ZOLADEX (goserelin)	leuprolide ORILISSA (elagolix)* ORIAHNN (elagolix-estradiol-norethindrone) [*] SUPPRELIN LA KIT (histrelin)	* Full PA criteria may be found on the <u>PA Criteria</u> page by clicking the hyperlink.
PLATELET AGGREGATION INH	IBITORS	
CLASS PA CRITERIA: Non-preferred agents PA form is present.	s require a thirty (30) day trial of a preferred agent befo	re they will be approved, unless one (1) of the exceptions on the
BRILINTA (ticagrelor) clopidogrel	clopidogrel kit dipyridamole/aspirin	



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dipyridamole prasugrel	EFFIENT (prasugrel) PLAVIX (clopidogrel) ZONTIVITY (vorapaxar)	
PROGESTATIONAL AGENTS		
CLASS PA CRITERIA: Full PA criteria may b	be found on the <u>PA Criteria</u> page by clicking the hyperli	nk.
MAKENA (hydroxyprogesterone caproate) AUTO INJECTOR MAKENA (hydroxyprogesterone caproate) VIAL	hydroxyprogesterone caproate	
PROGESTINS FOR CACHEXIA		
CLASS PA CRITERIA: Non-preferred agents PA form is present.	s require a thirty (30) day trial of a preferred agent befo	re they will be approved, unless one (1) of the exceptions on the
Megestrol		
PROTON PUMP INHIBITORSAP		
of a concurrent thirty (30) day trial at the maxim	mum dose of an H_2 antagonist before they will be approximately a second structure of the second st	nd pantoprazole at the maximum recommended dose*, inclusive oved, unless one (1) of the exceptions on the PA form is present.
NEXIUM PACKETS (esomeprazole)** omeprazole (Rx) pantoprazole PROTONIX GRANULES (pantoprazole)**	ACIPHEX (rabeprazole) ACIPHEX SPRINKLE (rabeprazole) DEXILANT (dexlansoprazole) esomeprazole magnesium lansoprazole Rx NEXIUM (esomeprazole) omeprazole/sodium bicarbonate (Rx) PREVACID CAPSULES (lansoprazole) PREVACID SOLUTABS (lansoprazole)** PRILOSEC Rx (omeprazole) PROTONIX DR TABLETS (pantoprazole) rabeprazole ZEGERID Rx (omeprazole/sodium bicarbonate)	 *Maximum recommended doses of the PPIs and H2-receptor antagonists may be located at the BMS Pharmacy PA criteria page titled "<u>Max PPI and H2RA</u>" by clicking on the hyperlink. **Prior authorization is required for members nine (9) years of age or older for these agents.
SEDATIVE HYPNOTICSAP		
of the exceptions on the PA form is present. A		BOTH sub-classes before they will be approved, unless one (1) tablets in a thirty (30) day period. NOTE: WV Medicaid covers ed if available, however all NDCs are payable.
temazepam 15, 30 mg	estazolam	
tomazopam ro, oo mg	flurazepam HALCION (triazolam) RESTORIL (temazepam)	

temazepam 7.5, 22.5 mg

triazolam



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OTHERS			
melatonin ROZEREM (ramelteon) zolpidem 5, 10 mg	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (suvorexant) DAYVIGO (lemborexant) EDLUAR (zolpidem) eszopiclone HETLIOZ (tasimelteon) ^{CL*} LUNESTA (eszopiclone) ramelteon SILENOR (doxepin) zaleplon zolpidem ER 6.25, 12.5 mg	Strengths of zolpidem that are non-preferred (6.25 and 12.8 mg) must be created by combining or splitting the preferred doses (5 and 10 mg) of zolpidem, if appropriate. For treatment naïve female patients, zolpidem and zolpidem ER maximum dosages will be limited to 5 mg and 6.25 mg respectively per day. *Full PA criteria may be found on the <u>PA Criteria</u> page by clicking the hyperlink.	
SKELETAL MUSCLE RELAXANT	SAP		
CLASS PA CRITERIA: See below for individu			
	ACUTE MUSCULOSKELETAL RELAXANT		
chlorzoxazone (generic PARAFON FORTE) cyclobenzaprine IR 5, 10 mg methocarbamol	AMRIX (cyclobenzaprine) carisoprodol* carisoprodol/ASA* carisoprodol/ASA/codeine* chlorzoxazone (generic LORZONE) cyclobenzaprine ER cyclobenzaprine IR 7.5 mg FEXMID (cyclobenzaprine) LORZONE (chlorzoxazone) metaxalone orphenadrine orphenadrine ER ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol)	Non-preferred agents require thirty (30) day trials of each preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present, with the exception of carisoprodol. *Carisoprodol requires thirty (30) day trials of each of the preferred acute musculoskeletal relaxants and Skelaxin before it will be approved.	
Λ	IUSCULOSKELETAL RELAXANT AGENTS USED		
baclofen tizanidine tablets	DANTRIUM (dantrolene) dantrolene tizanidine capsules ZANAFLEX (tizanidine)	Non-preferred agents require thirty (30) day trials of each preferred agent before they will be approved, unless one (1) of the exceptions on the PA form is present.	
STEROIDS, TOPICAL			
,			



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VERY HIGH & HIGH POTENCY		
betamethasone valerate cream betamethasone valerate lotion betamethasone valerate lotion betamethasone valerate oint clobetasol propionatecream, gel, ointment, solution clobetasol emollient clobetasol propionate shampoo fluocinonide gel triamcinolone acetonide cream, ointment triamcinolone acetonide lotion	amcinonide APEXICON E (diflorasone diacetate) betamethasone dipropionate gel, lotion, ointment BRYHALI LOTION (halobetasol) clobetasol propionate foam CLOBEX (clobetasol propionate) CLODAN KIT (clobetasol propionate) CLODAN SHAMPOO (clobetasol propionate) desoximetasone cream/gel/ointment diflorasone diacetate DIPROLENE (betamethasone dipropionate/propylene glycol) fluocinonide cream fluocinonide cream fluocinonide solution fluocinonide cream halobetasol propionate HALOG (halcinonide) IMPEKLO LOTION (clobetasol propionate) KENALOG (triamcinolone acetonide) LEXETTE FOAM (halobetasol) OLUX (clobetasol propionate) OLUX (clobetasol propionate) TOPICORT CREAM, GEL, OINTMENT (desoximetasone) TOPICORT SPRAY (desoximetasone) TOVET FOAM (clobetasol propionate) ULTRAVATE (halobetasol) ULTRAVATE (halobetasol propionate) ULTRAVATE PAC cream VANOS (fluocinonide)	
	MEDIUM POTENCY	
fluticasone propionate cream, ointment mometasone furoate triamcinolone acetonide 0.025% and 0.1% cream	BESER LOTION (fluticasone) betamethasone valerate foam CLODERM (clocortolone pivalate) clocortolone cream CORDRAN (flurandrenolide) CUTIVATE (fluticasone propionate) fluocinolone acetonide cream, ointment, solution fluticasone propionate lotion hydrocortisone butyrate cream hydrocortisone butyrate ointment, solution hydrocortisone valerate	



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	LOCOID (hydrocortisone butyrate) LOCOID LIPOCREAM (hydrocortisone butyrate/emollient) LUXIQ (betamethasone valerate) PANDEL (hydrocortisone probutate) prednicarbate	
	LOW POTENCY	
DERMA-SMOOTHE FS (fluocinolone acetonide) hydrocortisone acetate (Rx, OTC) hydrocortisone cream (Rx, OTC) hydrocortisone lotion OTC hydrocortisone ointment (Rx, OTC) hydrocortisone solution OTC hydrocortisone-aloe cream OTC hydrocortisone-aloe ointment OTC	alclometasone dipropionate AQUA GLYCOLIC HC (hydrocortisone) CAPEX (fluocinolone acetonide) DESONATE (desonide) desonide cream, ointment desonide lotion fluocinolone oil hydrocortisone/mineral oil/petrolatum hydrocortisone acetate/urea hydrocortisone lotion hydrocortisone/aloe gel SCALPICIN OTC (hydrocortisone) SYNALAR (fluocinolone) TEXACORT (hydrocortisone)	

STIMULANTS AND RELATED AGENTS

CLASS PA CRITERIA: A PA is required for adults eighteen (18) years of age or older.

Non-preferred agents require a thirty (30) day trial of at least one preferred agent in the same subclass and with a similar duration of effect and mechanism of action, unless one (1) of the exceptions on the PA form is present. **NOTE**: Non-preferred agents will NOT be "grandfathered" for adults. Children under the age of 18 may continue their current therapy until the end of the school year after which they will be required to switch to a preferred agent.

AMPHETAMINES

	/	
amphetamine salt combination ER amphetamine salt combination IR dextroamphetamine ER dextroamphetamine IR	ADDERALL (amphetamine salt combination) ADDERALL XR (amphetamine salt combination) ADZENYS XR ODT (amphetamine) ADZENYS ER SUSP (amphetamine)	In addition to the Class Criteria : Thirty (30) day trials of at least three (3) antidepressants are required before amphetamines will be authorized for depression.
VYVANSE CHEWABLE (lisdexamfetamine) VYVANSE CAPSULE (lisdexamfetamine)	amphetamine tablets DESOXYN (methamphetamine) DEXEDRINE ER (dextroamphetamine) dextroamphetamine solution DYANAVEL XR SUSP (amphetamine) EVEKEO (amphetamine) EVEKEO ODT (amphetamine) methamphetamine MYDAYIS (dextroamphetamine/amphetamine salt)* PROCENTRA solution (dextroamphetamine) ZENZEDI (dextroamphetamine)	*Mydayis requires a 30-day trial of at least one long-acting preferred agent in this subclass and a trial of Adderall XR.



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	NON-AMPHETAMINE	
atomoxetine CONCERTA (methylphenidate) clonidine IR dexmethylphenidate IR FOCALIN XR (dexmethylphenidate) guanfacine ER guanfacine IR methylphenidate IR methylphenidate ER tablet (generic RITALIN SR) methylphenidate solution QUILLICHEW ER (methylphenidate) QUILLIVANT XR (methylphenidate)	ADHANSIA XR (methylphenidate) APTENSIO XR (methylphenidate) clonidine ER COTEMPLA XR ODT (methylphenidate) DAYTRANA (methylphenidate) dexmethylphenidate XR FOCALIN IR (dexmethylphenidate) INTUNIV (guanfacine extended-release) JORNAY PM (methylphenidate) METHYLIN SOLUTION (methylphenidate) methylphenidate CD methylphenidate ER 24 tablet (generic CONCERTA) methylphenidate ER capsule methylphenidate LA capsule RITALIN (methylphenidate) RITALIN LA (methylphenidate) STRATTERA (atomoxetine)*	* Strattera is limited to a maximum of 100 mg per day.
	NARCOLEPTIC AGENTS	
armodafinil ^{CL} modafinil ^{CL}	NUVIGIL (armodafinil) PROVIGIL (modafinil) SUNOSI (solriamfetol) [*] WAKIX (pitolisant) ^{**}	* Sunosi is approvable only with documentation of treatment failure after 30-day trials of both armodafinil and modafinil. **Wakix is approvable only with documentation of treatment failure after 30-day trials of armodafinil, modafinil and Sunosi.
TETRACYCLINES		,
CLASS PA CRITERIA: Non-preferred agents r PA form is present.	equire ten (10) day trials of each preferred agent befo	re they will be approved, unless one (1) of the exceptions on the
doxycycline hyclate capsules doxycycline hyclate 100 mg tablets doxycycline monohydrate 50, 100 mg capsules minocycline capsules	demeclocycline* DORYX (doxycycline hyclate) doxycycline hyclate 75, 150 mg tablets doxycycline hyclate tablet DR 75, 100, 150, 200 mg doxycycline hyclate tablet DR 50 mg doxycycline monohydrate 40, 75, 150 mg capsule doxycycline monohydrate tablet doxycycline monohydrate suspension MINOCIN (minocycline) minocycline ER capsules minocycline tablets MINOLIRA ER (minocycline) MORGIDOX KIT (doxycycline) ORACEA (doxycycline monohydrate)	*Demeclocycline will be authorized for conditions caused by susceptible strains of organisms designated in the product information supplied by the manufacturer. A C&S report must accompany this request. Demeclocycline will also be authorized for SIADH.



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	SOLODYN (minocycline) tetracycline VIBRAMYCIN CAPSULES, SUSPENSION, SYRUP (doxycycline) XIMINO (minocycline)				
ULCERATIVE COLITIS AGEN	ISAP				
	SS PA CRITERIA: Non-preferred agents require thirty (30) day trials of each preferred dosage form or chemical entity before the corresponding non-preferred to that dosage form or chemical entity will be approved, unless one (1) of the exceptions on the PA form is present.				
ORAL					
APRISO (mesalamine) ASACOL HD (mesalamine) balsalazide PENTASA (mesalamine) 250 mg PENTASA (mesalamine) 500 mg sulfasalazine	AZULFIDINE (sulfasalazine) COLAZAL (balsalazide) DELZICOL (mesalamine) DIPENTUM (olsalazine) LIALDA (mesalamine) mesalamine UCERIS (budesonide) ZEPOSIA (ozanimod)				
RECTAL					
mesalamine	DELZICOL DR (mesalamine) mesalamine kit ROWASA (mesalamine) SF ROWASA (mesalamine) UCERIS (budesonide)				
VASODILATORS, CORONAR	Y				
CLASS PA CRITERIA: Non-preferred agents require thirty (30) day trials of each preferred dosage form before they will be approved, unless one (1) of the exception on the PA form is present.					

SUBLINGUAL NITROGLYCERIN			
nitroglycerin spray (generic NITROLINGUAL)	GONITRO SPRAY POWDER (nitroglycerin)		
nitroglycerin sublingual	nitroglycerin spray (generic NITROMIST)		
NITROSTAT SUBLINGUAL (nitroglycerin)	NITROLINGUAL SPRAY (nitroglycerin)		
	NITROMIST (nitroglycerin)		

MISCELLANEOUS COVERED AGENTS

This category contains covered agents which either did not easily fit into a single PDL category or had criteria that was too lengthy to cite within the PDL itself. Full criteria for the agents listed below may be found by following this hyperlink: (<u>https://dhhr.wv.gov/bms/BMS%20Pharmacy/Pages/PA-Criteria.aspx</u>). Please note that some agents may be available only by billing the appropriate HCPCS code noted in the criteria.

Afinitor
Albenza and Emverm
Ampyra
Antifungal Agents
Austedo



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Belbuca
Benlysta
Botox
Carbaglu
CGRP Receptor Antagonists
Continuous Glucose Monitors
Corlanor
Cresemba
Cuvposa
Cytokine & CAM Antagonists
Diclegis
Dificid
Dojolvi
Droxidopa
Duavee
Dupixent
Epidiolex
Emflaza
Enspryng
Esbriet
Evrysdi
ExJade
Exondys 51
Fasenra
Ferriprox
Firazyr
Fuzeon
Gattex
Gralise
Growth Hormone for Adults
Growth Hormone for Children
Hepatitis C PA Criteria
Hereditary Angioedema Agents Hetlioz
Home Infusion Drugs and Supplies
Horizant
HP Acthar
HyQvia
Increlex
Ingrezza
Jublia
Juxtapid
Kalydeco
Ketoconazole
Korlym
Kuvan



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Kymriah	
Kuraaaa	
Kynamro	
Lucemyra	
Lutathera	
Lupkynis	
Luxturna	
Makana	
Makena	
Max PPI an H2RA	
Mozobil	
Myalept	
Mytesi	
Natpara	
Nexletol and Nexlizet	
Non-Sedating Antihistamines	
Nuvigil	
Nuvigii	
Nucala	
OFEV	
Oforta	
Omnipod	
Orilissa	
Oralair	
Oriahnn	
Orkambi	
Osphena	
Oxlumo	
Palforzia	
Palynziq	
PCSK9 Inhibitor	
Provigil	
Qbrexza	
Rectiv	
Regranex	
Remicade	
Restasis	
Rilutek	
Riluzole	
Risperdal Consta	
Ruconest	
Sirturo	
Spinraza	
Spravato	
Sprycel	
Suboxone Policy	
Symdeko	
Oymuero	
Synagis	
Testosterone	
Thalomid	
maiomiu	



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Exhibit BT 0010

												_			
Class	GSN	HIC3	THERAPEUTIC CLASS	Order	Post V/N	GENERIC DRUG NAME and STRENGTHS	Generic / Strength	BRAND NAME	Unite	Until Refill	Daily Dose	Max Dave	Refills	Pkg Bill	Updated
1	0	HIC3	THERAPEUTIC CLASS	0	v	ACNE AGENTS (Topical)	ACNE AGENTS (Topical)	BRAND	Units	Until Refill	Daily Dose			Pkg Bill	Updated
1	-	198	ACNE AGENTS, TOPICAL	1	v	ADAPALENE 0.1% CREAM 45UNIT PACKAGES	ADAPALENE 0.1% CREAM 45UNIT PACKAGES	DIFFERIN	90	30	Daily Dose	IVIAX Days	Kenns	V	opuateu
			ACNE AGENTS, TOPICAL	<u> </u>	Ŷ									Y	
	026436	L9B	ACINE AGENTS, TOPICAL	2	Y	ADAPALENE 0.1% GEL	ADAPALENE 0.1% GEL	DIFFERIN	90	30				Y	
1	068878	L9B		3	Y	ADAPALENE 0.3% GEL PUMP 45GRAM	ADAPALENE 0.3% GEL PUMP 45GRAM	DIFFERIN	45	30				Y	
1	066179	L9B	ACNE AGENTS,TOPICAL	4	Y	ADAPALENE 0.1% LOTION 59ML	ADAPALENE 0.1% LOTION 59ML	DIFFERIN	59	30				Y	
1	068880	L5H	ACNE AGENTS, TOPICAL	5	Y	ADAPALENE-BENZOYL PEROXIDE 0.1-2.5% GEL 45GRAM	ADAPALENE-BENZOYL PEROXIDE 0.1-2.5% GEL 45G	EPIDUO	45	30				Y	
1	080592	L5A	ACNE AGENTS, TOPICAL	6	Y	BENZOYL PEROXIDE 5.2% EMOLLIENT FOAM	BENZOYL PEROXIDE 5.2% EMOLLIENT FOAM	BENZEPRO	60	30					
1	081619	L5A	ACNE AGENTS, TOPICAL	7	Y	BENZOYL PEROXIDE MICRONIZED 5.8% FOAMING CLOTHS		BENZEPRO	60						
1		15H	ACNE AGENTS, TOPICAL	8	Ý	CLINDAMYCIN PHOS/BENZOYL PEROX GEL 25, 50GRAMS			50	30				v	
	037628		ACNE AGENTS,TOPICAL						50	30			+ +	-	. /. /
1	082561	L5H		9	Y	CLINDAMYCIN/DIMETH/ZINC OXIDE KIT	CLINDAMYCIN/DIMETH/ZINC OXIDE KIT	CLINDAVIX	1						1/1/2022
1	067870	L5G	ACNE AGENTS, TOPICAL	10	Y	METRONIDAZOLE/SKIN CLEANSR #23 0.75% CREAM OR G	METRONIDAZOLE/SKIN CLEANSR #23 0.75% CREAN	ROSADAN	1						
1.5	0	HIC3	THERAPEUTIC CLASS	0	Y	ACNE AGENTS (Systemic)	ACNE AGENTS (Systemic)	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
1.5	080449	L1B	ACNE AGENTS, SYSTEMIC	1	Y	ISOTRETINOIN, MICRONIZED CAPSULES, ALL STRENGTHS	ISOTRETINOIN, MICRONIZED 8 MG CAPSULE	ABSORICA LD			2				
2	2	HIC3	THERAPEUTIC CLASS	0	Y	ALZHEIMER'S AGENTS	ALZHEIMER'S AGENTS	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
2	059039	J1B	ALZHEIMER'S AGENTS	1	Y	DONEPEZIL HCL TABLETS	DONEPEZIL HCL 5MG TABLET	ARICEPT / ARICEPT ODT	onits	onen nerni	1	initian burys		1 16 0111	opulleu
			ALZHEIMER'S AGENTS	2					-		2				
2	046926	J1B		-	Y	GALANTAMINE HBR TABLETS	GALANTAMINE HBR 4MG TABLET	RAZADYNE	-		-				
2		J1B	ALZHEIMER'S AGENTS	3	Y	GALANTAMINE HBR ER CAPSULES	GALANTAMINE HBR 8MG CAPSULE	RAZADYNE ER			1				
2		J1B	ALZHEIMER'S AGENTS	4	Y	GALANTAMINE HBR 4MG/ML ORAL SOLUTION 100ML	GALANTAMINE HBR 4MG/ML ORAL SOLUTION 100		200	30					
2	053324	H1A	ALZHEIMER S THERAPY, NMDA RECEPTOR ANTAGONISTS	5	Y	MEMANTINE HCL 5, 7, 14, 21 and 28MG CAPSULE	MEMANTINE HCL 5MG TABLET	NAMENDA			1				
2	032492	H1A	ALZHEIMER S THERAPY, NMDA RECEPTOR ANTAGONISTS	6	Y	MEMANTINE HCL 10MG TABLET	MEMANTINE HCL 10MG TABLET	NAMENDA			2				
2		H1A	ALZHEIMER S THERAPY, NMDA RECEPTOR ANTAGONISTS	8	Ŷ	MEMANTINE HCL 10MG/5ML SOLUTION	MEMANTINE HCL 10MG/5ML SOLUTION	NAMENDA	1		10		+ +		
	053325	HIA	ALZHEIMER S THERAPY, NMDA RECEPTOR ANTAGONISTS	10	Y		MEMANTINE HCL 10003/SINE SOLUTION MEMANTINE HCL 5-10MG TITRATION PACK 49 TAB		49	205	10	l	0	~	
2			ALZHEIMER'S AGENTS						49	365	<u> </u>	I	- U	Y	
2	040155	J1B		11	Y	RIVASTIGMINE TARTRATE 1.5MG CAPSULE	RIVASTIGMINE TARTRATE 1.5MG CAPSULE	EXELON	+		1	L	+		
2	040156	J1B	ALZHEIMER'S AGENTS	12	Y	RIVASTIGMINE TARTRATE 3, 4.5 and 6MG CAPSULE	RIVASTIGMINE TARTRATE 3MG CAPSULE	EXELON / RIVASTIGMINE			2				
2	062870	J1B	ALZHEIMER'S AGENTS	14	Y	RIVASTIGMINE PATCHES	RIVASTIGMINE 4.6MG / 24HR PATCH	EXELON			1			Y	
3	3	HIC3	THERAPEUTIC CLASS	0	Y		ANALGESICS, NARCOTIC - SHORT & LONG ACTING	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
3	080402	H3F	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE	1	Y	ACETAMINOPHEN 500 MG CHEW GEL	ACETAMINOPHEN 500 MG CHEW GEL	7T GUMMY ES	1. "		8	1 / ·			
3	045155	H3U	NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB	2	Y	ACETAMINOPHEN SUD WIG CHEW GEL ACETAMINOPHEN WITH CODEINE 120-12MG/5ML SOLUT			600	30	°		+ +		1/1/2022
			NARCOTIC ANALGESIC & NON-SALICILATE ANALGESIC COMB	2.1	Y Y								+		
3		H3U		_		ACETAMINOPHEN WITH CODEINE 240-24MG/10ML SOLU			600	30	167				1/1/2022
3		H3U	NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB	2.2	Y	ACETAMINOPHEN WITH CODEINE 120-12MG/5ML SOLUT			600	30	167				1/1/2022
3	070224	H3U	NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB	3	Y	ACETAMINOPHEN WITH CODEINE 300/12.5ML SOLUTION	ACETAMINOPHEN WITH CODEINE 300/12.5ML SOL	GENERIC ONLY	300	30	167				1/1/2022
3	004163	HBU	NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB	4	Y	ACETAMINOPHEN WITH CODEINE 300-15MG TABLET	ACETAMINOPHEN WITH CODEINE 300-15MG TABL	GENERIC ONLY	120	30	13				1/1/2022
3	077292	H3Z	NARCOTIC ANALGESICNON-SALICYLATEXANTHINE	5	Ý	ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE BITARTR	ACETAMINOPHEN/CAEEEINE/DIHYDROCODEINE BI	GENERIC ONLY	120	30					-, -, - +
		H3U	NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB	6	Ý	ACETAMINOPHEN-COD #3 300MG-30MG & 60MG TABLE					13		+ +		1/1/2022
3			ANALGESICS, NARCOTICS	-				TYLENOL 3	120	30	15				1/1/2022
3	004257	H3A		7	Y	BELLADONNA-OPIUM SUPPOSITORIES	BELLADONNA-OPIUM 16.2-30 SUPPOSITORY	GENERIC ONLY	60		2				1/1/2022
3	079489	H3U	NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB	8	Y	BENZHYDROCODONE/ACETAMINOPHEN TABLETS	BENZHYDROCODONE/ACETAMINOPHEN 4.08-325M	APADAZ	120		12	14			1/1/2022
3	059589	H3A	ANALGESICS, NARCOTICS	9	Y	BUPRENORPHINE PATCHES	BUPRENORPHINE 5MCG/HR PATCH	BUTRANS	4	30					
3	075050	H3A	ANALGESICS, NARCOTICS	10	Y	BUPRENORPHINE HCL FILMS	BUPRENORPHINE HCL 75MCG FILM	BELBUCA	60		2				1/1/2022
3		H3O	ANALGESIC, SALICYLATE, BARBITURATE,& XANTHINE CMB	11	Ý	BUTALBITAL-ACETAMINOPHN 50-325 MG CAPSULE	BUTALBITAL-ACETAMINOPHN 50-325 MG CAPSULE		120	30	6				1/1/2022
			ANALGESIC, NON-SALICYLATE, BARBITURATE, &XANTHINE CMB			BUTALBITAL-ACETAMINOPHN 50-320 MG CALSOLL		GENERIC ONLY	180		-		+ +		
3		H3L	ANALGESIC, NON-SALICYLATE, BARBITURATE, &XANTHINE CMB	12	Y		BUTALBITAL-ACETAMINOPHN 50-300 MG TABLET			30	6				
3	066372	H3L		13	Y	BUTALBIT/ACETAMINOPHEN/CAFFEINE CAPSULE & TABLE			120	30					
3	071253	H3M	NARC.& NON-SAL.ANALGESIC, BARBITURATE & XANTHINE CMB	14	Y	BUTALBIT/ACETAMIN/CAFF/CODEINE 50-300-40-30 CAPS	BUTALBIT/ACETAMIN/CAFF/CODEINE 50-300-40-30	FIORICET	120	30	6				1/1/2022
3	004459	H3L	ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB	15	Y	BUTALBITAL-ACETAMINOPHN TABLETS	BUTALBITAL-ACETAMINOPHN 50-325 MG TABLET	GENERIC ONLY	180	30	6				
3	016674	H3A	ANALGESICS, NARCOTICS	16	Y	BUTORPHANOL TARTRATE 10 MG/ML SPRAY 2.5ML	BUTORPHANOL TARTRATE 10MG/ML SPRAY 2.5ML	GENERIC ONLY	2.5	30	1	1		Y	
3	004120	H3R	NARCOTIC & SALICYLATE ANALGESICS, BARB.& XANTHINE	16.5	Ŷ		CODEINE/BUTALBITAL/ASA/CAFFEIN 50-325-40MG		120	30	6				1/1/2022
3		H3A	ANALGESICS, NARCOTICS	10.5	Y	CODEINE SULFATE TABLETS	CODEINE SULFATE 15MG TABLET	GENERIC ONLY	120	30					1/1/2022
			NARCOTIC ANALGESICNON-SALICYLATEXANTHINE												
3		H3Z		18	Y	DIHYDROCODEINE BUTALBITAL/ACETMAINPHONIE/CAFFE			120	30			$ \rightarrow $		
3		H3A	ANALGESICS, NARCOTICS	19	Y	FENTANYL SPRAYS ALL STRENGTHS	FENTANYL 100MCG SPRAY	SUBSYS	30	30				Y	
3	059102	H3A	ANALGESICS, NARCOTICS	20	Y	FENTANYL PATCHES ALL STRENGHTS	FENTANYL 12MCG/HR PATCH	DURAGESIC	10	30					
3	061492	H3A	ANALGESICS, NARCOTICS	21	Y	FENTANYL CITRATE TABLETS ALL STRENGTHS	FENTANYL CITRATE 100MCG BUCCAL TABLET	FENTORA	120	30	1				
3	065633	H3A	ANALGESICS, NARCOTICS	22	Y	FENTANYL CITRATE NASAL SPRAYS ALL STRENGTHS	FENTANYL CITRATE 100MCG NASAL SPRAY	LAZANDA	1	30					
3		H3A	ANALGESICS, NARCOTICS	23	Ý	FENTANYL CITRATE LOZENGES ALL STRENGTHS	FENTANYL CITRATE 200MCG LOZENGE	ACTIQ	120	30	1				
3		H3A	ANALGESICS, NARCOTICS	23	Ý	FENTANTI CITRATE SUBLINGUAL TABLETS ALL STRENGTHS		ABSTRAL	120	30	1		+ +		
			NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB		Y Y						42	20	+		4/4/2022
3	030623	H3U		25		HYDROCODONE BIT/ACETAMINOPHEN TABLETS ALL STRE		NORCO	120	30	12	30	+ +		1/1/2022
3	073176	H3A	ANALGESICS, NARCOTICS	26	Y	HYDROCODONE BITARTRATE TABLETS/CAPSULES HYSLINL		HYSINGLA ER	30		1		+		1/1/2022
3	073621	H3A	ANALGESICS, NARCOTICS	27	Y	HYDROCODONE BITARTRATE TABLETS/CAPSULES ZOHYDR		ZOHYDRO ER	60		2				1/1/2022
3	064753	H3U	NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB	28	Y	HYDROCODONE BITARTRATE/ACETAMINOPHEN SOLUTIO	HYDROCODONE BITARTRATE/ACETAMINOPHEN 10	GENERIC ONLY	1800	30		30			1/1/2022
3	000846	H3A	ANALGESICS, NARCOTICS	29	Y	HYDROCODONE BITRATE - HOMATROPINE 5 MG-1.5MG T		TUSSIGON				30			
3	048491	H3A	ANALGESICS, NARCOTICS	30	Y	HYDROCODONE BITRATE - HOMATROPINE 5-1.5 MG/5ML			1		1	30			
3	070078	H3A	ANALGESICS, NARCOTICS	30	Y	HYDROCODONE BITRATE - HOMATROPINE 5-1.5 MG/SML HYDROCODONE BITRATE - HOMATROPINE 5-1.5 MG/SML			600	30	1	30	+ +		
			NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB										+ +		
3	066836	H3U		32	Y	HYDROCODONE/ACETAMINOPHEN 15ML SOLUTIONS	HYDROCODONE/ACETAMINOPHEN 10-300MG/15N		1800	30		30	+		
3	054674	H3N	ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION	33	Y	HYDROCODONE/IBUPROFEN TABLETS	HYDROCODONE/IBUPROFEN 5-200MG TABLET	IBUDONE / REPRAXIN	120	30	16	30			1/1/2022
3	071384	H3U	NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB	34	Y	HYDROCODONE-ACETAMINOPHEN 2.5-108/5ML, 5-217/5	HYDROCODONE-ACETAMINOPHEN 2.5-108/5ML	GENERIC ONLY	600	30		30	1 T		
3	071385	H3U	NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB	35	Y	HYDROCODONE-ACETAMINOPHEN 5-217/5ML	HYDROCODONE-ACETAMINOPHEN 5-217/5ML	GENERIC ONLY	1200	30		30			1/1/2022
		H3A	ANALGESICS, NARCOTICS	36	Y	HYDROCODONE-CHLORPHENIRAMNE ER CAPSULES		TUSSICAPS			1	30	1 1		
	063156		ANALGESICS, NARCOTICS	30	Y	HYDROCODONE-CHLORPHENIRAMINE ER CAPSOLES			+		1	30	+ +		
3				37					120	20	l		+ +		4 /4 /2022
3 3	048492	H3A	ANALCESTCS NADCOTICS		Y	HYDROMORPHONE 3 MG SUPPOSITORY	HYDROMORPHONE 3 MG SUPPOSITORY	DILAUDID	120	30		L			1/1/2022
3 3 3	048492 004108	H3A H3A	ANALGESICS, NARCOTICS				HYDROMORPHONE HCL ER 8MG TABLET	EXALGO ER	30		1 1	1			1/1/2022
3 3 3 3	048492 004108 069890	H3A H3A H3A	ANALGESICS, NARCOTICS	39	Y	HYDROMORPHONE HCL ER TABLETS									
3 3 3	048492 004108	H3A H3A	ANALGESICS, NARCOTICS ANALGESICS, NARCOTICS		Y Y	HYDROMORPHONE HCL EX TABLETS HYDROMORPHONE HCL 1MG/ML SOLUTION	HYDROMORPHONE HCL 1MG/ML SOLUTION	DILAUDID	960	30	32				1/1/2022
3 3 3 3	048492 004108 069890 016156	H3A H3A H3A	ANALGESICS, NARCOTICS	39		HYDROMORPHONE HCL 1MG/ML SOLUTION	HYDROMORPHONE HCL 1MG/ML SOLUTION HYDROMORPHONE HCL 2MG TABLET	DILAUDID	960 120	30 30	32				
3 3 3 3 3	048492 004108 069890 016156 004110	H3A H3A H3A H3A	ANALGESICS, NARCOTICS ANALGESICS, NARCOTICS	39 40	Y				960 120		32				
3 3 3 3 3 3 3 3	048492 004108 069890 016156 004110 058402	H3A H3A H3A H3A H3A H3N	ANALGESICS, NARCOTICS ANALGESICS, NARCOTICS ANALGESICS, NARCOTICS ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION	39 40 41 42	Y Y Y	HYDROMORPHONE HCL 1MG/ML SOLUTION HYDROMORPHONE HCL IR TABLETS IBUPROFEN/OXYCODONE HCL 5-400MG TABLET	HYDROMORPHONE HCL 2MG TABLET IBUPROFEN/OXYCODONE HCL 5-400MG TABLET	DILAUDID GENERIC ONLY	120	30 30	32				
3 3 3 3 3 3 3 3 3 3	048492 004108 069890 016156 004110 058402 004228	H3A H3A H3A H3A H3A H3N H3A	ANALGESICS, NARCOTICS ANALGESICS, NARCOTICS ANALGESICS, NARCOTICS ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION ANALGESICS, NARCOTICS	39 40 41 42 43	Y Y Y Y	HYDROMORPHONE HCL 1MG/ML SOLUTION HYDROMORPHONE HCL IR TABLETS IBUPROFEN/OXYCODONE HCL 5-400MG TABLET LEVORPHANOL TARTRATE TABLETS	HYDROMORPHONE HCL 2MG TABLET IBUPROFEN/OXYCODONE HCL 5-400MG TABLET LEVORPHANOL TARTRATE 2MG TABLET	DILAUDID GENERIC ONLY GENERIC ONLY	120 120	30 30 30	32				1/1/2022
3 3 3 3 3 3 3 3 3 3 3	048492 004108 069890 016156 004110 058402 004228 004051	H3A H3A H3A H3A H3A H3N H3A H3A	ANALGESICS, NARCOTICS ANALGESICS, NARCOTICS ANALGESICS, NARCOTICS ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION ANALGESICS, NARCOTICS ANALGESICS, NARCOTICS	39 40 41 42 43 43	Y Y Y Y Y	HYDROMORPHONE HCL 1MG/ML SOLUTION HYDROMORPHONE HCL IR TABLETS IBUPROFEN/OXYCODONE HCL 5-400MG TABLET LEVORPHANOL TARTRAFE TABLETS MEPERIDINE 50MG/5ML SOLUTION	HYDROMORPHONE HCL 2MG TABLET IBUPROFEN/OXYCODONE HCL 5-400MG TABLET LEVORPHANOL TARTRATE 2MG TABLET MEPERIDINE SOMG/5ML SOLUTION	DILAUDID GENERIC ONLY GENERIC ONLY MEPERIDINE	120 120 140	30 30 30 30		7			1/1/2022
3 3 3 3 3 3 3 3 3 3	048492 004108 069890 016156 004110 058402 004228 004051	H3A H3A H3A H3A H3A H3A H3A H3A H3A	ANALGESICS, NARCOTICS	39 40 41 42 43 43 44 45	Y Y Y Y	HYDROMORPHONE HCL IMG/MLSOLUTION HYDROMORPHONE HCL IR TABLETS IBUPROFEN/OXYCODONE HCL 5-400MG TABLET LEVORPHANOL TARTRATE TABLETS MEPERIDINE 50MG/SML SOLUTION MEPERIDINE HCL TABLETS	HYDROMORPHONE HCL 2MG TABLET IBUPROFEN/OXYCODONE HCL 5-400MG TABLET LEVORPHANOL TARTRATE 2MG TABLET MEPERIDINE SOMG/SML SOLUTION MEPERIDINE HCL SOMG TABLET	DILAUDID GENERIC ONLY GENERIC ONLY MEPERIDINE DEMEROL / MEPERITAB	120 120	30 30 30	32 4	7			1/1/2022 1/1/2022 1/1/2022
3 3 3 3 3 3 3 3 3 3 3 3	048492 004108 069890 016156 004110 058402 004228 004051	H3A H3A H3A H3A H3A H3N H3A H3A	ANALGESICS, NARCOTICS ANALGESICS, NARCOTICS ANALGESICS, NARCOTICS ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION ANALGESICS, NARCOTICS ANALGESICS, NARCOTICS	39 40 41 42 43 43	Y Y Y Y Y	HYDROMORPHONE HCL 1MG/ML SOLUTION HYDROMORPHONE HCL IR TABLETS IBUPROFEN/OXYCODONE HCL 5-400MG TABLET LEVORPHANOL TARTRAFE TABLETS MEPERIDINE 50MG/5ML SOLUTION	HYDROMORPHONE HCL 2MG TABLET IBUPROFEN/OXYCODONE HCL 5-400MG TABLET LEVORPHANOL TARTRATE 2MG TABLET MEPERIDINE SOMG/5ML SOLUTION	DILAUDID GENERIC ONLY GENERIC ONLY MEPERIDINE	120 120 140	30 30 30 30		7			1/1/2022



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3 079209	H3A	ANALGESICS, NARCOTICS	47	Y	MORPHINE SULFATE 0.4MG/ML ORAL SPRAY	MORPHINE SULFATE 0.4MG/ML ORAL SPRAY GENERIC		120	30					
3 004239	H3A	ANALGESICS, NARCOTICS	47.5	Y	METHADONE 10 MG/ML CONCENTRATE	METHADONE 10 MG/ML CONCENTRATE GENERIC	RICONLY	90		3				1/1/2022
3 004083	H3A	ANALGESICS, NARCOTICS	48	Y			RICONLY	120	30					1/1/2022
3 082101	H3A	ANALGESICS, NARCOTICS	49	Y	METHADONE 5 MG/0.5 ML ORAL SYRINGE	METHADONE 5 MG/0.5 ML ORAL SYRINGE GENERIC	RICONLY	90		3				1/1/2022
3 071396	H3A	ANALGESICS, NARCOTICS	49	Y	MORPHINE SULFATE ORAL SYRINGES	MORPHINE SULFATE 10 MG/0.5 ML ORAL SYRINGE GENERIC	RICONLY	120	30					1/1/2022
3 004090	H3A	ANALGESICS, NARCOTICS	50	Y	MORPHINE SULFATE 100MG / 5ML CONCENTRATE	MORPHINE SULFATE 100MG / 5ML CONCENTRATE GENERIC	RICONLY	120	30	4				1/1/2022
3 004087	H3A	ANALGESICS, NARCOTICS	51	Y	MORPHINE SULFATE SOLUTIONS	MORPHINE SULFATE 10MG / 5ML SOLUTION GENERIC	RICONLY	600	30					1/1/2022
3 077053	H3A	ANALGESICS, NARCOTICS	52	Y	MORPHINE SULFATE ARYMO ER TABLETS	MORPHINE SULFATE 15MG TABLET ARYMO	O ER	120	30					
3 074971	H3A	ANALGESICS, NARCOTICS	54	Y	MORPHINE SULFATE ER MORPHABOND & MS CONTIN ER			90	30	3				1/1/2022
3 064740	H3A	ANALGESICS, NARCOTICS	55	Ŷ				60		2				1/1/2022
3 073302	H3A	ANALGESICS, NARCOTICS	56	Ŷ		MORPHINE SULFATE/NALTREXONE 20-0.8MG CAPS EMBEDA		60		2				1/1/2022
3 076361	НЗА	ANALGESICS. NARCOTICS	57	Y		OXYCODONE 10 MG/0.5 ML ORAL SYRINGE GENERIC		60	30	-				1/1/2022
3 015065	H3A	ANALGESICS, NARCOTICS	58	v		OXYCODONE HCL 100 MG/5 ML CONCENTRATE GENERIC		120	30					1/1/2022
3 024507	H3A	ANALGESICS, NARCOTICS	59	Y				120	30					1/1/2022
	-	ANALGESICS, NARCOTICS		r V			, , .	600						111
3 004224 3 073307	H3A H3A	ANALGESICS, NARCOTICS	60	Y Y		OXYCODONE HCL 5 MG/5 ML SOLUTION GENERIC DXYCODONE HCL ACETAMINOPHEN 7.5-325MG TA XARTEM		60	30					1/1/2022
		ANALGESICS, NARCOTICS	61							2				1/1/2022
3 072863	H3A	NARCOTIC ANALGESICS, NARCOTICS	62	Y		OXYCODONE HCL ER 15MG TABLET OXYCON		60		2				1/1/2022
3 013998	H3U		63	Y		OXYCODONE HCL/ACETAMINOPHEN 2.5-325MG TA ENDOCE			30	12				1/1/2022
3 076032	H3A	ANALGESICS, NARCOTICS	64	Y		OXYCODONE MYRISTATE ER 13.5MG CAPSULE XTAMPZ		60		2				1/1/2022
3 061086	H3A	ANALGESICS, NARCOTICS	65	Y		OXYMORPHONE HCL 5MG TABLET OPANA		120	30					
3 063782	H3A	ANALGESICS, NARCOTICS	66	У		OXYMORPHONE HCL 7.5MG TABLET OPANA E		60		2				1/1/2022
3 061091	H3A	ANALGESICS, NARCOTICS	67	Y	OXYMORPHONE HCL ER 5, 10, 20 and 40MG TABLET (OXYMORPHONE HCL ER 5MG TABLET OPANA E	A ER	60		2				1/1/2022
3 004292	H3A	ANALGESICS, NARCOTICS	68	Y		PENTAZOCINE HCL/NALOXONE HCL 2.5-500MG TAE GENERIC	RICONLY	120	30					
3 079437	H3A	ANALGESICS, NARCOTICS	69	Y		SUFENTANIL CITRATE 30MCG SUBLINGUAL TABLET DSUVIA		36		12	3			
3 065321	H3A	ANALGESICS, NARCOTICS	70	Y		TAPENTADOL HCL 100MG TABLET NUCYNT		120	30	6				1/1/2022
3 065319	H3A	ANALGESICS, NARCOTICS	70	Ŷ		TAPENTADOL HCL 50MG TABLET NUCYNT		120	30	12				1/1/2022
3 065320	H3A	ANALGESICS, NARCOTICS	72	Y		TAPENTADOL HCL 75MG TABLET NUCYNT		120	30	8				1/1/2022
3 067266	H3A	ANALGESICS, NARCOTICS	73	Y		TAPENTADOL HCLER 50MG TABLET NUCYNT		60	55	2				-1 -1 2022
3 067266 3 044975	H3A	ANALGESICS, NARCOTICS	73	Y		TRAMADOL HCL 100 MG TABLET GENERIC		120	30	4				
3 044975 3 023139	H3A	ANALGESICS, NARCOTICS		Y Y				240	30	4				1/1/2022
		ANALGESICS, NARCOTICS	75				,						⊢ – ∣	1/1/2022
3 081474	H3A	ANALGESICS, NARCOTICS	76	Y		TRAMADOL HCL 5 MG/ML SOLUTION QDOLO	-	2400	30	80			\vdash	a la la casa
3 067760	H3A	ANALGESICS, NARCOTICS ANALGESICS, NARCOTICS	77	Y			P / RYZOLT / ULTRAM ER	30		1			⊢ →	1/1/2022
3 048456	H3A		78	Y		TRAMADOL HCL/ACETAMINOPHEN 37.5-325 TABLE ULTRACE		40	30	8	5			1/1/2022
5 5	HIC3	THERAPEUTIC CLASS	0	Y		ANDROGENIC AGENTS BRAND		Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
5 045215	F1A	ANDROGENIC AGENTS	1	Y		TESTOSTERONE 1% & 1.62% GEL 2.5G PACKET ANDROG		75	30				Y	
5 045216	F1A	ANDROGENIC AGENTS	2	Y	TESTOSTERONE 1% GEL 5G PACKET	TESTOSTERONE 1% (5G) GEL PACKET ANDROG	DGEL	150	30				Y	
5 070128	F1A	ANDROGENIC AGENTS	3	Y	TESTOSTERONE 1.62% GEL 1.25G PACKET	TESTOSTERONE 1.62%(1.25G) GEL PACKET ANDROG	DGEL 3	37.5	30				Y	
5 068099	F1A	ANDROGENIC AGENTS	4	Y	TESTOSTERONE 2, 2.5, 4 and 5MG/24HR PATCH	TESTOSTERONE 2MG/24HR PATCH ANDROD	DDERM			1	60			
5 067154	F1A	ANDROGENIC AGENTS	5	Y	TESTOSTERONE 30MG SOLUTION 90ML	TESTOSTERONE 30MG SOLUTION 90ML AXIRON	N	90	30				Y	
5 057874	F1A	ANDROGENIC AGENTS	6	Y		TESTOSTERONE 1% GEL PUMP ANDROG	OGEL	150	30				Y	
5 067366	F1A	ANDROGENIC AGENTS	8	v		TESTOSTERONE 1.62% GEL PUMP 75 ML ANDROG		75	30				v	
5 062542		ANDROGENIC AGENTS	0										v	
			0	V V	TESTOSTERONE 10MG GEL PLIMP 60GRAM	TESTOSTERONE 10MG GEL DUMP 60GRAM	STA	60	30					
E 072642	F1A		9	Y		TESTOSTERONE 10MG GEL PUMP 60GRAM FORTEST		60	30				T	
5 073643	F1A	ANDROGENIC AGENTS	10	Y Y	TESTOSTERONE 5.5 MG/0.122 GM	TESTOSTERONE 5.5 MG/0.122 GM NATESTO	TO	7.32	28				,	
5 079087	F1A F1A	ANDROGENIC AGENTS ANDROGENIC AGENTS	10 11	Ŷ	TESTOSTERONE 5.5 MG/0.122 GM TESTOSTERONE ENANTHATE AUTO-INJECTORS	TESTOSTERONE 5.5 MG/0.122 GM NATESTO TESTOSTERONE ENANTHATE 100MG/0.5ML AUTO- XYOSTEE	TO :						T	
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5 079087 5 079619 5 079611	F1A F1A F1A F1A	ANDROGENIC AGENTS ANDROCENIC AGENTS ANDROCENIC AGENTS ANDROGENIC AGENTS	10 11 12 13	Y Y Y	TESTOSTERONE 5.5 MG/0.122 GM TESTOSTERONE ENANTHATE AUTO-INJECTORS TESTOSTERONE UNDECANOATE 158 & 198 MG CAPSULES TESTOSTERONE UNDECANOATE 237 MG CAPSULE T	TESTOSTERONE 5.5 MG/0.122 GM NATESTC TESTOSTERONE ENANTHATE 100MG/0.5ML AUTO- XVOSTE TESTOSTERONE UNDECANOATE 158 MG CAPSULE JATENZC TESTOSTERONE UNDECANOATE 237 MG CAPSULE JATENZC	TO :: ED :: ZO :: ZO ::	7.32 2	28 30	2			T	
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12 04439 Q4W VAGINAL ANTIBIOTICS 3 4 7 CLINDAMYCIN PHOSPHATE 100 MG VAGINAL OVUL CLINDAMYCIN PHOSPHATE 23/VAGINAL CREAM MONISTAT 1 MATC MATC MATCOAGULANTS PARAMAN MATCOAGULANTS PARAMA	9 079335 9 041880 9 066295 9 057691 9 009326 9 009326 9 009326 10 10 10 00 10 009326 11 079202 11 111 11 007724 11 061996 11 1063970 12 12	W9C W9C W9C W4G W4G W4G W4G W4G W1 W11 W12 W1F W1F W1F W1F U2F Q5W Q5W Q5W Q7W HIC3	ANTEIOTICS, GI & RELATED ANTIBIOTICS, GI & RELATED ANTIBIOTICS, GI & RELATED ANTIBIOTICS, GI & RELATED ANTIBIOTICS, GI & RELATED VANCOMYCIN AND DERIVATIVES VANCOMYCIN AND DERIVATIVES VANCOMYCIN AND DERIVATIVES VANCOMYCIN AND DERIVATIVES ANTIBIOTICS, INHALED ANTIBIOTICS, INHALED ANTIBIOTICS TOPICAL ANTIBIOTICS TOPICAL ANTIBIOTICS THERAPEUTIC CLASS ANTIBIOTICS, VAGINAL	3 4 5 6 7 8 9 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	NITAZOXANIDE SOUNG TABLET RIFAMYCIN SODIUM 194MG TABLET RIFAXIMIN 200MG TABLET RIFAXIMIN 200MG TABLET TINIDAZOLE SOMG TABLET TINIDAZOLE SOMG TABLET TINIDAZOLE SOMG TABLET VANCOMYCIN HCL 125 and 250MG CAPSULE VANCOMYCIN HCL 302 and 250MG CAPSULE MUPIROCIN 28 OINTMENT KIT MUPIROCIN CALCIUM 2% NASAL OINTMENT ANTIBIOTICS, VAGINAL	NITAZOXANIDE 500MG TABLET RIFAXIMIN 200MG TABLET RIFAXIMIN 200MG TABLET RIFAXIMIN 550MG TABLET TINIDAZOLE 500MG TABLET TINIDAZOLE 520MG TABLET TINIDAZOLE 520MG TABLET TINIDAZOLE 520MG TABLET VANCOMVCIN HCL 35MG CAPSULE VANCOMVCIN HCL 35MG CAPSULE VANCOMVCIN HCL 30MG (ML SOLUTION ANTIBIOTICS, INHALED AMIKACIN LIPOSOMAL/NEB.ACCESSR 590MG/8.4 AZTREONAM VISINE 75MG/ML INHAL SOLUTION NEOMY SULF/POLYMYXIN B SULFATE 40MG/ML A TOBRAMYCIN IN 0.225% NACL 300MG/5ML SOLU ANTIBIOTICS, TOPICAL GENTAMICIN 0.1% (REAM MUPROCIN 2% OINTMENT KIT MUPIROCIN CALCIUM 2% NASAL OINTMENT ANTBIOTICS, VAGINAL	ALINIA ALINIA AEMCOLO XIFAXAN XIFAXAN TINDAMAX TINDAMAX TINDAMAX TINDAMAX VANCOCIN HCL FIRVANQ BRAND ARIKAYCE & CAYSTON ARIKAYCE & CAYSTON AN HEOSPORIN G. U. IRRIGANT TOBI BRAND GENERIC ONLY ZILXI CENTANY AT BACTROBAN NASAL BRAND	12 9 24 12 Units 60 30 30 10	30 30 30 Until Refill Until Refill 30 30	3 Daily Dose 8.4 3 2 10 Daily Dose	5 14 14 Max Days Max Days	Refills	Y Y Pkg Bill Y Y Y Y	Updated
1205843Q.4WVAGINAL ANTIBUOTICS4.4YCLINDAMYCIN PHOSPHATE 2% VAGINAL CREAMCLINDAPSPHATE 2% VAGINAL CREAMCLINDESSE5.51.40.00.	9 079335 9 041880 9 066295 9 057691 9 009326 9 009326 9 009326 10 10 10 00 10 009326 11 079202 11 111 11 007724 11 061996 11 1063970 12 12	W9C W9C W9C W4G W4G W1J W12 W11 W12 W14 W17 W1F W1F HIC3 Q5W Q5W Q5W Q5W Q7W HIC3 W1F	ANTEIOTICS, GI & RELATED ANTEIOTICS, GI & RELATED VANCOMYCIN AND DERIVATIVES VANCOMYCIN AND DERIVATIVES VANCOMYCIN AND DERIVATIVES THERAPEUTIC CLASS ANTEIOTICS, INHALED ANTINOGLYCOSIDES THERAPEUTIC CLASS TOPICAL ANTEIDOTICS TOPICAL ANTEIDOTICS THERAPEUTIC CLASS ANTEIOTICS, VAGINAL	3 4 5 6 7 8 9 9 0 1 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	NITAZOXANIDE SOUNG TABLET RIFAXIMIN 200MG TABLET RIFAXIMIN 200MG TABLET RIFAXIMIN 500MG TABLET TINIDAZOLE 500MG TABLET TINIDAZOLE 500MG TABLET TINIDAZOLE 500MG TABLET VANCOMYCIN HCL 125 and 250MG CAPSULE VANCOMYCIN HCL 50LUTION ANTIBIOTICS, INHALED AMIKACIN LIPOSOMAL/NEB.ACCESSR 590MG/8.4ML VIA AZTREONAM USINE 75MG/ML INHAL SOLUTION 84MLV NEOMY SULF/POLYMYXIN B SULFATE 40MG/ML AMPULE TOBRAMYCIN IN 0.225% NACL 300MG/5ML SOLUTION ANTIBIOTICS, TOPICAL GENTAMICIN 0.3% CREAM MINOCYCLINE HCL 1.5% FOAM MUPIROCIN 2.4C UNITA 200 MUPIROCIN 2.4C UNITA 200 MUTHENTICS ANGAL CLINDAMYCIN HCL CAPSULES ALL STRENGHTS	NITAZOXANIDE 500MG TABLET RIFAMIVICIN SODIUM 194MG TABLET RIFAXIMIN 200MG TABLET RIFAXIMIN 200MG TABLET TINIDAZOLE 250MG TABLET TINIDAZOLE 250MG TABLET VANCOMYCIN HCL 125MG CAPSULE VANCOMYCIN HCL 125MG CAPSULE AMTIBIOTICS, INHALED AMTIBIOTICS, INHALED AMTIBIOTICS, INFAME/MULINHAL SOLUTION NEOMY SULF/POLYMYXIN B SULFATE 40MG/ML A TOBRAMYCIN IN 0.225% NACL 300MG/SML SOLU GENTAMICIN 0.1% CREAM MINOCYCLINE HCL 1.5% FOAM MUPROCIN CALCIUM 2% NASAL OINTMENT ANTIBIOTICS, VAGINAL CLINDAMYCIN HCL 75MG CAPSULE	ALINIA AEMCOLO XIFAXAN XIFAXAN XIFAXAN TINDAMAX TINDAMAX VANCOCIN HCL FIRVANQ BRAND ARIKAYCE SCAYSTON N NEOSPORIN G.U. IRRIGANT TOBI BRAND GENERIC ONLY ZILXI CENTANY AT BRAND CLEOCIN	12 9 24 12 Units 60 30 30 10	30 30 30 Until Refill Until Refill 30 30	3 Daily Dose 8.4 3 2 10 Daily Dose	5 14 14 Max Days Max Days Max Days 14	Refills Refills	Y Y Pkg Bill Y Y Y Y	Updated
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IRRIGANT TOBI BRAND GENERIC ONLY ZILXI CENTANY AT BRAND CENTROBAN NASAL BRAND CLEOCIN CL</td> <td>12 9 24 12 Units 60 30 30 30 10 Units 3 3 5 1 Units 74</td> <td>30 30 30 Until Refill Until Refill 30 30 30 Until Refill 14 14 14 30 Until Refill 999</td> <td>3 Daily Dose 8.4 3 2 Daily Dose Daily Dose Daily Dose 2 2</td> <td>5 14 14 Max Days Max Days Max Days 14 14</td> <td>Refills Refills 1 1 Refills</td> <td>Y Pkg Bill Y Y Y Pkg Bill Y Y Y Pkg Bill</td> <td>Updated</td>	9 079335 9 041880 9 066295 9 057691 9 009326 9 009326 9 009326 9 009326 10 10 10 009326 10 00 10 07920 10 009832 10 037042 11 11 11 061796 11 081191 11 018370 12 12 12 003341 12 003341 12 003341 13 13 13 067642 13 13 13 063997	W9C W9C W9C W9C W1 W1 W11 W12 W17 W18 Q4W Q4W Q4W Q4W M9V M9V M9V W9I	ANTEIOTICS, GI & RELATED ANTIBIOTICS, GI & RELATED ANTIBIOTICS, GI & RELATED ANTIBIOTICS, GI & RELATED ANTIBIOTICS, GI & RELATED VANCOMYCIN AND DERIVATIVES VANCOMYCIN AND DERIVATIVES VANCOMYCIN AND DERIVATIVES THERAPEUTIC CLASS ANTIBIOTICS, INHALED ANTIBIOTICS, INHALED ANTIBIOTICS TOPICAL ANTIBIOTICS TOPICAL ANTIBIOTICS THERAPEUTIC CLASS ANTIBIOTICS, VAGINAL ANTIBIOTICS, VAGINAL ANTIBIOTICS, VAGINAL ANTIBIOTICS TOPICS THERAPEUTIC CLASS ANTICONCOLUMITS ANTICONCOLUMITS ANTICONCOLUMITS ANTICONCOLUMITS	3 3 4 5 5 6 7 7 8 9 9 0 1 2 3 3 4 0 0 1 2 3 3 4 4 0 0 1 2 3 3 4 4 0 0 1 2 3 3 4 4 0 0 1 1 2 3 3 4 4 3 3 4 4 5 5 5 5 5 6 6 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	NITAZOXANIDE SOUNG TABLET RIFAXIMIN 200MG TABLET RIFAXIMIN 200MG TABLET RIFAXIMIN 200MG TABLET RIFAXIMIN 550MG TABLET TINIDAZOLE 500MG TABLET TINIDAZOLE 500MG TABLET TINIDAZOLE 500MG TABLET VANCOMYCIN HCL 125 and 250MG CAPSULE VANCOMYCIN HCL SOLUTION ANTIBIOTICS, INHALED AMTIBIOTICS, OPICAL GENTAMICIN 0.23% CREAM MINOCYCLINE HCL 1.5% FOAM MUPIROCIN 24.01NTMENT KIT MUPIROCIN 24.01NTMENT KIT MUPIROCIN 24.01NTMENT KIT MUPIROCIN PALCHASY SOLITION CLINDAMYCIN PHOSPHATE 25% VAGINAL OVULE CLINDAMYCIN PHOSPHATE 25% VAGINAL OVULE CLINDAMYCIN PHOSPHATE 25% VAGINAL CREAM MICOVAZOLE NITRATE KITS AND PACKS ANTICOAGULANTS APIXABAN 2.5 MG TABLET APIXABAN S.5 MG STARTER PACK DABIGATRAN ETEXILATE MESYLATE CAPSULES ALL STRENG	NITAZOXANIDE 500MG TABLET RIFAMINI 200MG TABLET RIFAXIMI 200MG TABLET RIFAXIMI 200MG TABLET TINIDAZOLE 250MG TABLET TINIDAZOLE 250MG TABLET TINIDAZOLE 250MG TABLET VANCOMYCIN HCL 32MG CAPSULE VANCOMYCIN WISINE 75MG/WL INHAL SOLUTION NEOMY SULF/POLYMYXIN B SULFATE 40MG/ML A TOBRAMYCIN IN 0.225% NACL 300MG/SML SOLU ANTIBIOTICS, TOPICAL GENTAMICIN 0.3% CREAM MINOCYCLINE HCL 1.5% FOAM MUPROCIN 2% DINTMETN KIT MUPROCIN 2% DINTMETN KIT MUPRICOL 2% DINTMETN KIT MUPRICOL 2% DINTMETN KIT MUPRICOL 2% DINTMETN KIT MUPROCIN PLANTATE HCL 75MG CAPSULE CLINDAMYCIN PLOSPHATE 2% VAGINAL OVC LINDAMYCIN PLOSPHATE 200MG-2% KIT ANTICOOGLANTS APIXABAN 2.5 MG TABLET APIXABAN 2.5 MG STARTER PACK DABIGATRAN ETEXILATE MESYLATE 75MG CAPSUL	ALINIA ALINIA AEMCOLO XIFAXAN XIFAXAN XIFAXAN TINDAMAX TINDAMAX TINDAMAX VANCOCIN HCL FIRVANQ BRAND ARIKAYCE & CAYSTON N NEOSPORIN G.U. IRRIGANT TOBI BRAND GENERIC ONLY ZILXI CENTANY AT BRAND CENTROBAN NASAL BRAND CLEOCIN CL	12 9 24 12 Units 60 30 30 30 10 Units 3 3 5 1 Units 74	30 30 30 Until Refill Until Refill 30 30 30 Until Refill 14 14 14 30 Until Refill 999	3 Daily Dose 8.4 3 2 Daily Dose Daily Dose Daily Dose 2 2	5 14 14 Max Days Max Days Max Days 14 14	Refills Refills 1 1 Refills	Y Pkg Bill Y Y Y Pkg Bill Y Y Y Pkg Bill	Updated
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	4 01	17026	H8R	ANTICONVULSANTS, BENZODIAZEPINES	4	Y	CLOBAZAM TABLETS	CLOBAZAM 10MG TABLET	ONFI			2				
14	4 00	04560	H4A	ANTICONVULSANTS, BENZODIAZEPINES	5	Y	CLONAZEPAM TABLETS AND ODT	CLONAZEPAM 0.5 MG TABLET	KLONOPIN	90	30	3				
	4 00		H2F	ANTICONVULSANT ANTI-ANXIETY DRUGS	8	Y	DIAZEPAM TABLETS	DIAZEPAM 2MG TABLET	VALIUM	120	30	4				
		80630	H4A	ANTICONVULSANTS, BENZODIAZEPINES	8.5	Ý	DIAZEPAM NASAL SPRAYS	DIAZEPAM 5 MG NASAL SPRAY	VALTOCO	10	30					
14		03762	H2F	ANTICONVULSANT ANTI-ANXIETY DRUGS	0.5	v	DIAZEPAM 10MG / 2ML CARPUJECT	DIAZEPAM 10MG / 2ML CARPUJECT	GENERIC ONLY	240	30	8			v	
		03763	H2F	ANTICONVULSANT ANTI-ANXIETY DRUGS	9.1	Ý	DIAZEPAM 50MG / 10ML VIAL	DIAZEPAM 50MG / 10ML VIAL	GENERIC ONLY	120	30	4			<u> </u>	
		03765	H2F	ANTICONVULSANT ANTI-ANXIETY DRUGS	9.2	v		DIAZEPAM 50MG / 10ME VIAL	GENERIC ONLY	120	30	4				
				ANTICONVULSANT ANTI-ANXIETY DRUGS		Y Y	DIAZEPAM 5MG / ML ORAL CONC				30					
14		03764	H2F		9.3		DIAZEPAM 5MG / 5ML SOLUTIONS	DIAZEPAM 5MG / 5ML SOLUTION	GENERIC ONLY	120	30	40				
14		81237	H4B	ANTICONVULSANTS	10	Y	FENFLURAMINE HCL 22 MG/ML SOLUTION	FENFLURAMINE HCL 22 MG/ML SOLUTION	FINTEPLA			26				
	4 06		H4B	ANTICONVULSANTS	13	Y	LACOSAMIDE 10 MG/ML SOLUTION	LACOSAMIDE 10 MG/ML SOLUTION	VIMPAT			40				
14	4 06	54432	H4B	ANTICONVULSANTS	14	Y	LACOSAMIDE TABLETS	LACOSAMIDE 50 MG TABLET	VIMPAT			2				
14	4 07	72700	H4B	ANTICONVULSANTS	15	Y	LACOSAMIDE STARTER KIT	LACOSAMIDE STARTER KIT	VIMPAT			2				
14	4 06	65171	H4B	ANTICONVULSANTS	16	Y	LAMOTRIGINE 25 (21)-50, 28 DOSE STARTER KIT	LAMOTRIGINE 25 (21)-50, 28 DOSE STARTER KIT	LAMICTAL ODT START KIT BLUE	28	365			0	Y	
14	4 05	58518	H4B	ANTICONVULSANTS	17	Y	LAMOTRIGINE 25 (42)-100, 49 DOSE STARTER KIT	LAMOTRIGINE 25 (42)-100, 49 DOSE STARTER KIT	LAMICTAL TB START KIT (ORAN	49	365			0	Y	
		65170	H4B	ANTICONVULSANTS	18	Ý	LAMOTRIGINE 25-50-100, 35 DOSE STARTER KIT	LAMOTRIGINE 25-50-100, 35 DOSE STARTER KIT	LAMICTAL ODT START KIT (ORA	35	365	1		0	Y	
		58516	H4B	ANTICONVULSANTS	10	Ý	LAMOTRIGINE 25MG TABLET, 35 DOSE STARTER KIT	LAMOTRIGINE 25MG TABLET, 35 DOSE STARTER KIT		35	365			0	Y	
		55172	H4B	ANTICONVULSANTS		Ý			LAMICTAL ODT START KIT (BEGE		365				Y	
					20		LAMOTRIGINE 50-(42)-100, 56 DOSE STARTER KIT							0		
		55255	H4B	ANTICONVULSANTS	21	Y	LAMOTRIGINE 50-100-200, 35 DOSE STARTER KIT		LAMICTAL XR START KIT (GREEN		365			0	Y	
	4 05		H4B	ANTICONVULSANTS	22	Y	LAMOTRIGINE 25 (84)-100, 98 DOSE STARTER KIT	LAMOTRIGINE 25 (84)-100, 98 DOSE STARTER KIT			365			0	Y	
14	4 07	76056	H4B	ANTICONVULSANTS	24	Y	PERAMPANEL 0.5MG/ML ORAL SUSP		FYCOMPA	720	30	24				
14	4 06	59988	H4B	ANTICONVULSANTS	25	Y	PERAMPANEL TABLETS	PERAMPANEL 2MG TABLET	FYCOMPA	30	30	1				
15	5	15	HIC3	THERAPEUTIC CLASS	0	Y	ANTIDEPRESSANTS, OTHER	ANTIDEPRESSANTS, OTHER	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
15		65345	H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	1	Y	BUPROPION HBR 174, 348 and 522MG TABLET	BUPROPION HBR 174MG TABLET	APLENZIN ER			1			-	
15		46236	H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	2	Ý	BUPROPION HCL 75MG TABLET		BUDEPRION / WELLBUTRIN			6	1			
15		46237	H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	3	Ý	BUPROPION HCL 100MG TABLET		BUDEPRION / WELLBUTRIN			3				
15		40237 59853	H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	4	Y	BUPROPION HCL 100MG TABLET		FORFIVO XL			1				
			H7D H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	4	Y				-		2				
15		46239			- 5		BUPROPION HCL SR 100 and 200MG TABLET	BUPROPION HCL SR 100MG TABLET	WELLBUTRIN SR			-				
15		53006	H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	6	Y	BUPROPION HCL XL 150MG TABLET	BUPROPION HCL XL 150MG TABLET	BUDEPRION / WELLBUTRIN			3				
	5 05		H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	7	Y	BUPROPION HCL XL 300MG TABLET		BUDEPRION / WELLBUTRIN			1				
15	5 06	63736	H7C	ANTIDEPRESSANT SNRIs	8	Y	DESVENLAFAXINE SUCCINATE TABLETS		PRISTIQ ER			1		L		
15	5 08	80044	H7C	ANTIDEPRESSANT SNRIs	9	Y	DULOXETINE HCL DR CAPS	DULOXETINE HCL DR 20 MG CAP	DRIZALMA SPRINKLE			2				
15	5 07	79563	H8Z	ANTIDEPRESSANT - NMDA RECEPTOR ANTAGONIST	10	Y	ESKETAMINE HCI 28MG NASAL SPRAY	ESKETAMINE HCI 28MG NASAL SPRAY	SPRAVATO	1						
15		79564	H8Z	ANTIDEPRESSANT - NMDA RECEPTOR ANTAGONIST	11	Y	ESKETAMINE HCI 56MG DOSE PACK	ESKETAMINE HCI 56MG DOSE PACK	SPRAVATO	2						
		79565	H8Z	ANTIDEPRESSANT - NMDA RECEPTOR ANTAGONIST	12	Ý	ESKETAMINE HCI 84MG DOSE PACK	ESKETAMINE HCI 84MG DOSE PACK	SPRAVATO	3		1				
		46068	H2U	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	13	Ý	IMIPRAMINE HCL 10, 25MG TABLET	IMIPRAMINE HCL 10MG TABLET	TOFRANII	-		3				
15		46070	H2U	TRICYCLIC ANTIDERESSANTS & REL. NON-SEL. RU-INHIB	14	v	IMIPRAMINE HCL 10, 25 MG TABLET	IMIPRAMINE HCL 10MG TABLET	TOFRANIL			4				
		46075	H2U	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	15	Y	IMIPRAMINE PAMOATE 100MG CAPSULE	IMIPRAMINE PAMOATE 100MG CAPSULE	TOFRANIL-PM			2				
	5 04		H2U	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	16	Y	IMIPRAMINE PAMOATE 75, 125 and 150MG CAPSULE	IMIPRAMINE PAMOATE 75MG CAPSULE	TOFRANIL-PM			1				
		46262	H7J	MAOIS - NON-SELECTIVE & IRREVERSIBLE	17	Y	ISOCARBOXAZID 10MG TABLET	ISOCARBOXAZID 10MG TABLET	MARPLAN			4				
15	5 07	71499	H7C	ANTIDEPRESSANT SNRIS	18	Y	LEVOMILNACIPRAN HCL 20-40MG TITRATION PACK	LEVOMILNACIPRAN HCL 20-40MG TITRATION PACK	FETZIMA	28				0		
15	5 05	54009	H7B	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	19	Y	MIRTAZAPINE TABLET & ODT TABLET	MIRTAZAPINE 7.5 MG TABLET	REMERON			1				
15	5 04	46253	H7E	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	20	Y	NEFAZODONE HCL TABLETS	NEFAZODONE HCL 50MG TABLET	GENERIC ONLY			2				
		46263	H7J	MAOIS - NON-SELECTIVE & IRREVERSIBLE	21	Y	PHENELZINE SULFATE 15MG TABLET		NARDIL			6				
15		50453	H2H	ANTIDEPRESSANT, OTHER	22	Y	SELEGILINE PATCHES	SELEGILINE 6MG/24HOUR PATCH	FMSAM			1				
15		46264	H71	MAOIS - NON-SELECTIVE & IRREVERSIBLE	22.5	Ý	TRANYLCYPROMINE SULFATE 10MG TABLET	TRANYLCYPROMINE SULFATE 10MG TABLET	PARNATE			6				
		57376	H8P	SSRI & 5HTIA PARTIAL AGONIST ANTIDEPRESSANT	22.5	Ý	VILAZODONE HYDROCHLORIDE TABLETS		VIIBRYD			1				
				SEROTONIN-2 ANTAGONIST/RELIPTAKE INHIBITORS (SARIS)												
		46241	H7E	SSRI & SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT	24	Y	TRAZODONE HCL 50 and 100MG TABLET	TRAZODONE HCL 50MG TABLET	GENERIC ONLY			3				
	5 07		H8T		24	Y	VORTIOXETINE HYDROBROMIDE TABLETS		BRINTELLIX	30	30	1				1/1/2022
		46243	H7E	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)							50	-				
15		46244	H7E		25	Y	TRAZODONE HCL 150MG TABLET		GENERIC ONLY		50	2				
15	5 04	46398		SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	26	Y	TRAZODONE HCL 300MG TABLET	TRAZODONE HCL 300MG TABLET	GENERIC ONLY			-				
15	5 06		H7C	ANTIDEPRESSANT SNRIs	-							2				
		64444	H7C H7C	ANTIDEPRESSANT SNRIS ANTIDEPRESSANT SNRIS	26	Y	TRAZODONE HCL 300MG TABLET	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL 25MG TABLET	GENERIC ONLY			2				
	5 06	54444 54445		ANTIDEPRESSANT SNRIs	26 27	Y Y	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL TABLETS	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL 25MG TABLET	GENERIC ONLY GENERIC ONLY EFFEXOR XR			2				
15			H7C	ANTIDEPRESSANT SNRIS ANTIDEPRESSANT SNRIS	26 27 28	Y Y Y	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL TABLETS VENLAFAXINE HCL ER and XR 37.5, 150, 225MG TABLETS	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL 25MG TABLET VENLAFAXINE HCL ER 37.5MG TABLET	GENERIC ONLY GENERIC ONLY			2 1 3 1				
15	5 04	64445 46405	H7C H7C	ANTIDEPRESSANT SNRIS ANTIDEPRESSANT SNRIS ANTIDEPRESSANT SNRIS	26 27 28 29	Y Y Y Y	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL TABLETS VENLAFAXINE HCL ER and XR 37.5, 150, 225MG TABLETS VENLAFAXINE HCL ER 75MG TABLET and CAPSULE VENLAFAXINE HCL XR 150MG CAPSULE	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL 25MG TABLET VENLAFAXINE HCL ER 37.5MG TABLET VENLAFAXINE HCL ER 75MG TABLET VENLAFAXINE HCL XR 150MG CAPSULE	GENERIC ONLY GENERIC ONLY EFFEXOR XR GENERIC ONLY EFFEXOR XR	30	30	2 1 3 1 3				
15	5 04 5 07	54445 46405 71512	H7C H7C H7C H8T	ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS SINI & SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT	26 27 28 29 30 33	Y Y Y Y Y Y	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL TABLETS VENLAFAXINE HCL ER and XR 37.5, 150, 225MG TABLETS VENLAFAXINE HCL ER 75MG TABLET and CAPSULE VENLAFAXINE HCL XR 150MG CAPSULE VORTICXETINE HYDROBROMIDE TABLETS	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL 25MG TABLET VENLAFAXINE HCL ER 375MG TABLET VENLAFAXINE HCL ER 75MG TABLET VENLAFAXINE HCL KR 150MG TABLET VORTIOXETINE HYDROBROMIDE 20MG TABLET	GENERIC ONLY GENERIC ONLY EFFEXOR XR GENERIC ONLY EFFEXOR XR BRINTELLIX	30	30	2 1 3 1 3 2 1	May Daye	Refillt	Pkg Bill	Undated
19 19 16	5 04 5 07 6	54445 46405 71512 16	H7C H7C H7C H8T HIC3	ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS	26 27 28 29 30 33 0	Y Y Y Y Y Y	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL TRABETS VENLAFAXINE HCL ER and XR 37.5, 150, 225MG TABLETS VENLAFAXINE HCL ER 75MG TABLET and CAPSULE VENLAFAXINE HCL XR 150MG CAPSULE VORTIOXETINE HYDROBROMIDE TABLETS ANTIDEPRESANTS, SSRIE	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL 25MG TABLET VENLAFAXINE HCL ER 37.5MG TABLET VENLAFAXINE HCL ER 75MG TABLET VENLAFAXINE HCL KR 150MG CAPSULE VORTIOXETINE HYDROBROMIDE 20MG TABLET ANTIOERRESSANTS, SSNIE	GENERIC ONLY GENERIC ONLY EFFEXOR XR GENERIC ONLY EFFEXOR XR BRINTELLIX BRAND	30 Units	30 30 Until Refill	2 1 3 1 2 1 Daily Dose	Max Days	Refills	Pkg Bill	Updated
19 19 16	5 04 5 07 6 04	64445 46405 71512 16 46205	H7C H7C H7C H8T HIC3 H2S	ANTIDEPRESSANT SNRIS ANTIDEPRESSANT SNRIS ANTIDEPRESSANT SNRIS ANTIDEPRESSANT SNRIS SSRI & SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT THERAPEUTIC CLASS SELECTIVE SEROTONIN REUPTARE INHIBITOR (SSRIS)	26 27 28 29 30 33 0 1	Y Y Y Y Y Y Y	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL TABLETS VENLAFAXINE HCL ER and XR 37.5, 150, 225MG TABLETS VENLAFAXINE HCL ER 75MG TABLET and CAPSULE VENLAFAXINE HCL XR 150MG CAPSULE VORTIOXETINE HYDROBROMIDE TABLETS ANTIDEPRESANTS, SSRB CITALOPRAM HYDROBROMIDE 10 MG/5 ML SOLUTION	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL 25MG TABLET VENLAFAXINE HCL ER 37.5MG TABLET VENLAFAXINE HCL ER 75MG TABLET VENLAFAXINE HCL XR 150MG CAPSULE VORTIOXETINE HYDROBROMIDE 20MG TABLET ANTIDERESSANTS, SSIS CITALOPRAM HYDROBROMIDE 10 MG/5 ML SOLUT	GENERIC ONLY GENERIC ONLY EFFEXOR XR GENERIC ONLY EFFEXOR XR BRINTELLIX BRAND GENERIC ONLY	30 Units	30	2 1 3 2 1 Daily Dose 20	Max Days	Refills	Pkg Bill	Updated
19 19 10 10	5 04 5 07 6 04 6 04 6 04	64445 46405 71512 16 46205 46206	H7C H7C H8T HIC3 H2S H2S	ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS SKI & SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT THERAPEUTIC CLASS SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS) SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	26 27 28 29 30 33 0 1 2	Y Y Y Y Y Y Y Y	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL TRABLETS VENLAFAXINE HCL ER and XR 37.5, 150, 225MG TABLETS VENLAFAXINE HCL ER 75MG TABLET and CAPSULE VENLAFAXINE HCL XR 150MG CAPSULE VORTIOXETINE HVOROBROMIDE TABLETS ANTIDEPRESSANTS, SSRIB CITALOPRAM HYDROBROMIDE 10 MG/5 ML SOLUTION CITALOPRAM HYDROBROMIDE 10 and 20MG TABLET	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL 25MG TABLET VENLAFAXINE HCL ER 375MG TABLET VENLAFAXINE HCL ER 375MG TABLET VENLAFAXINE HCL ER 75MG TABLET VENLAFAXINE HCL RX 150MG CAPSULE VORTIOXETINE HYDROBROMIDE 20MG TABLET ANTIDEPRESSANTS, SSRIS CITALOPRAM HYDROBROMIDE 10 MG/5 ML SOLUT CITALOPRAM HYDROBROMIDE 10 MG/5 ML SOLUT	GENERIC ONLY GENERIC ONLY EFFEXOR XR GENERIC ONLY EFFEXOR XR BRINTELLIX BRAND GENERIC ONLY CELEXA	30 Units	30	2 1 3 2 1 Daily Dose 20 1.5	Max Days	Refills	Pkg Bill	Updated
19 19 10 10 10	5 04 5 07 6 04 6 04 6 04	54445 46405 71512 16 46205 46206 46204	H7C H7C H8T HIC3 H2S H2S H2S	ANTIDEPRESSANT SNRIS ANTIDEPRESSANT SNRIS ANTIDEPRESSANT SNRIS ANTIDEPRESSANT SNRIS SSRI & SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT THERAPEUTIC CLASS SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS) SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS) SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	26 27 28 29 30 33 0 1 2 3 3	Y Y Y Y Y Y Y	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL TRABLETS VENLAFAXINE HCL ER and XR 37.5, 150, 225MG TABLETS VENLAFAXINE HCL ER 75MG TABLET and CAPSULE VENLAFAXINE HCL XR 150MG CAPSULE VORTIOXETINE HYDROBROMIDE TABLETS ANTIDEPRESSANTS, SSRIE CITALOPRAM HYDROBROMIDE 10 MG/5 ML SOLUTION CITALOPRAM HYDROBROMIDE 10 and 20MG TABLET CITALOPRAM HYDROBROMIDE 40MG TABLET	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL 25MG TABLET VENLAFAXINE HCL ER 375MG TABLET VENLAFAXINE HCL ER 75MG TABLET VENLAFAXINE HCL KR 150MG CAPSULE VORTIOXETINE HYDROBROMIDE 20MG TABLET ANTIOEPRESSANTS, SSNIE CITALOPRAM HYDROBROMIDE 10MG TABLET CITALOPRAM HYDROBROMIDE 10MG TABLET	GENERIC ONLY GENERIC ONLY EFFEXOR XR GENERIC ONLY EFFEXOR XR BRINTELLIX BRAND GENERIC ONLY CELEXA CELEXA	30 Units	30	2 1 3 2 1 Daily Dose 20 1.5 1	Max Days	Refills	Pkg Bill	Updated
19 19 10 10 10 10	5 04 5 07 6 04 6 04 6 04 6 05	54445 46405 71512 16 46205 46206 46204 51698	H7C H7C H7C H8T H2S H2S H2S H2S H2S	ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS SINIS SINIS SINIS SINIS SINIS SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	26 27 28 29 30 33 0 1 2	Y Y Y Y Y Y Y Y Y	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL TRABLETS VENLAFAXINE HCL ER and XR 37.5, 150, 225MG TABLETS VENLAFAXINE HCL ER 75MG TABLET and CAPSULE VENLAFAXINE HCL RR 150MG CAPSULE VORTIOXETINE HYDROBROMIDE TABLETS ANTIDEPRESSANTS, SSRIS CITALOPRAM HYDROBROMIDE 10 and 20MG TABLET CITALOPRAM HYDROBROMIDE 10 and 20MG TABLET CITALOPRAM HYDROBROMIDE 10 MG/S ML SOLUTION CITALOPRAM HYDROBROMIDE 10 MG/S ML SOLUTION CITALOPRAM HYDROBROMIDE 10 MG/S ML SOLUTION	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL 25MG TABLET VENLAFAXINE HCL ER 37.5MG TABLET VENLAFAXINE HCL ER 37.5MG TABLET VENLAFAXINE HCL ER 75MG TABLET VORTIOXETINE HYDROBROMIDE 20MG TABLET ANTIDEPRESSANTS, SSNIS CITALOPRAM HYDROBROMIDE 10 MG/5 ML SOLUT CITALOPRAM HYDROBROMIDE 10MG TABLET ESCITALOPRAM OXALATE 5MG/5ML SOLUTION	GENERIC ONLY GENERIC ONLY EFFEXOR XR GENERIC ONLY EFFEXOR XR BRINTELLIX BRAND GENERIC ONLY CELEXA CELEXA CELEXAPRO	30 Units	30	2 1 3 2 1 Daily Dose 20 1.5	Max Days	Refills	Pkg Bill	Updated
19 19 10 10 10 10 10	5 04 5 07 6 04 6 04 6 04 6 05 6 05	54445 46405 71512 16 46205 46206 46204 51698 51642	H7C H7C H8T H2S H2S H2S H2S H2S H2S H2S	ANTIDEPRESSANT SNRIS ANTIDEPRESSANT SNRIS ANTIDEPRESSANT SNRIS ANTIDEPRESSANT SNRIS SRI & SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT THERAPEUTIC CLASS SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	26 27 28 29 30 33 0 1 2 3 4 5	Y Y Y Y Y Y Y Y Y	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL TRABLETS VENLAFAXINE HCL ER AND KR 37.5, 150, 225MG TABLETS VENLAFAXINE HCL ER 75MG TABLET and CAPSULE VENLAFAXINE HCL RR 150MG CAPSULE VORTIOXETINE HYDOROBROMIDE TABLETS ANTIDEPRESSANTS, SSRIB CITALOPRAM HYDROBROMIDE 10 MG/5 ML SOLUTION CITALOPRAM HYDROBROMIDE 10 MG TABLET CITALOPRAM HYDROBROMIDE 10 MG TABLET ESCITALOPRAM OXALATE SOLUTIONS ESCITALOPRAM OXALATE SOLUTIONS	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL 25MG TABLET VENLAFAXINE HCL ER 375MG TABLET VENLAFAXINE HCL ER 375MG TABLET VENLAFAXINE HCL ER 75MG TABLET VENLAFAXINE HCL ER 75MG TABLET OKTIOLER HYDROBROMIDE 20MG TABLET ANTIDEPRESSANT3, SSRIS CITALOPRAM HYDROBROMIDE 10 MG/5 ML SOLUT CITALOPRAM HYDROBROMIDE 10 MG TABLET ESCITALOPRAM OXALATE 5MG/5ML SOLUTION ESCITALOPRAM OXALATE 5MG/5ML SOLUTION ESCITALOPRAM OXALATE 5MG TABLET	GENERIC ONLY GENERIC ONLY EFFEXOR XR GENERIC ONLY EFFEXOR XR BRINTELLIX BRAND GENERIC ONLY CELEXA CELEXA LEXAPRO LEXAPRO	30 Units	30	2 1 3 2 1 Daily Dose 20 1.5 1 20 1	Max Days	Refills	Pkg Bill	Updated
19 19 10 10 10 10 10 10	5 04 5 07 6 04 6 04 6 04 6 04 6 04 6 05 6 05 6 04	54445 46405 71512 16 46205 46206 46204 51698 51642 46217	H7C H7C H8T HIC3 H2S H2S H2S H2S H2S H2S H2S H2S	ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS SIN	26 27 28 29 30 33 0 1 2 3 3 4 5 6	Y Y Y Y Y Y Y Y Y Y	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL TRABLETS VENLAFAXINE HCL ER AND KR 37.5, 150, 225MG TABLETS VENLAFAXINE HCL ER 75MG TABLET and CAPSULE VENLAFAXINE HCL XR 150MG CAPSULE VORTIOXETINE HVDROBROMIDE TABLETS ANTIDEPRESANTS, SSRIE CITALOPRAM HYDROBROMIDE 10 MG/5 ML SOLUTION CITALOPRAM HYDROBROMIDE 10 MG TABLET ESCITALOPRAM HYDROBROMIDE 40MG TABLET ESCITALOPRAM MYAROBROMIDE 40MG TABLET ESCITALOPRAM OXALATE SOLUTIONS ESCITALOPRAM OXALATE TABLETS FLUOXETINE HCL 20MG/5ML SOLUTION	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL 25MG TABLET VENLAFAXINE HCL ER 375MG TABLET VENLAFAXINE HCL ER 375MG TABLET VENLAFAXINE HCL ER 75MG TABLET VORTIOXETINE HYDROBROMIDE 20MG TABLET ANTIDEPRESSANTS, SSRIS CITALOPRAM HYDROBROMIDE 10MG/5 ML SOLUT CITALOPRAM HYDROBROMIDE 10MG TABLET CITALOPRAM HYDROBROMIDE 10MG TABLET ESCITALOPRAM OXALATE 5MG/5ML SOLUTION ESCITALOPRAM OXALATE 5MG TABLET FLUOXETINE HCL 20MG/5ML SOLUTION	GENERIC ONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY EFFEXOR XR BRINTELLIX BRAND GENERIC ONLY CELEXA CELEXA CELEXA LEXAPRO LEXAPRO LEXAPRO PROZAC	30 Units	30	2 1 3 2 1 Daily Dose 20 1.5 1 20 1 20	Max Days	Refills	Pkg Bill	Updated
19 19 10 10 10 10 10 10 10 10	5 04 5 07 6 04 6 04 6 04 6 04 6 05 6 05 6 04 6 05 6 04 6 04 6 05 6 04 6 05 6 04	54445 46405 71512 46205 46206 46204 51698 51642 46217 46213	H7C H7C H8T H2S H2S H2S H2S H2S H2S H2S	ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS SISUA & SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT THERAPEUTIC CLASS SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	26 27 28 29 30 33 0 1 2 3 4 5	Y Y Y Y Y Y Y Y Y	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL TRABLETS VENLAFAXINE HCL ER and XR 37.5, 150, 225MG TABLETS VENLAFAXINE HCL ER 75MG TABLET and CAPSULE VENLAFAXINE HCL XR 150MG CAPSULE VORTIOXETINE HYDROBROMIDE TABLETS ANTIDEPRESSANTS, SSRIB CITALOPRAM HYDROBROMIDE 10 and 20MG TABLET CITALOPRAM HYDROBROMIDE 10 and 20MG TABLET CITALOPRAM HYDROBROMIDE 10 and 20MG TABLET ESCITALOPRAM MYDROBROMIDE 10 and 20MG TABLET ESCITALOPRAM MXLATE SAULTIONS ESCITALOPRAM OXALATE SAULTIONS ESCITALOPRAM CALATE TABLETS FLUOXETINE HCL 10MG CAPSULE	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL 25MG TABLET VENLAFAXINE HCL ER 375MG TABLET VENLAFAXINE HCL ER 75MG TABLET VENLAFAXINE HCL RR 75MG TABLET VORTIOXETINE HYDROBROMIDE 20MG TABLET ANTIDERRESSANT3, SSRis CITALOPRAM HYDROBROMIDE 10 MG TABLET CITALOPRAM HYDROBROMIDE 10 MG TABLET CITALOPRAM HYDROBROMIDE 10 MG TABLET CITALOPRAM HYDROBROMIDE 10 MG TABLET ESCITALOPRAM OXALATE SMG TABLET FLUOXETINE HCL 20MG /SML 20UITION FLUOXETINE HCL 20MG /SML 20UITION FLUOXETINE HCL 20MG /SML 20UITION	GENERIC ONLY GENERIC ONLY EFFEXOR XR GENERIC ONLY EFFEXOR XR BRINTELLIX BRAND GENERIC ONLY CELEXA CELEXA CELEXA LEXAPRO LEXAPRO PROZAC PROZAC	30 Units	30	2 1 3 2 1 Daily Dose 20 1.5 1 20 1	Max Days	Refills	Pkg Bill	Updated
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199 16 16 16 16 16 16 16 16 16 16 16 16 16	5 044 6 07 6 04 6 04 6 04 6 04 6 05 6 05 6 05 6 04 6 05	54445 66405 7/1512 7/1512 46205 46206 46207 51642 51642 46213 46214 46215 47571 46216 533767 46222 50137 50138	H7C H7C H7C H8T H8T H2S H2S H2S H2S H2S H2S H2S H2S H2S H2S	ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS SINI & SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT THERAPEUTIC CLASS SELECTUVE SEROTONIN REUPTAKE IMHIBITOR (SSRIS) SELECTIVE SEROTONIN REUPTAKE IMHIBITOR (SSRIS)	26 27 29 30 33 0 1 2 3 4 5 6 6 7 8 9 9 10 11 11 12 13 14 15 16 16 17	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL TRABLETS VENLAFAXINE HCL ER and XR 37.5, 150, 225MG TABLETS VENLAFAXINE HCL ER 75MG TABLET and CAPSULE VENLAFAXINE HCL ER 75MG TABLET and CAPSULE VORTIOXETINE HVDROBROMIDE TABLETS ANTIDEPRESSANTS, SSRIB CITALOPRAM HYDROBROMIDE 10 and 20MG TABLET CITALOPRAM HYDROBROMIDE 10 and 20MG TABLET CITALOPRAM HYDROBROMIDE 10 and 20MG TABLET ESCITALOPRAM HYDROBROMIDE 10 and 20MG TABLET SCITALOPRAM HYDROBROMIDE 10 and 20MG TABLET ESCITALOPRAM HYDROBROMIDE 10 and 20MG TABLET ESCITALOPRAM HYDROBROMIDE 10 ANG TABLETS FLUOXETINE HCL 20MG CAPSULE FLUOXETINE HCL 20MG CAPSULE FLUOXETINE HCL 20MG CAPSULE FLUOXETINE HCL 20MG CAPSULE FLUOXETINE HCL 20MG CAPSULE FLUOXAMINE MALEATE 100MG TABLET FLUOXAMINE MALEATE SCILES PAROXETINE HCL 10MG/SML SOLUTION PAROXETINE HCL 10MG/SML SOLUTION	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL 23MG TABLET VENLAFAXINE HCL EX 35MG TABLET VENLAFAXINE HCL ER 75MG TABLET VENLAFAXINE HCL ER 75MG TABLET VENLAFAXINE HCL R7 75MG TABLET ANTIDERRESSANT3, SSRis CITALOPRAM HYDROBROMIDE 10 MG 75 ML SOLUT CITALOPRAM HYDROBROMIDE 10 MG TABLET ESCITALOPRAM HYDROBROMIDE 10 MG TABLET ESCITALOPRAM OXALATE SMG TABLET FLUOXETINE HCL 20MG /ABLET FLUOXETINE HCL 10MG CAPSULE FLUOXETINE HCL 10MG TABLET FLUOXETINE HCL 10MG TABLET FLUOXETINE HCL 10MG TABLET FLUOXETINE HCL 10MG TABLET FLUOXEXTINE HCL 10MG TABLET FLUOXEXTINE HCL 10MG TABLET FLUOXEXTINE HCL 10MG TABLET FLUOXEXTINE HCL 10MG TABLET PAROXETINE ER 12.5 MG TABLET PAROXETINE ER 2.5 MG TABLET PAROXETINE ER 2.5 MG TABLET PAROXETINE ER 2.5 MG TABLET	GENERIC ONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY EFFEXOR XR GENERIC ONLY CEFEXOR XR BRAND GENERIC ONLY CELEXA CELEXA CELEXA CELEXA CELEXA LEXAPRO LEXAPRO LEXAPRO PROZAC PROZA		30 Until Refill	2 1 3 1 2 1 20 1.5 1 20 1 20 1 20 1 20 1 20 1 20 1 20 1 20 1.5 1 2 2 2 2 2 2 2 2 2 2 2 2 2	Max Days		Pkg Bill	1/1/2022
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	5 044 6 07 6 046 6 046 6 046 6 046 6 055 6 055 6 056 6 046 6 046 6 046 6 046 6 046 6 046 6 046 6 046 6 046 6 046 6 046 6 046 6 046 6 046 6 046 6 056 6 055 6 055	54445 46405 71512 16 46205 346206 51698 51642 46213 46214 46215 46216 46217 46218 50137 50136 53387 53389 46230	H7C H7C H7C H8T H2S H2S H2S H2S H2S H2S H2S H2S H2S H2S	ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS ANTIDEPRESSANT SINIS SINI & SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT THERAPEUTIC CLASS SELECTUVE SEROTONIN REUPTAKE IMHIBITOR (SSRIS) SELECTIVE SEROTONIN REUPTAKE IMHIBITOR (SSRIS)	26 27 29 30 33 0 1 2 3 3 0 1 2 3 3 0 1 2 3 3 0 1 2 3 3 0 7 5 5 6 6 7 7 7 8 9 9 10 11 11 12 12 3 3 4 4 5 5 5 6 6 7 7 12 9 30 30 30 30 30 30 30 30 30 30 30 30 30	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL TRAILETS VENLAFAXINE HCL ER and XR 37.5, 150, 225MG TABLETS VENLAFAXINE HCL ER 75MG TABLET and CAPSULE VENLAFAXINE HCL ER 150MG CAPSULE VORTIOXETINE HYDROBROMIDE TABLETS ANTIDEPRESSANTS, SSRIB CITALOPRAM HYDROBROMIDE 10 MG/5 ML SOLUTION CITALOPRAM HYDROBROMIDE 10 MG/5 ML SOLUTION CITALOPRAM HYDROBROMIDE 10 MG/5 ML SOLUTION CITALOPRAM HYDROBROMIDE 10 MG/5 ML SOLUTION SCITALOPRAM HYDROBROMIDE 10 MG/5 ML SOLUTION SCITALOPRAM CALATE SOLUTIONS ESCITALOPRAM OXALATE TABLETS FLUOXETINE HCL 10MG CAPSULE FLUOXETINE HCL 90MG CAPSULE FLUOXETINE HCL 10MG CAPSULE FLUOXETINE MALEATE ER CAPSULE PAROKETINE MALEATE ER CAPSULE PAROKETINE HCL 12MG/5ML SOLUTION PAROXETINE HCL 12MG TABLET PAROXETINE HCL 12MG TABLET PAROXETINE HCL 12MG TABLET PAROXETINE HCL 12MG TABLET PAROXETINE HCL 10,20 and 40MG TABLET PAROXETINE HCL 5MG TABLET	TRAZODONE HCL 300MG TABLET VENLAFAXINE HCL 23MG TABLET VENLAFAXINE HCL ER 375MG TABLET VENLAFAXINE HCL ER 75MG TABLET VENLAFAXINE HCL ER 75MG TABLET VENLAFAXINE HCL ER 75MG TABLET ANTIDEPRESSANTS, SSRIs CITALOPRAM HYDROBROMIDE 10 MG/5 ML SOLUT CITALOPRAM HYDROBROMIDE 10 MG TABLET ESCITALOPRAM OXALATE SMG/SML SOLUTION ESCITALOPRAM OXALATE SMG/SML SOLUTION ESCITALOPRAM OXALATE SMG/SML SOLUTION ESCITALOPRAM OXALATE SMG/SML SOLUTION FLUOXETINE HCL 10MG CAPSULE FLUOXETINE HCL 10MG CAPSULE FLUOXETINE HCL 10MG GAPSULE FLUOXETINE HCL 10MG GAPSULE FLUOXETINE HCL 10MG TABLET FLUOXAMINE MALEATE 100MG TABLET FLUOXAMINE MALEATE 100MG TABLET FLUOXAMINE MALEATE 100MG TABLET PAROXETINE HCL 10MG TABLET PAROXETINE ER 12.S MG TABLET PAROXETINE ER 12.S MG TABLET PAROXETINE ER 25 MG TABLET PAROXETINE ER 25 MG TABLET PAROXETINE ER 25 MG TABLET PAROXETINE MESYLATE 10MG TABLET	GENERIC ONLY GENERIC ONLY GENERIC ONLY EFFEXOR XR GENERIC ONLY EFFEXOR XR BRINTELLIX BRAND GENERIC ONLY CELEXA CELEXA CELEXA CELEXA LEXAPRO LEXAPRO LEXAPRO LEXAPRO PROZAC		30 Until Refill	2 1 3 1 2 20 1.5 1 20 1.5 1 20 1 20 1 20 1 20 1 20 1 20 1 20 1.5 1 20 1.5 1 20 1.5 1 20 1.5 1 20 20 1.5 1 20 20 1.5 1 20 20 1.5 1 20 20 1.5 1 20 20 1.5 1 20 20 1.5 1 20 20 1.5 1 20 20 1.5 1 20 20 1.5 1 20 20 1.5 1 20 1 1 20 1 20 20 1 20 1 20 1 20 1 20 1 20 1 20 1 20 1 20 1 2 2 2 2 2 2 2 2 2 2 2 2 2	Max Days	Refils	Y Y	1/1/2022

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16 046229	H2S	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	22	Y	SERTRALINE HCL 100MG TABLET		ZOLOFT			2			⊢	
17 17	HIC3	THERAPEUTIC CLASS	0	Y	ANTIEMETICS	ANTIEMETICS	BRAND		Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
17 061115	H6J	ANTIEMETIC/ANTIVERTIGO AGENTS	1	Y	APREPITANT CAPSULES	APREPITANT 40MG CAPSULE	EMEND	3	30					
17 051913	H6J	ANTIEMETIC/ANTIVERTIGO AGENTS	2	Y	APREPITANT TRIFOLD PACK - 3 CAPSULES PER PACK	APREPITANT TRIFOLD PACK - 3 CAPSULES PER PACK		3	30				<u> </u>	
17 034749	H6J	ANTIEMETIC/ANTIVERTIGO AGENTS ANTIEMETIC/ANTIVERTIGO AGENTS	3	Y	DOLASETRON MESYLATE TABLETS	DOLASETRON MESYLATE 50MG TABLET	ANZEMET	5	30				,	
17 004694	H6J		4	Y	DRONABINOL CAPSULES	DRONABINOL 2.5MG CAPSULE	MARINOL			2			·	
17 064442	H6J	ANTIEMETIC/ANTIVERTIGO AGENTS	5	Y	GRANISETRON 3.1MG/24HR PATCH	GRANISETRON 3.1MG/24HR PATCH	SANCUSO	1	30					
17 021592	H6J	ANTIEMETIC/ANTIVERTIGO AGENTS	6	Y	GRANISETRON HCL 1MG TABLET	GRANISETRON HCL 1MG TABLET	GENERIC ONLY	10	30				,	
17 004696	H6J	ANTIEMETIC/ANTIVERTIGO AGENTS	7	Y	NABILONE 1MG CAPSULE	NABILONE 1MG CAPSULE	CESAMET			2				
17 066501	H6J	ANTIEMETIC/ANTIVERTIGO AGENTS	8	Y	ONDANSETRON 4 and 8MG SOLUBLE FILM		ZUPLENZ	10	30				→	
17 043230	H6J	ANTIEMETIC/ANTIVERTIGO AGENTS	9	Y	ONDANSETRON HCL 24 MG TABLET	ONDANSETRON HCL 24 MG TABLET	GENERIC ONLY			1				
18 18	HIC3	THERAPEUTIC CLASS	0	Y	ANTIFUNGALS (Oral)	ANTIFUNGALS (Oral)	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
18 013725	W3B	ANTIFUNGAL AGENTS	1	Y	FLUCONAZOLE TABLETS	FLUCONAZOLE 50MG TABLET	DIFLUCAN	2	30				$ \rightarrow $	
18 009517	W3A	ANTIFUNGAL ANTIBIOTICS	2	Y	GRISEOFULVIN, MICROSIZE 125MG/5ML SUSPENSION	GRISEOFULVIN, MICROSIZE 125MG/5ML SUSPENSI	GENERIC ONLY			40				
18 009519	W3A	ANTIFUNGAL ANTIBIOTICS	3	Y	GRISEOFULVIN, MICROSIZE 500MG TABLET		GRIFULVIN V			2				
18 082353	W3A	ANTIFUNGAL ANTIBIOTICS	3.5	Y	IBREXAFUNGERP CITRATE 150 MG TABLET		BREXAFEMME	2		2				1/1/2022
18 016949	W3B	ANTIFUNGAL AGENTS	4	Y	ITRACONAZOLE 100MG CAPSULE	ITRACONAZOLE 100MG CAPSULE	SPORANOX			2				
18 070295	W3B	ANTIFUNGAL AGENTS	5	Y	ITRACONAZOLE 200MG TABLET	ITRACONAZOLE 200MG TABLET	ONMEL			1				
18 079357	W3B	ANTIFUNGAL AGENTS	6	Y	ITRACONAZOLE 65MG CAPSULE	ITRACONAZOLE 65MG CAPSULE	TOLSURA			6				
18 063921	W3B	ANTIFUNGAL AGENTS	7	Y	MICONAZOLE 50MG BUCCAL TABLET	MICONAZOLE 50MG BUCCAL TABLET	ORAVIG	14	30					
18 009537	W3A	ANTIFUNGAL ANTIBIOTICS	8	Y	NYSTATIN 100K UNITS/ML SUSPENSION	NYSTATIN 100K UNITS/ML SUSPENSION	NILSTAT	240	30					
18 009538	W3A	ANTIFUNGAL ANTIBIOTICS	9	Y	NYSTATIN 500K UNITS TABLET	NYSTATIN 500K UNITS TABLET	MYCOSTATIN			4				
18 007284	W3A	ANTIFUNGAL ANTIBIOTICS	9.5	Y	NYSTATIN 100,000 UNIT/GM POWDER	NYSTATIN 100,000 UNIT/GM POWDER	NYSTOP	60	30					1/1/2022
18 060365	W3B	ANTIFUNGAL AGENTS	10	Y	POSACONAZOLE 40MG/ML SUSPENSION 105ML BOTTLE			105	30					
18 018638	W3B	ANTIFUNGAL AGENTS	11	Y	TERBINAFINE HCL 250MG TABLET	TERBINAFINE HCL 250MG TABLET	LAMISIL			1			t	
19 19	HIC3	THERAPEUTIC CLASS	0	Y	ANTIFUNGALS (Topical)	ANTIFUNGALS (Topical)	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
19 037020	Q5F	TOPICAL ANTIFUNGALS	1	Y	CICLOPIROX 8% SOLUTION 6.6ML	CICLOPIROX 8% SOLUTION 6.6ML	CICLODAN / PENLAC	6.6	30		,5	1	Y	
19 067434	Q5F	TOPICAL ANTIFUNGALS	2	Y	CICLOPIROX/URE/CAMPH/MENTH/EUC 8% KIT 34.6ML		CICLODAN	34.6	30	1		1	Y	
19 081898	Q5M	TOPICAL ANTIFUNGAL/ANTI-INFLAMMATORY,STEROID AGENT	3	Y	CICLOPIROX/TRIAMCINOLONE ACET KIT	CICLOPIROX/TRIAMCINOLONE ACET KIT	TRILOCICLO	1					<u> </u>	
19 081949	Q5M Q5M	TOPICAL ANTIFUNGAL/ANTI-INFLAMMATORY,STEROID AGENT	5	Y	ECONAZOLE/TRIAMCINOLONE 1%-0.1% COMBO PACK	ECONAZOLE/TRIAMCINOLONE 1%-0.1% COMBO PA		165					t	
19 080296	05F	TOPICAL ANTIFUNGALS	6	Y	KETOCONAZOLE/MICONAZOLE PAK	KETOCONAZOLE/MICONAZOLE PAK	PEDIZOL	105					+	
19 007334	Q5F	TOPICAL ANTIFUNGALS	7	Y	KETOCONAZOLE 2% CREAM	KETOCONAZOLE 2% CREAM	GENERIC ONLY	60						
20 20	HIC3	THERAPEUTIC CLASS	0	Y	ANTIHISTAMINES, MINIMALLY SEDATING	ANTIHISTAMINES, MINIMALLY SEDATING	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
20 20 20 20 20 20 20 20 20 20 20 20 20 2		ANTIHISTAMINES - 2ND GENERATION	1	Y			ZYTREC	Units	Until Kenn	Dally Dose	IVIAX Days	Rennis	PKg Dill	Opdated
20 053980 20 065685	Z2Q Z2Q	ANTIHISTAMINES - 2ND GENERATION	2	Y	CETIRIZINE HCL CHEWABLE TABLETS, LIQUID GELS OF TAB CETIRIZINE HCL 5MG/5ML SOLUTION	CETIRIZINE HCL 5 MG CHEW TAB	GENERIC ONLY	150	30	1			+	
20 065685 20 048415	Z2Q Z2Q	ANTIHISTAMINES - 2ND GENERATION	3	T V	CETIRIZINE HCL/PSEUDOEPHEDRINE 5-120MG TABLET		ZYRTEC-D / CETIRI-D	150	50	2			+	
		ANTIHISTAMINES - 2ND GENERATION	~	Y Y									ł	
20 058445	Z2Q	ANTIHISTAMINES - 2ND GENERATION ANTIHISTAMINES - 1ST GENERATION	4	Y	DESLORATADINE 2.5MG/5ML SYRUP	DESLORATADINE 2.5MG/5ML SYRUP	CLARINEX			10			+	
20 079794	Z2P	ANTIHISTAMINES - IST GENERATION ANTIHISTAMINES - 2ND GENERATION	4	Y	DEXCHLORPHENIRAMINE 2 MG/5 ML	DEXCHLORPHENIRAMINE 2 MG/5 ML	RYCLORA	590	30	20				
20 059683	Z2Q		5	Y	DESLORATADINE ODT or TABLETS	DESLORATADINE 2.5MG ODT	CLARINEX			1				
20 060403	Z2Q	ANTIHISTAMINES - 2ND GENERATION	6	Y	DESLORATADINE/PSEUDOEPHEDRINE 12HR TABLET	DESLORATADINE/PSEUDOEPHEDRINE 12HR TABLET				2				
20 031689	Z2Q	ANTIHISTAMINES - 2ND GENERATION ANTIHISTAMINES - 2ND GENERATION	7	Y	FEXOFENADINE HCL 60MG TABLET	FEXOFENADINE HCL 60MG TABLET	ALLEGRA			2				
20 058869	Z2Q		8	Y	FEXOFENADINE/PSEUDOPHEDRINE180-240 TABLET	FEXOFENADINE/PSEUDOPHEDRINE180-240 TABLET				1			⊢	
20 033716	Z2Q	ANTIHISTAMINES - 2ND GENERATION	9	Y	FEXOFENADINE HCL 180MG TABLET	FEXOFENADINE HCL 180MG TABLET	ALLEGRA			1			$ \longrightarrow $	
20 062168	Z2Q	ANTIHISTAMINES - 2ND GENERATION	10	Y	LEVOCETIRIZINE DIHYDROCHLORIDE 2.5MG/5ML SOLUTI	LEVOCETIRIZINE DIHYDROCHLORIDE 2.5MG/5ML S	XYZAL	150	30				$ \longrightarrow $	
20 048920	Z2Q	ANTIHISTAMINES - 2ND GENERATION	11	Y	LEVOCETIRIZINE DIHYDROCHLORIDE 5MG TABLET		XYZAL			1				
20 018698	Z2Q	ANTIHISTAMINES - 2ND GENERATION	12	Y	LORATADINE 10MG TABLETS	LORATADINE 10MG TABLET	ALAVERT / CLARITIN / TAVIST NE)		1				
20 017181	Z2Q	ANTIHISTAMINES - 2ND GENERATION	13	Y	LORATADINE/PSEUDOEPHEDRINE 12HR TABLET		ALAVERT / CLARITIN-D			2				
20 027622	Z2Q	ANTIHISTAMINES - 2ND GENERATION		ΙY	LODATADINE (DEFLIDOEDUEDDINE 24UD TADIET					1				
20 079594			14		LORATADINE/PSEUDOEPHEDRINE 24HR TABLET	LORATADINE/PSEUDOEPHEDRINE 24HR TABLET	CLARITIN-D			1				
20 048496	B4E	NON-OPIOID ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB	14	Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION	GENERIC ONLY	480		T	30		'	
	B3Q	OPIOID ANTITUSSIV-1ST GEN. ANTIHISTAMINE-DECONGESTANT COMBO	15 16		PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE	GENERIC ONLY GENERIC ONLY	240	30	1	30			
20 048489	B3Q B4D	OPIOID ANTITUSSIV-1ST GEN. ANTIHISTAMINE-DECONGESTANT COMBO OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	15 16 17	Y Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE-CODEINE SYRUP	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE-CODEINE SYRUP	GENERIC ONLY GENERIC ONLY PHENERGAN	240 240	30 30	1	30			
20 005089	B3Q B4D Z2Q	OPIOID ANTITUSSIV-IST GEN. ANTIHISTAMINE-DECONGESTANT COMBO OPIOID ANTITUSSIVE-IST GENERATION ANTIHISTAMINE ANTIHISTAMINES - 2ND GENERATION	15 16 17 18	Y Y Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE-CODEINE SYRUP PSEUDCEPHEDRINE HCL 30MG TABLET	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE-CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET	GENERIC ONLY GENERIC ONLY PHENERGAN SUDAFED	240			30			
20 005089 21 21	B3Q B4D	OPIOID ANTITUSSIV-1ST GEN. ANTIHISTAMINE-DECONGESTANT COMBO OPIOID ANTITUSSIV-1ST GENERATION ANTHISTAMINE ANTIHISTAMINES - 2ND GENERATION THERAPEUTIC CLASS	15 16 17	Y Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE-CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTIHYPERTENSIVES, SYMPATHOLYTICS	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DENYLEPH/CODEINE PROMETHAZINE-CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTIHYPERTENSIVES, SYMPATHOLYTICS	GENERIC ONLY GENERIC ONLY PHENERGAN SUDAFED BRAND	240 240	30	Daily Dose	30 Max Days	Refills	Pkg Bill	Updated
20 005089	B3Q B4D Z2Q	OPIOID ANTITUSSIV-1ST GEN. ANTIHISTAMINE-DECONGESTANT COMBO OPIOID ANTITUSSIV-1ST GENERATION ANTIHISTAMINE ANTIHISTAMINES - 2ND GENERATION THERAPEUTIC CLASS ANTIHYPERTENSIVES, SYMPATHOLYTIC	15 16 17 18	Y Y Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE-CODEINE SYRUP PSEUDCEPHEDRINE HCL 30MG TABLET	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE-CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET	GENERIC ONLY GENERIC ONLY PHENERGAN SUDAFED	240 240 12	30 30			Refills	Pkg Bill	Updated
20 005089 21 21 21 000343 21 000346	B3Q B4D Z2Q HIC3 A4B A4B	OPIOD ANTITUSSIV-IST GEN. ANTIHISTAMINE-DECONGESTANT COMBO OPIOD ANTITUSSIV-IST GENERATION ANTIHISTAMINE ANTIHISTAMINE - NO GENERATION THERAPEUTIC CLASS ANTIHYSPERTENSIVES, SYMPATHOLYTIC ANTIHYSPERTENSIVES, SYMPATHOLYTIC	15 16 17 18 0	Y Y Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DEINVLEPH/CODEINE PROMETHAZINE-CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTIHYPERTENSIVES, SYMPATHOLYTICS CLONIDINE PATCHES CLONIDINE PATCHES CLONIDINE HCL 0.1 and 0.2 MG TABLET	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE/CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTHYPERTENSIVES, SYMPATHOLYTICS CLONIDINE 0.1MG PATCH / 1 PATCH CLONIDINE HCL 0.1 MG TABLET	GENERIC ONLY GENERIC ONLY PHENERGAN SUDAFED BRAND CATAPRES-TTS 1 CATAPRES	240 240 12 Units	30 30 Until Refill			Refills	Pkg Bill	Updated
20 005089 21 21 21 000343 21 000346 21 000348	B3Q B4D Z2Q HIC3 A4B A4B A4B	OPIOID ANTITUSSIV-1ST GEN. ANTIHISTAMINE-DECONGESTANT COMBO OPIOID ANTITUSSIV-1ST GENERATION ANTHISTAMINE ANTIHISTAMINES - 2ND GENERATION THERAPEUTIC CLASS ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC	15 16 17 18 0 1 2 3	Y Y Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE-CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTIHYPERTENSIVES, SYMPATHOLYTICS CLONIDINE PATCHES CLONIDINE HCL 0.1 and 0.2 MG TABLET CLONIDINE HCL 0.3 MG TABLET	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE-CODEINE SYRUP PSEUDOEPHEORINE HCL 30MG TABLET ANTHYPERTENSIVES, SYMPATHOLYTICS CLONIDINE 0.1MG PATCH / 1 PATCH CLONIDINE HCL 0.1 MG TABLET CLONIDINE HCL 0.3 MG TABLET	GENERIC ONLY GENERIC ONLY PHENERGAN SUDAFED BRAND CATAPRES-TTS 1 CATAPRES CATAPRES CATAPRES	240 240 12 Units	30 30 Until Refill	Daily Dose		Refills	Pkg Bill	Updated
20 005089 21 21 21 000343 21 000346 21 000348 22 22	B3Q B4D Z2Q HIC3 A4B A4B	OPIOID ANTITUSSIV-1ST GEN. ANTIHISTAMINE-DECONGESTANT COMBO OPIOID ANTITUSSIV-1ST GENERATION ANTIHISTAMINE ANTIHISTAMINES - 2ND GENERATION THERAPEUTIC CLASS ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC THERAPEUTIC CLASS	15 16 17 18 0 1 2	Y Y Y Y Y Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DEINVLEPH/CODEINE PROMETHAZINE-CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTIHYPERTENSIVES, SYMPATHOLYTICS CLONIDINE PATCHES CLONIDINE PATCHES CLONIDINE HCL 0.1 and 0.2 MG TABLET	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE/CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTHYPERTENSIVES, SYMPATHOLYTICS CLONIDINE 0.1MG PATCH / 1 PATCH CLONIDINE HCL 0.1 MG TABLET	GENERIC ONLY GENERIC ONLY PHENERGAN SUDAFED BRAND CATAPRES-TTS 1 CATAPRES	240 240 12 Units	30 30 Until Refill	Daily Dose				Updated Updated
20 005089 21 21 21 000343 21 000346 21 000348	B3Q B4D Z2Q HIC3 A4B A4B A4B	OPIOID ANTITUSSIV-1ST GEN. ANTIHISTAMINE-DECONGESTANT COMBO OPIOID ANTITUSSIV-1ST GENERATION ANTIHISTAMINE ANTIHISTAMINE - NIG GENERATION THERAPEUTIC CLASS ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC THERAPEUTIC CLASS ANTIHYPERTENSIVES, SYMPATHOLYTIC	15 16 17 18 0 1 2 3	Y Y Y Y Y Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE-CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTIHYPERTENSIVES, SYMPATHOLYTICS CLONIDINE PATCHES CLONIDINE HCL 0.1 and 0.2 MG TABLET CLONIDINE HCL 0.3 MG TABLET	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE-CODEINE SYRUP PSEUDOEPHEORINE HCL 30MG TABLET ANTHYPERTENSIVES, SYMPATHOLYTICS CLONIDINE 0.1MG PATCH / 1 PATCH CLONIDINE HCL 0.1 MG TABLET CLONIDINE HCL 0.3 MG TABLET	GENERIC ONLY GENERIC ONLY PHENERGAN SUDAFED BRAND CATAPRES-TTS 1 CATAPRES CATAPRES CATAPRES	240 240 12 Units 4	30 30 Until Refill 30	Daily Dose	Max Days			
20 005089 21 21 21 000343 21 000346 21 000348 22 22	B3Q B4D Z2Q HIC3 A4B A4B A4B A4B HIC3	OPIOID ANTITUSSIV-1ST GEN. ANTIHISTAMINE-DECONGESTANT COMBO OPIOID ANTITUSSIV-1ST GENERATION ANTIHISTAMINE ANTIHISTAMINES - 2ND GENERATION THERAPEUTIC CLASS ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC THERAPEUTIC CLASS ANTIHYPERURICEMICS ANTIHYPERURICEMICS ANTIHYPERURICEMICS	15 16 17 18 0 1 1 2 3 0	Y Y Y Y Y Y Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE-CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTIHYPERTENSIVES, SYMPATHOLYTICS CLONIDINE PATCHES CLONIDINE PATCHES CLONIDINE HCL 0.1 and 0.2 MG TABLET CLONIDINE HCL 0.3 MG TABLET ANTIHYPERURICEMICS	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENVLPH/CODEINE PROMETHAZINE/CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTHYPERTENSIVES, SYMPATHOLYTICS CLONIDINE O.1MG PATCH / 1 PATCH CLONIDINE HCL 0.3 MG TABLET ANTHYPERURICEMICS	GENERIC ONLY GENERIC ONLY PHENERGAN SUDAFED BRAND CATAPRES-TTS 1 CATAPRES CATAPRES BRAND	240 240 12 Units 4 Units	30 30 Until Refill 30 Until Refill	Daily Dose	Max Days			
20 005089 21 21 21 000343 21 000346 21 000348 22 22 22 008334	B3Q B4D Z2Q HIC3 A4B A4B A4B A4B S2A	OPIOID ANTITUSSIV-1ST GEN. ANTIHISTAMINE-DECONGESTANT COMBO OPIOID ANTITUSSIV-1ST GENERATION ANTIHISTAMINE ANTIHISTAMINE - NIG GENERATION THERAPEUTIC CLASS ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC THERAPEUTIC CLASS ANTIHYPERTENSIVES, SYMPATHOLYTIC	15 16 17 18 0 1 1 2 3 0	Y Y Y Y Y Y Y Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DENVLEPH/CODEINE PROMETHAZINE/DENES SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTIHYPERTENSIVES, SYMPATHOUTICS CLONIDINE HCL 0.1 and 0.2 MG TABLET CLONIDINE HCL 0.3 MG TABLET ANTIHYPERVRICEMICS COLCHICINE 0.6MG TABLET	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE/CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTHYPERTENSIVES, SYMPATHOLYTICS (LONIDINE OLIMG PATCH / 1 PATCH CLONIDINE HCL 0.1 MG TABLET CLONIDINE HCL 0.1 MG TABLET ANTHYPERURICEMICS OLICHICINE 0.6 MG CAPSULE	GENERIC ONLY GENERIC ONLY PHENERGAN SUDAFED BRAND CATAPRES-TTS 1 CATAPRES CATAPRES BRAND COLCRYS	240 240 12 Units 4 Units 20	30 30 Until Refill 30 Until Refill 90	Daily Dose	Max Days			
20 005089 21 21 21 000343 21 000346 21 000348 22 22 22 008334 22 079477	B3Q B4D Z2Q HIC3 A4B A4B A4B A4B S2A S2A	OPIOID ANTITUSSIV-1ST GEN. ANTIHISTAMINE-DECONGESTANT COMBO OPIOID ANTITUSSIV-1ST GENERATION ANTHISTAMINE ANTIHISTAMINES - 2ND GENERATION THERAPEUTIC CLASS ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC THERAPEUTIC CLASS ANTIHYPERURICEMICS ANTIHYPERURICEMICS ANTIHYPERURICEMICS	15 16 17 18 0 1 2 3 0 1 2 2	Y Y Y Y Y Y Y Y Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE-CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTIHYPERTISIVES, SYMPATHOLYTICS CLONIDINE HCL 0.1 and 0.2 MG TABLET CLONIDINE HCL 0.3 MG TABLET CLONIDINE HCL 0.3 MG TABLET COLOHICINE 0.6 MG TABLET COLCHICINE 0.6 MG TABLET COLCHICINE 0.6 MG JSUET	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE-CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTHYPERTENSUS, SYMPATHONITICS CLONIDINE 0.1MG PATCH / 1 PATCH CLONIDINE HCL 0.3 MG TABLET ANTHYPERURGENICS COLCHICINE 0.6 MG CAPSULE COLCHICINE 0.6 MG/S ML SOLUTION	GENERIC ONLY GENERIC ONLY PHENERGAN SUDAFED BRAND CATAPRES-TTS 1 CATAPRES CATAPRES BRAND COLCRYS GLOPERBA	240 240 12 Units 4 Units 20	30 30 Until Refill 30 Until Refill 90	Daily Dose	Max Days	Refills	Pkg Bill	
20 005089 21 21 21 000343 21 000346 21 000348 22 22 22 008334 22 079477 22 064829	B3Q B4D Z2Q HIC3 A4B A4B A4B A4B S2A S2A C7A	OPIOID ANTITUSSIV-1ST GEN. ANTIHISTAMINE-DECONGESTANT COMBO OPIOID ANTITUSSIV-1ST GENERATION ANTHISTAMINE ANTIHISTAMINES - 2ND GENERATION THERAPEUTIC CLASS ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERUSES, SYMPATHOLYTIC ANTIHYPERURICEMICS ANTIHYPERURICEMICS HYPERURICEMICS HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS	15 16 17 18 0 1 2 3 0 1 2 3 0 1 2 3	Y Y Y Y Y Y Y Y Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE/DENIE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTIHYPERTENSIVES, SYMPATHOLYTICS CLONIDINE HCL 0.1 and 0.2 MG TABLET CLONIDINE HCL 0.3 MG TABLET CLONIDINE HCL 0.3 MG TABLET ANTIHYPERURICEMICS COLCHICINE 0.6 MG TABLET COLCHICINE 0.6 MG TABLET COLCHICINE 0.6 MG TABLET	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTHYPERTENSIVES, SYMPATHOLVTICS CLONDINE D. 0.1MG PATCH / 1 PATCH CLONDINE HCL 0.3 MG TABLET CLONDINE HCL 0.3 MG TABLET ANTHYPERURICEMICS COLCHICINE 0.6 MG CAPSULE COLCHICINE 0.6 MG/S ML SOLUTION FEBUXQSTAT 40MG TABLET	GENERIC ONLY GENERIC ONLY PHENERGAN SUDAFED BRAND CATAPRES-TTS 1 CATAPRES CATAPRES BRAND COLCRYS GLOPERBA ULORIC	240 240 12 Units 4 Units 20 100	30 30 Until Refill 30 Until Refill 90 90	Daily Dose 10 8 Daily Dose 1	Max Days Max Days	Refills	Pkg Bill	Updated
20 005089 21 21 21 000343 21 000346 21 000348 22 22 200334 22 22 079477 22 064829 23 23	B3Q B4D Z2Q HIC3 A4B A4B HIC3 S2A S2A C7A HIC3	OPIOID ANTITUSSIV-IST GEN. ANTIHISTAMINE-DECONGESTANT COMBO OPIOID ANTITUSSIV-IST GENERATION ANTIHISTAMINE ANTIHISTAMINE - ZND GERERATION THERAPEUTIC CLASS ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC THERAPEUTIC CLASS ANTIHYPERURICEMICS ANTIHYPERURICEMICS HYPERURICEMICS THERAPEUTIC CLASS	15 16 17 18 0 1 2 3 0 1 1 2 3 0 0	Y Y Y Y Y Y Y Y Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE-CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTIHYPERTENSIVES, SYMPATHOLYTICS CLONIDINE PATCHES CLONIDINE PATCHES CLONIDINE HCL 0.3 MG TABLET COLCHICINE 0.6 MG TABLET ANTIMIGRAINE AGENTS, OTHER ALIMOTRIPTAN MALATE TABLETS	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DENTROMETHORPHAN SOLUTION PROMETHAZINE/CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTHYPERTENSIVES, SYMPATHOLYTICS CLONDINE HCL 0.1 MG TABLET CLONDINE HCL 0.3 MG TABLET CLONDINE HCL 0.3 MG TABLET ANTHYPERURICEMICS COLCHICINE 0.6 MG/S ML SOLUTION FEBUXOSTAT 40MG TABLET ANTIMIGRAINE AGENS, OTHER ALMOTRIPTAN MALATE 6.2SMG TABLET	GENERIC ONLY GENERIC ONLY PHENERGAN SUDAFED BRAND CATAPRES-TTS 1 CATAPRES BRAND COLCRYS GLOPERBA ULORIC BRAND COLDRYS GLOPERBA	240 240 12 Units 4 Units 20 100 Units	30 30 Until Refill 30 Until Refill 90 90 Until Refill	Daily Dose 10 8 Daily Dose 1	Max Days Max Days	Refills	Pkg Bill	Updated Updated
20 005089 21 21 21 000343 21 000346 21 000348 22 22 22 008334 22 079477 22 064829 23 048155 23 081009	B3Q B4D Z2Q HIC3 A4B A4B HIC3 S2A S2A C7A HIC3 H3F	OPIOID ANTITUSSIV-1ST GEN. ANTIHISTAMINE-DECONGESTANT COMBO OPIOID ANTITUSSIV-1ST GENERATION ANTIHISTAMINE ANTIHISTAMINES - 2ND GENERATION THERAPEUTIC CLASS ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC THERAPEUTIC CLASS ANTIHYPERURICEMICS ANTIHYPERURICEMICS ANTIHYPERURICEMICS ANTIHYPERURICEMICS ANTIHYPERURICEMICS ANTIHYPERURICEMICS ANTIHIGRAINE PREPARATIONS	15 16 17 18 0 1 2 3 0 1 2 3 0 1 2 3 0 0 1	Y Y Y Y Y Y Y Y Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PERNYLEPH/CODEINE PROMETHAZINE/DENIECODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTIHYPERTENSIVES, SYMPATHOUTICS CLONIDINE HCL 0.1 and 0.2 MG TABLET CLONIDINE HCL 0.3 MG TABLET CLONIDINE HCL 0.3 MG TABLET COLCHICINE 0.6 MG TABLET COLCHICINE	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENVLEPH/CODEINE PROMETHAZINE: CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTHYPERTENVLES, SYMPATHOUTICS CLONIDINE HCL 0.1 MG TABLET CLONIDINE HCL 0.3 MG TABLET ANTHYPERURICEMICS COLCHICINE 0.6 MG CAPSULE COLCHICINE 0.6 MG/S ML SOLUTION FEBUXOSTAT 40MG TABLET ANTIMIGRAINE AGENTS, OTHER ALMOTRIPTAN MALATE 6.25MG TABLET CELECOXIB 120 MG/4.8 ML SOLUTION	GENERIC ONLY GENERIC ONLY PHENERGAN SUDAFED BRAND CATAPRES-TTS 1 CATAPRES CATAPRES BRAND COLCRYS GLOPERBA ULORIC BRAND AXERT	240 240 12 Units 4 Units 20 100 Units	30 30 Until Refill 30 Until Refill 90 90 Until Refill	Daily Dose 10 8 Daily Dose 1 Daily Dose	Max Days Max Days	Refills	Pkg Bill	Updated
20 005089 21 21 21 000343 21 000346 21 000346 22 00834 22 02477 22 064829 23 23 23 048155 23 081009 23 068166	B3Q B4D Z2Q HIC3 A4B A4B HIC3 S2A S2A G7A HIC3 H3F H3F	OPIOD ANTITUSSIV-IST GEN. ANTIHISTAMINE-DECONGESTANT COMBO OPIOD ANTITUSSIV-IST GENERATION ANTIHISTAMINE ANTIHISTAMINES - NO GENERATION THERAPEUTIC CLASS ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC THERAPEUTIC CLASS ANTIHYPERUSICES ANTIHYPERUSICES ANTIHYPERUSICES ANTIHYPERUSICES ANTIHYPERUSICES ANTIHYPERUSICES ANTIHYPERUSICEMICS ANTIH	15 16 17 18 0 1 2 3 0 1 1 2 3 0 1 1 1.5	Y Y Y Y Y Y Y Y Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DEKINYLEPH/CODEINE PROMETHAZINE/DEKINYLEPH/CODEINE PSEUDOEPHEDRINE HCL 30MG TABLET ANTIHYPERTENSIVES, SYMPATHOUTICS CLONIDINE HCL 0.1 and 0.2 MG TABLET CLONIDINE HCL 0.3 MG TABLET ANTIHYPERNERCEMICS COLCHICINE 0.6 MG/S ML SOLUTION FEBUXOSTAT 40 and 80MG TABLET ANTIMICAINE AGENTS, OTHER ALMOTRIPTAN MALATE TABLETS CELECOXIB 120 MG/4.8 ML SOLUTION SICOFENAC POTASSIUM SOMG POWDER PACKET	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTIHYPERTENSIVES, SYMPATHOLYTICS CLONIDINE AND AND FATCH 1 PATCH CLONIDINE HCL 0.1 MG TABLET CLONIDINE HCL 0.1 MG TABLET CLONIDINE HCL 0.3 MG TABLET COLCHICINE 0.6 MG CAPSULE COLCHICINE 0.6 MG CAPSULE COLCHICINE 0.6 MG CAPSULE COLCHICINE 0.6 MG TABLET ANTIMISERMINE AGENTS, OTHER ANTIMISERMINE AGENTS, OTHER ALMORTIPTAN MALATE 6.25MG TABLET CELECOXIB 120 MG/4.8 ML SOLUTION DICLOFENAC POTASSIUM SOMG POWDER PACKET	GENERIC ONLY GENERIC ONLY PHENERGAN SUDAFED BRAND CATAPRES-TTS 1 CATAPRES GLOPERBA ULORIC BRAND COLCRYS GLOPERBA ULORIC BRAND AXERT ELYXYB CAMBIA	240 240 12 Units 4 Units 20 100 Units 6	30 30 Until Refill 30 Until Refill 90 90 Until Refill 30 30	Daily Dose 10 8 Daily Dose 1 Daily Dose	Max Days Max Days	Refills	Pkg Bill	Updated Updated
20 005089 21 21 21 000343 21 000346 21 000346 21 000348 22 028324 22 098334 22 098334 23 034255 23 048155 23 081009 23 068166 23 058189	B3Q B4D Z2Q HIC3 A4B A4B A4B S2A S2A C7A HIC3 H3F H3F	OPIOID ANTITUSSIV-IST GEN. ANTIHISTAMINE-DECONGESTANT COMBO OPIOID ANTITUSSIV-IST GENERATION ANTIHISTAMINE ANTIHISTAMINES - ZNG GENERATION THERAPEUTIC CLASS ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC THERAPEUTIC CLASS ANTIHYPERURICEMICS HYPERURICEMICS HYPERURICEMICS ANTIHYPERURICEMICS ANTIHISTANT A XANTHINE OXIDASE INHIBITORS THERAPEUTIC CLASS ANTIMIGRAINE PREPARATIONS ANTIMIGRAINE PREPARATIONS	15 16 17 18 0 1 2 3 0 1 2 3 0 1 1.5 2 3	Y Y Y Y Y Y Y Y Y Y Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENYLEPH/CODEINE PROMETHAZINE-CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTIHYPERTENSIVES, SYMPATHOLYTICS CLONIDINE PATCHES CLONIDINE HCL 0.3 AMG TABLET COLCHICINE 0.6 MG/5 ML SOLUTION FEBUXOSTAT 40 and 80MG TABLET COLCHICINE 0.6 MG/5 ML SOLUTION FEBUXOSTAT 40 and 80MG TABLET ANTIMIGRAINE AGENTS, OTHER ALIMOTRIPTAN MALATE TABLETS CELECOXIB 120 MG/A.8 ML SOLUTION DICLOFERAC POTASSIUM 50MG POWDER PACKET DIHYDROREGOTIAMINE MESYLATE 4MG/ML SPRAY - MIGI	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTHYPERTENSIVES, SYMPATHOLYTICS CLONIDINE HCL 0.1 MG TABLET CLONIDINE HCL 0.3 MG TABLET ANTHYPERURICEMICS COLCHICINE 0.6 MG/S ANSLOLUTION FEBUXOSTAT 40MG TABLET ANTIMIGRAINE AGENS, OTHER ANTIMIGRAINE AGENS, OTHER ANTOMINTAN MALATE 6.2SMG TABLET EELECOXIB 120 MG/A B. ML SOLUTION DICLOFENAC POTASSIUM SOMG POWDER PACKET DIVTOROERGOTAMINE MESYLATE 4MG/ML SPRAY	GENERIC ONLY GENERIC ONLY GENERIC ONLY PHENERGAN SUDAFED BRAND CATAPRES-TTS 1 CATAPRES CATAPRES BRAND COLCRYS GLOPERBA ULORIC BRAND AXERT ELYXYB CAMBIA MIGRANAL	240 240 12 Units 4 Units 20 100 Units 6 9	30 30 Until Refill 30 Until Refill 90 90 Until Refill 30	Daily Dose 10 8 Daily Dose 1 Daily Dose	Max Days Max Days	Refills	Pkg Bill Pkg Bill Y	Updated Updated 1/1/2022
20 005089 21 21 21 000343 21 000346 21 000343 22 00346 22 22 23 02334 23 048155 23 048155 23 058166 23 059189 23 0282566	B3Q B4D Z2Q HIC3 A4B A4B A4B A4B A4B C7A HIC3 S2A C7A H3F H3F H3F H3F H3F H3F H3F	OPIOID ANTITUSSIV-IST GEN. ANTIHISTAMINE-DECONGESTANT COMBO OPIOID ANTITUSSIV-IST GENERATION ANTIHISTAMINE ANTIHISTAMINES - 2ND GENERATION THERAPEUTIC CLASS ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC THERAPEUTIC CLASS ANTIHYPERURICEMICS ANTIHYPERURICEMICS ANTIHYPERURICEMICS ANTIHYPERURICEMICS ANTIHIGRAINE PREPARATIONS ANTIMIGRAINE PREPARATIONS ANTIMIGRAINE PREPARATIONS ANTIMIGRAINE PREPARATIONS	15 16 17 18 0 1 1 2 3 0 1 1 2 3 0 1 1 1.5 2	Y Y Y Y Y Y Y Y Y Y Y Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DEKINYLEPH/CODEINE PROMETHAZINE/DEKINYLEPH/CODEINE PSEUDOEPHEDRINE HCL 30MG TABLET ANTIHYPERTENSIVES, SYMPATHOUTICS CLONIDINE HCL 0.1 and 0.2 MG TABLET CLONIDINE HCL 0.3 MG TABLET ANTIHYPERNERCEMICS COLCHICINE 0.6 MG/S ML SOLUTION FEBUXOSTAT 40 and 80MG TABLET ANTIMICAINE AGENTS, OTHER ALMOTRIPTAN MALATE TABLETS CELECOXIB 120 MG/4.8 ML SOLUTION SICOFENAC POTASSIUM SOMG POWDER PACKET	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/PHENVLEPH/CODEINE PROMETHAZINE/CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTHYPERTEMSIVES, SYMPATHOLYTICS CLONIDINE HCL 0.1 MG TABLET CLONIDINE HCL 0.3 MG TABLET CLONIDINE HCL 0.3 MG TABLET COLCHICINE 0.6 MG CAPSULE COLCHICINE 0.6 MG/S ML SOLUTION FEBUX0STAT 40MG TABLET ANTIMIGRAINE AGENTS, OTHER ALMOTRIPTAN MALATE 6.25MG TABLET CELECOXIB 120 MG/4.8 ML SOLUTION DICLOFENACE POTASSIUM SOMG POWDER PACKET DIHYDROREGOTAMINE MESYLATE MASAL SPRAY	GENERIC ONLY GENERIC ONLY PHENERGAN SUDAFED BRAND CATAPRES-TTS 1 CATAPRES GLOPERBA ULORIC BRAND COLCRYS GLOPERBA ULORIC BRAND AXERT ELYXYB CAMBIA	240 240 12 Units 4 Units 20 100 Units 6 9 8 8 16	30 30 Until Refill 30 Until Refill 90 90 Until Refill 30 30 30 30 30	Daily Dose 10 8 Daily Dose 1 Daily Dose	Max Days Max Days	Refills	Pkg Bill Pkg Bill Y	Updated Updated
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20 005089 21 21 21 000343 21 000346 22 22 21 000348 22 22 23 0834 23 23 23 084155 23 084056 23 086166 23 078424 23 078424 23 078482 23 080875 23 080875 23 080875 23 083876 23 078981 23 078981 23 078981 23 078986 23 078986 23 078987 23 08308	B3Q B4D B4D 22Q HIC3 A4B A4B A4B A4B S2A S2A S2A HIC3 H3F H3F H3F	OPIOID ANTITUSSIV-IST GEN. ANTIHISTAMINE-DECONGESTANT COMBO OPIOID ANTITUSSIV-IST GENERATION ANTIHISTAMINE ANTIHISTAMINES - NIG GENERATION THERAPEUTIC CLASS ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHIGRAINE PREPARATIONS ANTIHIGRAINE PREPARATIONS ANTIHIGRA	15 16 17 18 0 1 2 3 0 1 2 3 0 1 2 3 3 5 6 7 8 9 10 11 12	Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE-CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTIHYPERTRISIVES, SYMPATHOLYTICS CLONIDINE HCL 0.1 and 0.2 MG TABLET CLONIDINE HCL 0.3 MG TABLET CLONIDINE HCL 0.3 MG TABLET COLCHICINE 0.6 MG TABLET CILCOFENAC FOTASSIUM SOMG POWDER PACKET DIHYDROERGOTAMINE MESYLATE 4MG/ML SPRAY - MIGI DIHYDROERGOTAMINE MESYLATE 4MG/ML SPRAY - MIGI DIHYDROERGOTAMINE MESYLATE AMG/ML SPRAY - MIGI DIHYDROERGOTAMINE MESYLATE AMG/ML SPRAY - MIGI ERENUMAB-AODE 70MG/ML AUTOINJECTOR ERENUMAB-AODE 1400MG/ML AUTOINJECTOR FREMANEZUMAB-VFRM 225 MG/1.5 ML SYRINGE FROVATRIPTAN SUCCINATE S.MG TABLET CALCANEZUMAB-GIML 100MG/ML SYRINGE FROVATRIPTAN SUCCINATE S.MG TABLET	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DEVICE SRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTHYPERTROVICS, SYMPATHONITICS CLONIDINE 0.1MG PATCH / 1 PATCH CLONIDINE HCL 0.1 MG TABLET ANTHYPERURGENICS COLCHICINE 0.6 MG CAPSULE COLCHICINE 0.6 MG CAPSULE COLCHICINE 0.6 MG/S ML SOLUTION FEBUXOSTAT 40MG TABLET ANTIMIGRAINE AGENTS, OTHER ALIMOTRIPTAN MALATE 6.25MG TABLET CELECOXIB 120 MG/4.8 ML SOLUTION DICLOFENAC POTASSIUM SOME POWDER PACKET DIHVDROERGOTAMINE MESYLATE MAG/ML SPRAY DIHVDROERGOTAMINE MESYLATE MAG/ML SPRAY DIHVDROERGOTAMINE MESYLATE NASAL SPRAY	GENERIC ONLY GENERIC ONLY GENERIC ONLY PHENERGAN SUDAFED BRAND CATAPRES-TTS 1 CATAPRES CATAPRES CATAPRES BRAND COLCRYS GLOPERBA ULORIC BRAND AXERT ELYXYB CAMBIA MIGRANAL TRUDHESA NASAL SPRAY RELPAX AIMOVIG AIMOVIG AIMOVIG AIOVY FNOVA EMGALITY SYRINGE EMGALITY SYRINGE EMGALITY PEN REYVOW	240 240 12 Units 20 100 100 100 100 100 100 100 100 100	30 30 Until Refiil 30 90 90 Until Refiil 30 30 30 30 30 30 30 30 30 30 30 30 30	Daily Dose 10 8 Daily Dose 1 1 Daily Dose 4.8 1 1 1 1	Max Days Max Days	Refills	Pkg Bill Pkg Bill Y	Updated Updated 1/1/2022
20 005089 21 21 21 00343 21 000343 21 000343 21 000348 22 22 23 048125 23 048155 23 048155 23 048155 23 048155 23 048155 23 048155 23 082656 23 078189 23 080875 23 080875 23 078986 23 078986 23 078986 23 078986 23 078986 23 078986 23 078986 23 078986 23 078986 23 078986 23 078986 23 078986 23 078986 23 078086 23	B3Q B4D B4D 22Q HC3 A4B A4B A4B A4B A4B HC3 S2A C7A HC3 H3F H3F	OPIOD ANTITUSSIV-IST GEN. ANTIHISTAMINE-DECONCESTANT COMBO OPIOD ANTITUSSIV-IST GENERATION ANTIHISTAMINE ANTIHISTAMINE - NID GENERATION ANTIHISTAMINE ANTIHISTAMINE - NID GENERATION ANTIHISTAMINE - NID GENERATION ANTIHISTAMINE - NID GENERATION ANTIHISTAMINE - NID GENERATION ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES ANTIHYPERTENSIVES ANTIHICALINE PREPARATIONS ANTIHIGALINE PREPARATIONS ANTIHIGALI	15 16 17 18 0 1 2 3 0 1 12 3 0 1 1.5 2 3.5 4 5 6 7 8 9 10 11 12 13	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE-CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTIHYPERTENSIVES, SYMPATHOLYTICS CLONIDINE PATCHES CLONIDINE PATCHES CLONIDINE MCL 0.3 MG TABLET ANTIHYPERURICEMICS COLCHICINE 0.6 MG TABLET COLCHICINE 0.6 MG TABLET COLCHICINE 0.6 MG TABLET COLCON 1.6 MG TA	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DEVENDEPHENDEPHENDEPHENDEPHENEHEL 30MG TABLET ANTHYPERTENSIVES, SYMPATHOLYTICS CLONDINE HCL 0.1 MG TABLET CLONDINE HCL 0.1 MG TABLET ANTHYPERURICEMICS COLCHICINE 0.6 MG CAPSULE COLCHICINE 0.6 MG CAPSULE COLCHICINE 0.6 MG/S ML SOLUTION FEBUXOSTAT 40MG TABLET ANTHYPERURICEMICS COLCHICINE 0.6 MG/S ML SOLUTION FEBUXOSTAT 40MG TABLET ANTHYPERURICEMICS COLCHICINE 0.6 MG/S ML SOLUTION FEBUXOSTAT 40MG TABLET CELECOXIB 120 MG/AB ML SOLUTION DICLOFENAC POTASSIUM SOMG POWDER PACKET DIHYDROREGOTAMINE MESYLATE 4MG/ML SPRAY DIHYDROREGOTAMINE MESYLATE 4MG/ML SPRAY DIHYDROREGOTAMINE MESYLATE 4MG/ML SPRAY DIHYDROREGOTAMINE MESYLATE 4MG/ML SYRAY DIHYDROREGOTAMINE MESYLATE 4MG/ML SYRAY DIHYDROREGOTAMINE MESYLATE 4MG/ML SYRAY DIHYDROREGOTAMINE MESYLATE MSALS SPRAY ELETRIPTAN HBR 20MG TABLET ERENUMAB-AOOE 140MG/ML AUTOINJECTOR FREMANEZUMAB-GINEM 225 MG/1.5 ML SYRINGE FREMANEZUMAB-GINEM 120MG/ML SYRINGE GALCANEZUMAB-GINEM 120MG/ML SYRINGE GALCANEZUMAB-GINEM 120MG/ML SYRINGE GALCANEZUMAB-GINEM 120MG/ML SYRINGE GALCANEZUMAB-GINEM 120MG/ML SYRINGE GALCANEZUMAB-GINEM 120MG/ML SYRINGE	GENERIC ONLY GENERIC ONLY GENERIC ONLY PHENERGAN SUDAFED BRAND CATAPRES-TTS 1 CATAPRES CATAPRES BRAND COLCRYS GLOPERBA ULORIC BRAND CAMBIA MIGRANAL TRUDHESA NASAL SPRAY RELPAX AIMOVIG AIMOVIGA AIMOVIGA AIMOVIGA AIMOVIG AIMOVIG AIMOVIGA AI	240 240 12 Units 4 Units 20 100 Units 6 6 9 8 8 16 6 6 2 1 225 1.5 9 3 3 2 2 4 8	30 30 30 Until Refill 90 90 Until Refill 30 30 30 30 30 30 30 30 30 30 30 30 30	Daily Dose 10 8 Daily Dose 1 Daily Dose 4.8	Max Days Max Days	Refills	Pkg Bill Pkg Bill Y	Updated Updated 1/1/2022
20 005089 21 21 21 000343 21 000346 22 22 21 000348 22 22 23 0834 23 23 23 084155 23 084056 23 086166 23 078424 23 078424 23 078482 23 080875 23 080875 23 080875 23 083876 23 078981 23 078981 23 078981 23 078986 23 078986 23 078987 23 08308	B3Q B4D B4D 22Q HIC3 A4B A4B A4B A4B S2A S2A S2A HIC3 H3F H3F H3F	OPIOID ANTITUSSIV-IST GEN. ANTIHISTAMINE-DECONGESTANT COMBO OPIOID ANTITUSSIV-IST GENERATION ANTIHISTAMINE ANTIHISTAMINES - NIG GENERATION THERAPEUTIC CLASS ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHYPERTENSIVES, SYMPATHOLYTIC ANTIHIGRAINE PREPARATIONS ANTIHIGRAINE PREPARATIONS ANTIHIGRA	15 16 17 18 0 1 2 3 0 1 2 3 0 1 2 3 3 5 6 7 8 9 10 11 12	Y Y	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE-CODEINE SYRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTIHYPERTRISIVES, SYMPATHOLYTICS CLONIDINE HCL 0.1 and 0.2 MG TABLET CLONIDINE HCL 0.3 MG TABLET CLONIDINE HCL 0.3 MG TABLET COLCHICINE 0.6 MG TABLET CILCOFENAC FOTASSIUM SOMG POWDER PACKET DIHYDROERGOTAMINE MESYLATE 4MG/ML SPRAY - MIGI DIHYDROERGOTAMINE MESYLATE 4MG/ML SPRAY - MIGI DIHYDROERGOTAMINE MESYLATE AMG/ML SPRAY - MIGI DIHYDROERGOTAMINE MESYLATE AMG/ML SPRAY - MIGI ERENUMAB-AODE 70MG/ML AUTOINJECTOR ERENUMAB-AODE 1400MG/ML AUTOINJECTOR FREMANEZUMAB-VFRM 225 MG/1.5 ML SYRINGE FROVATRIPTAN SUCCINATE S.MG TABLET CALCANEZUMAB-GIML 100MG/ML SYRINGE FROVATRIPTAN SUCCINATE S.MG TABLET	PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DEXTROMETHORPHAN SOLUTION PROMETHAZINE/DEVICE SRUP PSEUDOEPHEDRINE HCL 30MG TABLET ANTHYPERTROVICS, SYMPATHONITICS CLONIDINE 0.1MG PATCH / 1 PATCH CLONIDINE HCL 0.1 MG TABLET ANTHYPERURGENICS COLCHICINE 0.6 MG CAPSULE COLCHICINE 0.6 MG CAPSULE COLCHICINE 0.6 MG/S ML SOLUTION FEBUXOSTAT 40MG TABLET ANTIMIGRAINE AGENTS, OTHER ALIMOTRIPTAN MALATE 6.25MG TABLET CELECOXIB 120 MG/4.8 ML SOLUTION DICLOFENAC POTASSIUM SOME POWDER PACKET DIHVDROERGOTAMINE MESYLATE MAG/ML SPRAY DIHVDROERGOTAMINE MESYLATE MAG/ML SPRAY DIHVDROERGOTAMINE MESYLATE NASAL SPRAY	GENERIC ONLY GENERIC ONLY GENERIC ONLY PHENERGAN SUDAFED BRAND CATAPRES-TTS 1 CATAPRES CATAPRES CATAPRES BRAND COLCRYS GLOPERBA ULORIC BRAND AXERT ELYXYB CAMBIA MIGRANAL TRUDHESA NASAL SPRAY RELPAX AIMOVIG AIMOVIG AIMOVIG AIOVY FNOVA EMGALITY SYRINGE EMGALITY SYRINGE EMGALITY PEN REYVOW	240 240 12 Units 20 100 100 100 100 100 100 100 100 100	30 30 Until Refiil 30 90 90 Until Refiil 30 30 30 30 30 30 30 30 30 30 30 30 30	Daily Dose 10 8 Daily Dose 1 1 Daily Dose 4.8 1 1 1 1	Max Days Max Days	Refills	Pkg Bill Pkg Bill Y	Updat Updat 1/1/20

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	080787	7 H3F	ANTIMIGRAINE PREPARATIONS ANTIMIGRAINE PREPARATIONS	15	Y	RIMEGEPANT SULFATE ODT 75 MG TABLET		NURTEC ODT	8	30	1			\rightarrow	1/1/2022
	040221		ANTIMIGRAINE PREPARATIONS	16	Y	RIZATRIPTAN BENZOATE TABLETS	RIZATRIPTAN BENZOATE 5MG TABLET	MAXALT IMITREX	9	30				\rightarrow	
	030735		ANTIMIGRAINE PREPARATIONS	17	Y Y	SUMATRIPTAN NASAL SPRAYS SUMATRIPTAN SUCC/NAPROXEN SOD 85-500MG TABLET	SUMATRIPTAN 5MG NASAL SPRAY		6	30 30				-+	
23			ANTIMIGRAINE PREPARATIONS	10	Y	SUMATRIPTAN SUCCINATE 25, 50 and 100MG TABLET	SUMATRIPTAN SUCCINAP ROXEN SOD 83-SOUNIG I	IMITREX	9	30				\rightarrow	
23	075510		ANTIMIGRAINE PREPARATIONS	20	Y	SUMATRIPTAN SUCCINATE 11MG TABLET	SUMATRIPTAN SUCCINATE 11MG TABLET	ONZETRA XSAII	16	30					
23			ANTIMIGRAINE PREPARATIONS	21	Y	SUMATRIPTAN SUCCINATE REFILL CARTRIDGES	SUMATRIPTAN SUCCINATE 4MG/0.5ML REFILL CAR	IMITREX	2	30					
23	060499	H3F	ANTIMIGRAINE PREPARATIONS	22	Y	SUMATRIPTAN SUCCINATE INJECTION	SUMATRIPTAN SUCCINATE 4MG/0.5ML PEN INJECT	ALSUMA / IMITREX	2	30				Y	
23			ANTIMIGRAINE PREPARATIONS	23	Y	SUMATRIPTAN SUCCINATE SYRINGES		SUMAVEL DOSEPRO	2	30					
23			ANTIMIGRAINE PREPARATIONS	24	Y	SUMATRIPTAN SUCCINATE 6MG/0.5ML VIAL	SUMATRIPTAN SUCCINATE 6MG/0.5ML VIAL	IMITREX	2.5	30					
23			ANTIMIGRAINE PREPARATIONS	25	Y	UBROGEPANT TABLETS	UBROGEPANT 50 MG TABLET	UBRELVY	16	30	2				
	031027		ANTIMIGRAINE PREPARATIONS ANTIMIGRAINE PREPARATIONS	27	Y	ZOLMITRIPTAN 2.5MG TABLET	ZOLMITRIPTAN 2.5MG TABLET	ZOMIG / ZOMIG ZMT	6	30				\rightarrow	
23			ANTIMIGRAINE PREPARATIONS	28	Y	ZOLMITRIPTAN 5MG TABLET	ZOLMITRIPTAN 5MG TABLET	ZOMIG / ZOMIG ZMT	3	30					
23 25	051639 25	H3F HIC3	THERAPEUTIC CLASS	29	Y Y	ZOLMITRIPTAN 5MG NASAL SPRAY ANTIPARASITICS, TOPICAL	ZOLMITRIPTAN 5MG NASAL SPRAY ANTIPARASITICS, TOPICAL	ZOMIG	6 Units	30 Until Refill	Dully Dury		0.00	Y	Updated
25			TOPICAL ANTIPARASITICS	1	Y	BENZYL ALCOHOL 5% LOTION	BENZYL ALCOHOL 5% LOTION	ULESFIA	681	30	Daily Dose	Max Days	Refills	Pkg Bill	Opdated
25			TOPICAL ANTIPARASITICS	2	Y	CITRIC/CITRONELLYL/HYDROX/METH	CITRIC/CITRONELLYL/HYDROX/METH	LYCELLE HEAD LICE REMOVAL KI	1	50				<u> </u>	
25			TOPICAL ANTIPARASITICS	3	Y	LINDANE 1% LOTION or SHAMPOO	LINDANE 1% SHAMPOO - MI	GENERIC ONLY	60	30				Y	
25		7 Q5R	TOPICAL ANTIPARASITICS	4	Ŷ	MALATHION 0.5% LOTION	MALATHION 0.5% LOTION - ML	OVIDE	59	30				Y	
25		1 Q5R	TOPICAL ANTIPARASITICS	5	Y	PIP BUTOX/PYRETHRINS/PERMETH LICE KITS	PIP BUTOX/PYRETHRINS/PERMETH LICE KIT	CVS LICE SOLUTION KIT	1					Y	
	013631	L Q5R	TOPICAL ANTIPARASITICS	6	Y	PERMETHRIN 5% CREAM 60GRAM JAR		ACTICIN	60	7				Y	
25	068579	Q5R	TOPICAL ANTIPARASITICS	7	Y	IVERMECTIN 0.5% LOTION 117GRAMS	IVERMECTIN 0.5% LOTION 117GRAMS	SKLICE	234	90				Y	
26	26	HIC3	THERAPEUTIC CLASS	0	Y	ANTIPARKINSON'S AGENTS (Oral)	ANTIPARKINSON'S AGENTS (Oral)	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
26	078185		ANTIPARKINSONISM DRUGS,OTHER	1	Y	AMANTADINE TABLETS	AMANTADINE 129 MG TABLET	OSMOLEX ER			1		μĪ		
26	081019	H6A	ANTIPARKINSONISM DRUGS,OTHER	2	Y	AMANTADINE HCL 322 MG DAILY DOSE	AMANTADINE HCL 322 MG DAILY DOSE	OSMOLEX ER			1			\longrightarrow	
26			ANTIPARKINSONISM DRUGS,OTHER ANTIPARKINSONISM DRUGS,OTHER	3	Y	APOMORPHINE HCL SL FILMS		KYNMOBI			5		\vdash	\longrightarrow	
26			ANTIPARKINSONISM DRUGS,OTHER ANTIPARKINSONISM DRUGS,OTHER	3	Y	APOMORPHINE HCL TRITATION KIT	APOMORPHINE HCL TRITATION KIT	KYNMOBI			5		\vdash	\rightarrow	
26			ANTIPARKINSONISM DRUGS,OTHER ANTIPARKINSONISM DRUGS,OTHER	4	Y Y	ISTRADEFYLLINE TABLETS	ISTRADEFYLLINE 20 MG TABLET	NOURIANZ INBRIJA			1 10		$\left \right $	-+	
26	079392 080978		ANTIPARKINSONISM DRUGS,OTHER	6	Y Y	LEVODOPA 42MG INHALATION CAP OPICAPONE CAPSULES	LEVODOPA 42MG INHALATION CAP OPICAPONE 25 MG CAPSULE	INBRIJA ONGENTYS			10			-+	
26		5 Н6А 5 Н6А	ANTIPARKINSONISM DRUGS,OTHER	7	Y Y	RASAGILINE MESYLATE TABLETS	RASAGILINE MESYLATE 0.5MG TABLET	AZILECT			1			-+	
26			ANTIPARKINSONISM DRUGS.OTHER	8	Y	ROPINIROLE HCL 2, 4, 6 and 8MG TABLET	ROPINIROLE HCL 2MG TABLET	REQUIP XI			1			+	
26			ANTIPARKINSONISM DRUGS,OTHER	9	Y	ROPINIROLE HCL 12MG TABLET	ROPINIROLE HCL ER 12MG TABLET	REQUIP XL			2			+	
26	065356	6 H6A	ANTIPARKINSONISM DRUGS,OTHER	10	Y	ROTIGOTINE 24HR PATCHS ALL STRENGTHS	ROTIGOTINE 1MG/24HR PATCH	NEUPRO			1				
26	075078	3 H6A	ANTIPARKINSONISM DRUGS,OTHER	11	Ŷ	SAFINAMIDE MESYLATE TABLETS		XADAGO			1				
26	054736	6 H6A	ANTIPARKINSONISM DRUGS,OTHER	12	Y	SELEGILINE HCL 1.25MG ODT TABLET	SELEGILINE HCL 1.25MG ODT TABLET	ZELAPAR			2				
28	28	HIC3	THERAPEUTIC CLASS	0	Y	ANTIPSYCHOTICS, ATYPICAL		BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
28	060225	5 H7X	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	1	Y	ARIPIPRAZOLE TABLETS, DISCMELT TABLETS	ARIPIPRAZOLE 2MG TABLET	ABILIFY			1				
28	080406	5 H7T	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	2	Y	ASENAPINE 24 HR PATCHES	ASENAPINE 3.8 MG/24 HR PATCH	SECUADO			1				
28	070669) H7X	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	3	Y	ARIPIPRAZOLE ER VIALS	ARIPIPRAZOLE ER 300MG VIAL	ABILIFY MAINTENA	1	30					
28			ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	4	Y	ARIPIPRAZOLE 1MG/ML SOLUTION	ARIPIPRAZOLE 1MG/ML SOLUTION	ABILIFY	150	30				$ \rightarrow $	
28			ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	5	Y	ARIPIPRAZOLE KITS	ARIPIPRAZOLE 10MG KIT	ABILIFY MYCITE			1				
28	078588	3 H7X	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED ANTI PSYCHOTICATYPICAL D3/D2 PARTIAL AG5HT MIXED	6	Y	ARIPIPRAZOLE LAUROXIL, SUBMICR 675 MG/2.4		ARISTADA	2.4					\rightarrow	
28			ANTI PSYCHOTICATYPICAL D3/D2 PARTIAL AG5HT MIXED ANTI PSYCHOTICATYPICAL D3/D2 PARTIAL AG5HT MIXED	7	Y	CARIPRAZINE HCL TABLETS	CARIPRAZINE HCL 1.5MG TABLET	VRAYLAR	30	30	1				
28 28	075566		ANTI PSYCHOTICAT YPICAL D3/D2 PARTIAL AG5HT MIXED ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG	8	Y	CARIPRAZINE HCL 1.5MG - 3MG PACK ILOPERIDONE TABLETS	CARIPRAZINE HCL 1.5MG - 3MG PACK ILOPERIDONE 1MG TABLET	VRAYLAR	7	999			0	Y	
28		L H/I	ANTIFSTCHOTICS, ATTFICAL, DOFAMINE, & SEROTONIN ANTAG												
28		1177	ANTIPSYCHOTICS ATYPICAL DOPAMINE & SEROTONIN ANTAG					FANAPT	0	000	2				
			ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	10	Ŷ	ILOPERIDONE TITRATION PACK	ILOPERIDONE TITRATION PACK	FANAPT	8	999	2			<u> </u>	
28) Н7Т	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG ANTIPSYCHOTICS. ATYPICAL	10 11	Y	ILOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE	ILOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE	FANAPT CAPLYTA	-		2				
	070405) Н7Т	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	10	Ŷ	ILOPERIDONE TITRATION PACK	ILOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LOXAPINE 10MG INHALATION POWDER	FANAPT CAPLYTA ADASUVE	8	999 30	2			Y	1/1/2022
28	070405 082336) H7T 5 H7U	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL	10 11 12	Y Y Y	ILOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LOXAPINE 10MG INHALATION POWDER	ILOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE	FANAPT CAPLYTA ADASUVE	-		2 1 1			Y	1/1/2022 1/1/2022
28 28	070405 082336	H7T H7U H7T	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	10 11 12 13	Y Y Y Y	ILOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LOXAPINE 10MG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE TABLETS	ILOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LOXAPINE 10MG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE 10-10 MG T	FANAPT CAPLYTA ADASUVE LYBALVI	-	30	2			Y	
28 28	070405 082336 082645 082646 074140	H7T H7U H7U H7T H7T H7T H7T H7T H7T H7T	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	10 11 12 13 13.5	Y Y Y Y Y	ILOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LOXAPINE 10MG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE TABLETS PALIPERIDONE PALMITATE 1092 MG/3.5 ML	ILOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LUXAPINE IONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE 10-10 MG T PALIPERIDONE PALMITATE 1092 MG/35 ML PALIPERIDONE PALMITATE 1560 MG/5 ML	FANAPT CAPLYTA ADASUVE LYBALVI INVEGA HAFYERA	-	30 180	2	90		Y	1/1/2022
28 28 28	070405 082336 082645 082646 074140 076025	H7T H7U H7U H7U H7T H7T H7T H7T H7T H7T H7T H7T H8Y	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG SELECITUS ESROTONIN 5-HTZA INVERSE AGONISTS (SSIA)	10 11 12 13 13.5 13.6 14 15	Y Y Y Y Y Y Y Y	ILOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LOXAPINE 10MG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE TABLETS PALIPERIDONE PALMITATE 1092 MG/3.5 ML PALIPERIDONE PALMITATE 1500 MG/5 ML PALIPERIDONE PALMITATE ALL STRENGTHS PIMAVANSERIN TARTRATE 17MG TABLET	ILOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LOXAPINE 10MG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE 10-10 MG T PALIPERIDONE PALMITATE 1590 MG/3.5 ML PALIPERIDONE PALMITATE 1590 MG/0.875ML PALIPERIDONE PALMITATE 273MG/0.875ML PIMAVANSERIN TARTRATE 17MG TABLET	FANAPT CAPLYTA ADASUVE LYBALVI INVEGA HAFYERA INVEGA HAFYERA	-	30 180	2	90		Y	1/1/2022 1/1/2022
28 28 28 28	070405 082336 082645 082646 074140 076025 078604	H7T H7U H7U H7T H8Y	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ELECTIVE SEROTONIN 5-HTZA INVERSE AGONISTS (SSIA) SELECTIVE SEROTONIN 5-HTZA INVERSE AGONISTS (SSIA)	10 11 12 13 13.5 13.6 14 15 16	Y Y Y Y Y Y Y Y Y	LOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LOXAPINE JONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE TABLETS PALIPERIDONE PALMITATE 1092 MG/3.5 ML PALIPERIDONE PALMITATE 1560 MG/5 ML PALIPERIDONE PALMITATE ALL STRENGTHS PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 10MG and 34MG TABLETS	ILOPERIDONE TITRATION PACK ILUMATEFERONE TOSYLATE 42 MG CAPSULE ILOXAPINE IONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE 10-10 MG T PALIPERIDONE PALMITATE 1092 MG/35 ML PALIPERIDONE PALMITATE 1560 MG/5 ML PALIPERIDONE PALMITATE 273MG/0.875ML PIMAVANSERIN TARTRATE 10MG TABLET PIMAVANSERIN TARTRATE 10MG TABLET	FANAPT CAPLYTA ADASUVE UVBAUVI INVEGA HAFYERA INVEGA HAFYERA INVEGA TRINZA NUPLAZID NUPLAZID	1 3.5 5 60 30	30 180 180	1	90		Y	1/1/2022
28 28 28 28 28 28	070405 082336 082645 082646 074140 076025 078604 074076	H7T H7U H7U H7U H7T H7T H7T H7T H7T H7T H7T H7T H7T H8Y H8Y H7T	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG SELECTIVE SEROTONIN 5-HT2A INVERSE AGONISTS (SSIA) SELECTIVE SEROTONIN 5-HT2A INVERSE AGONISTS (SSIA) ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	10 11 12 13 13.5 13.6 14 15 16 17	Y Y Y Y Y Y Y Y Y	LOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LOXAPINE JONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE TABLETS PALIPERIDONE PALMITATE 1092 MG/3.5 ML PALIPERIDONE PALMITATE 1500 MG/5 ML PALIPERIDONE PALMITATE ALL STRENGTHS PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 17MG 3nd 34MG TABLETS QUETLAPINE FUMARATE SAMPLE KIT	ILOPERIDONE TITRATION PACK ILUMATEPERONE TOSYLATE 42 MG CAPSULE IDXAPINE IONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE 10-10 MG T PALIPERIDONE PALMITATE 1500 MG/5 ML PALIPERIDONE PALMITATE 1500 MG/5 ML PALIPERIDONE PALMITATE 17MG TABLET PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 10MG TABLET QUETIAPINE FUMARATE SAMPLE KIT	FANAPT CAPLYTA ADASUVE LYBALVI INVEGA HAFYERA INVEGA HAFYERA INVEGA TRINZA NUPLAZID SERQQUEL XR	1 3.5 5 60 30 15	30 180 180 30 30	1 1 2	90	0	Y	1/1/2022 1/1/2022
28 28 28 28 28 28 28 28	070405 082336 082645 082646 074140 076025 078604 074076 052934	H7T H7U H7U H7U H7T H7T H7T H7T H7T H7T H7T H7T H7T H8Y H8Y H7T H7T H7T	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG SELECTIVE SEROTONIN S-HTZA INVERSE AGONISTS (SSIA) SELECTIVE SEROTONIN S-HTZA INVERSE AGONISTS (SSIA) ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	10 11 12 13 13.5 13.6 14 15 16 17 17 18	Y Y Y Y Y Y Y Y Y Y	LOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LUMATIEPERONE TOSYLATE 42 MG CAPSULE LOXAPINE JONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE TABLETS PALIPERIDONE PALMITATE 1560 MG/5 ML PALIPERIDONE PALMITATE 1560 MG/5 ML PALIPERIDONE PALMITATE ALL STRENGTHS PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 10MG and 34MG TABLETS QUETIAPINE FUMARATE SAMPLE KIT RISPERIDONE MICROSPHERES SYRINGES	LOPERIDONE TITRATION PACK LUMATEFRERONE TOSVILTE 42 MG CAPSULE LUXAPINE IONG TOSVILTE 42 MG CAPSULE LUXAPINE IONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE IO-10 MG T PALIPERIDONE PALIMITATE 1560 MG/S ML PALIPERIDONE PALIMITATE 1560 MG/S ML PALIPERIDONE PALIMITATE 273MG/0.875ML PIMAVANSERIN TARTARE 117MG TABLET PIMAVANSERIN TARTARE 151MG TABLET QUETIAPINE FUMARATE SAMPLE KIT REPERIDONE MICROSPHERES 25 MG SYR	FANAPT CAPLYTA ADASUVE UYBAUVI INVEGA HAFYERA INVEGA HAFYERA INVEGA TRINZA NUPLAZID SEROQUEL XR RISPERDAL CONSTA	1 3.5 5 60 30 15 2	30 180 180 30 30 30	1 1 2	90	0	Y	1/1/2022 1/1/2022
28 28 28 28 28 28 28 28 28 28	070405 082336 082645 082646 074140 076025 078604 074076 052934 078741	H7T H7U H7U H7T	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG SELECITVE SEROTONIN S-HT7A INVERSE AGONISTS (SSIA) SELECITVE SEROTONIN S-HT7A INVERSE AGONISTS (SSIA) ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	10 11 12 13 13.5 13.6 14 15 16 17 17 18 19	Y Y Y Y Y Y Y Y Y Y Y	LOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LUMATEPERONE TOSYLATE 42 MG CAPSULE LUXAPINE JOMG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE TABLETS PALIPERIDONE PALIMITATE 1092 MG/3.5 ML PALIPERIDONE PALIMITATE 1500 MG/5 ML PALIPERIDONE PALIMITATE TALL STRENGTHS PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 10MG and 34MG TABLETS QUETLAPINE FUMARATE SAMPLE KIT RISPERIDONE EN SYRINGES RISPERIDONE ER SYRINGES KITS	ILOPERIDONE TITRATION PACK ILUMATEFERONE TOSYLATE 42 MG CAPSULE ILOXAPINE IONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE 10-10 MG T PALIPERIDONE PALMITÄTE 1050 MG/5 ML PALIPERIDONE PALMITÄTE 1550 MG/5 ML PALIPERIDONE PALMITÄTE 1550 MG/5 ML PIMAVANSERIN TARTRATE 10MG TABLET PIMAVANSERIN TARTRATE 10MG TABLET QUETLAPINE FUMARATE SAMPLE KIT RISPERIDONE ER 120MG SYRINGE KIT	FANAPT CAPLYTA ADASUVE LYBALVI INVEGA HAFYERA INVEGA HAFYERA INVEGA TRINZA NUPLAZID SEROQUEL XR RISPERDAL CONSTA PERSERIS	1 3.5 5 60 30 15 2 1	30 180 180 30 30 30 30 30					1/1/2022 1/1/2022 1/1/2022
28 28 28 28 28 28 28 28 28 28.5	070405 082336 082645 082646 074140 076025 078604 074076 052934 078741 28.5	H7T H8Y H8Y H7T H7T H7T H7T H7T H7T H7T H7T	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG SELECTTVE SEROTONIN S-HTZA INVERSE AGONISTS (SSIA) SELECTIVE SEROTONIN S-HTZA INVERSE AGONISTS (SSIA) ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTAG	10 11 12 13 13.5 13.6 14 15 16 17 18 19 0	Y Y Y Y Y Y Y Y Y Y Y Y	ILOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LUMAYINE JONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE TABLETS PALIPERIDONE PALMITATE 1092 MG/3.5 ML PALIPERIDONE PALMITATE 1500 MG/5 ML PALIPERIDONE PALMITATE ALL STRENGTHS PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 10MG and 34MG TABLETS QUETIAPINE FUMARATE SAMPLE KIT RISPERIDONE MICROSPHERES SYRINGES RISPERIDONE E SYRINGE KITS ANTIRETROVIRALS	ILOPERIDONE TITRATION PACK ILUMATEPERONE TOSYLATE 42 MG CAPSULE ILOXAPINE IONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE 10-10 MG T PALIPERIDONE PALMITÄTE 1092 MG/3-5 ML PALIPERIDONE PALMITÄTE 1500 MG/5 ML PALIPERIDONE PALMITÄTE 1273MG/0.875ML PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 17MG TABLET QUETIAPINE FUMARATE SAMPLE KIT RISPERIDONE MICROSPHERES 25 MG SYR RISPERIDONE ERI 200MG SYRINGE KIT ANTIRETROVIRALS	FANAPT CAPLYTA ADASUVE LYBALVI INVEGA HAFYERA INVEGA HAFYERA INVEGA TRINZA NUPLAZID SEROQUEL XR RISPERDAL CONSTA PERSERIS BRAND	1 3.5 5 60 30 15 2	30 180 180 30 30 30	1 1 2 1 Daily Dose	90 Max Days			1/1/2022 1/1/2022
28 28 28 28 28 28 28 28 28.5 28.5	070405 082336 082645 082646 074140 076025 078604 074076 052934 078741 28.5 052747	H7T H7U H7U H7U H7T H7T H7T H7T H7T H7T H8Y H8Y H7T	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG SELECTIVE SEROTONIN S-HT2A INVERSE AGONISTS (SSIA) SELECTIVE SEROTONIN S-HT2A INVERSE AGONISTS (SSIA) ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	10 11 12 13 13.5 13.6 14 15 16 17 18 19 0 1	Y Y Y Y Y Y Y Y Y Y Y	LOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LUMATEPERONE TOSYLATE 42 MG CAPSULE LOXAPINE JONG INHALATION POWDER OLANZAPINE/SAMILORPHAN MALATE TABLETS PALIPERIDONE PALMITATE 1902 MG/3.5 ML PALIPERIDONE PALMITATE 1500 MG/5 ML PALIPERIDONE PALMITATE ALL STRENGTHS PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 10MG and 34MG TABLETS QUETLAPINE FUMARATE SAMPLE KIT RISPERIDONE ER SYRINGE KITS ANTIRETROVIRALS ATZANAVIR SULFATE 150 & 300MG CAPSULES	LOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LUXAPINE IONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE 10-10 MG T PALIPERIDONE PALMITATE 1050 MG/5 ML PALIPERIDONE PALMITATE 1560 MG/5 ML PALIPERIDONE PALMITATE 2580 MG/5 ML PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 17MG TABLET QUETLAPINE FUMARATE 5AMPLE KIT RISPERIDONE KIT CAMPLE SAMPLE KIT RISPERIDONE ER 120MG SYRINGE KIT ANTIRETROVIRALS ATZAANAVIR SULFATE 150MG CAPSULE	FANAPT CAPLYTA ADASUVE UYBAUVI INVEGA HAFYERA INVEGA HAFYERA INVEGA TRINZA NUPLAZID SEROQUEL XR RISPERDAL CONSTA PERSERIS BRAND REYATAZ	1 3.5 5 60 30 15 2 1	30 180 180 30 30 30 30 30	1 1 2 1 Daily Dose 1				1/1/2022 1/1/2022 1/1/2022
28 28 28 28 28 28 28 28 28.5 28.5 28.5	070405 082336 082645 082646 074140 076025 078604 074076 052934 078741 28.5 052747	H7T H7T H7U H7T H7T H7T H7T H7T H7T H8Y H8Y H7T	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG SELECTTVE SEROTONIN S+HTZA INVERSE AGONISTS (SSIA) SELECTTVE SEROTONIN S+HTZA INVERSE AGONISTS (SSIA) SELECTTVE SEROTONIN S+HTZA INVERSE AGONISTS (SSIA) ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ANTYPICAL, DOPAMINE, & SEROTONIN ANTAG	10 11 12 13 13.5 13.6 14 15 16 17 18 19 0	Y Y Y Y Y Y Y Y Y Y Y	LOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LUMATEPERONE TOSYLATE 42 MG CAPSULE LUCAPINE JONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE TABLETS PALIPERIDONE PALMITATE 1092 MG/3.5 ML PALIPERIDONE PALMITATE 1500 MG/5 ML PALIPERIDONE PALMITATE ALL STRENGTHS PIMAVANSERIN TARTRATE 10MG and 34MG TABLETS PIMAVANSERIN TARTRATE 10MG and 34MG TABLETS QUETLAPINE FUMARATE SAMPLE KIT RISPERIDONE BASYRINGES RISPERIDONE EN SYRINGES KITS ANTIRETROVIRALS ATAZANAVIR SULFATE 150 & 300MG CAPSULES ATAZANAVIR SULFATE 150 & 300MG CAPSULES	ILOPERIDONE TITRATION PACK ILUMATEFERONE TOSYLATE 42 MG CAPSULE ILOXAPINE IONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE 10-10 MG T PALIPERIDONE PALMITÄTE 1050 MG/S ML PALIPERIDONE PALMITÄTE 1050 MG/S ML PALIPERIDONE PALMITÄTE 273MG/0.875ML PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 17MG TABLET QUETLAPINE FUMARATE SAMPLE KIT RISPERIDONE ER 120MG SYRINGE KIT ANTIRETROVIRALS ATAZANAVIR SULFATE 20MG CAPSULE ATAZANAVIR SULFATE 20MG CAPSULE	FANAPT CAPLYTA ADASUVE LYBALVI INVEGA HAFYERA INVEGA HAFYERA INVEGA TRINZA NUPLAZID SEROQUEL XR RISPERDAL CONSTA PERSERIS BRAND REYATAZ REVATAZ	1 3.5 5 60 30 15 2 1	30 180 180 30 30 30 30 30	2 1 2 1 Daily Dose 1 2				1/1/2022 1/1/2022 1/1/2022
28 28 28 28 28 28 28 28 28.5 28.5 28.5 2	070405 082336 082645 082646 074140 076025 078604 074076 052934 078741 28.5 052747 052748	H7T H7U H7U H7U H7T H7T H7T H7T H7T H8Y H7T	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG SELECTTVE SEROTONIN S-HTZA INVERSE AGONISTS (SSIA) SELECTTVE SEROTONIN S-HTZA INVERSE AGONISTS (SSIA) ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIRETROVIRAL - ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS ANTIRETROVIRAL - ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS ANTIRETROVIRALS	10 11 12 13 13.5 13.6 14 15 16 17 18 19 0 1 1 2 3	Y Y Y Y Y Y Y Y Y Y Y Y Y	LOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LUMATEPERONE TOSYLATE 42 MG CAPSULE LOXAPINE JONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE TABLETS PALIPERIDONE PALIMITATE 1092 MG/3.5 ML PALIPERIDONE PALIMITATE 1506 MG/3 ML PALIPERIDONE PALIMITATE ALL STRENGTHS PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 17MG TABLET UMAYANSERIN TARTRATE 10MG and 34MG TABLETS QUETIAPINE FUMARATE SAMPLE KIT RISPERIDONE MICROSPHERES SYRINGES RISPERIDONE RE SYRINGE KITS ANTIRETROVIRALS ATAZANAVIR SULFATE 150 & 300MG CAPSULES ATAZANAVIR SULFATE 200MG CAPSULES CABOTEGRAVIR SODIUM 30 MG TABLET	ILOPERIDONE TITRATION PACK ILUMATEPERONE TOSYLATE 42 MG CAPSULE ILOXAPINE IONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE 10-10 MG T PALIPERIDONE PALMITÄTE 1092 MG/3-5 ML PALIPERIDONE PALMITÄTE 1500 MG/5 ML PALIPERIDONE PALMITÄTE 1500 MG/5 ML PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 15MG TABLET QUETIAPINE FUMARATE SAMPLE KIT RISPERIDONE EN L200MG SYRINGE KIT AVTIRETOVIRALS ATAZANAVIR SULFATE 150MG CAPSULE ATAZANAVIR SULFATE 150MG CAPSULE ATAZANAVIR SULFATE 150MG CAPSULE ATAZANAVIR SULFATE 150MG CAPSULE	FANAPT CAPLYTA ADASUVE LYBALVI INVEGA HAFYERA INVEGA HAFYERA INVEGA TRINZA NUPLAZID SEROQUEL XR RISPERDAL CONSTA PERSERIS BRAND REYATAZ REYATAZ VOCABRIA	1 3.5 5 60 30 15 2 1	30 180 180 30 30 30 30 30					1/1/2022 1/1/2022 1/1/2022
28 28 28 28 28 28 28 28.5 28.5 28.5 28.5	070405 082336 082645 082646 074140 076025 078604 074076 052934 078741 28.5 052747 052748 081868 077819	H7T H7U H7U H7U H7T H7T H7T H7T H8Y H8Y H8Y H7T H8Y H7T	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG SELECTIVE SEROTONIN S-HT2A INVERSE AGONISTS (SSIA) SELECTIVE SEROTONIN S-HT2A INVERSE AGONISTS (SSIA) ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIRETROVIRAL - ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS ANTIRETROVIRAL - ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS ANTIRETROVIRAL - ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS ANTIRETROVIRAL	10 11 12 13 13.5 13.6 14 15 16 17 18 19 0 1 1 2 3 6	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	LOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LUMATEPERONE TOSYLATE 42 MG CAPSULE LOXAPINE JOMG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE TABLETS PALIPERIDONE PALMITATE 1500 MG/5 ML RUMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 10MG and 34MG TABLETS QUETLAPINE FUMARATE SAMPLE KIT RISPERIODNE MICROSPHERES SYRINGES RISPERIDONE ER SYRINGE KITS ANTIRETROVINALS ATAZANAVIR SULFATE 120 & 300MG CAPSULES ATAZANAVIR SULFATE 120 MG TABLET CABOTEGRAVIR SODIUM 30 MG TABLET CABOTEGRAVIR SODIUM 30 MG TABLET	LOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LUXAPINE IONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE 10-10 MG T PALIPERIDONE PALMITATE 1050 MG/5 ML PALIPERIDONE PALMITATE 1560 MG/5 ML PALIPERIDONE PALMITATE 237MG/0.875ML PIMAVANSERIN TARTRATE 1560 MG/5 ML PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 17MG TABLET QUETIAPINE FUMARATE SAMPLE KIT RISPERIDONE ER 120MG SYRINGE KIT ANTIRETROVIRALS ATAZANAVIR SULFATE 150MG CAPSULE ATAZANAVIR SULFATE 150MG CAPSULE CABOTEGRAVIR SODIUM 30 MG TABLET CABOTEGRAVIR SODIUM 30 MG TABLET	FANAPT CAPLYTA ADASUVE UYBALVI INVEGA HAFYERA INVEGA HAFYERA INVEGA TAFYERA NUPLAZID SEROQUELXR RISPERDAL CONSTA PERSERIS BRAND REYATAZ REYATAZ VOCABRIA SYMTUZA	1 3.5 5 60 15 2 1 Units	30 180 180 30 30 30 30 Until Refill	1 1 2 1 Daily Dose 1 2 1 1				1/1/2022 1/1/2022 1/1/2022
28 28 28 28 28 28 28 28.5 28.5 28.5 28.5	070405 082336 082645 082646 074140 076025 078604 074076 052934 078741 28.5 052747 052748 052748 081868 081868	H7T H7U H7U H7T H7T H7T H7T H7T H7T H7T H7T H7T H8Y H7T	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG SELECTTV SEROTONIN S-HTZA INVERSE AGONISTS (SSIA) SELECTTV SEROTONIN S-HTZA INVERSE AGONISTS (SSIA) ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ANTONICAL, ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS ANTIRETROVIRAL - ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS ANTIRETROVIRAL - ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS ANTIRETROVIRAL - ANTIVIRALS, ANTIPSYCHICS, ANTIRETROVIRALS	10 11 12 13 13.5 13.6 14 15 16 17 17 18 19 0 1 1 2 3 6 6 7	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	LOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LUMATEPERONE TOSYLATE 42 MG CAPSULE LOXAPINE JOMG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE TABLETS PALIPERIDONE PALIMITATE 1092 MG/3.5 ML PALIPERIDONE PALMITATE 150 MG/5 ML PALIPERIDONE PALMITATE ALL STRENGTHS PIMAVANSERIN TARTRATE 13MG TABLET PIMAVANSERIN TARTRATE 13MG and 34MG TABLETS ANTIMETROVIRALS ANTIPETROVIRALS ATAZANAVIR SULFATE 150 & 300MG CAPSULES ATAZANAVIR SULFATE 150 & 300MG CAPSULES CABOTEGRAVIR SODIUM 30 MG TABLETS DARUNAVIR/COBJEMTIN FOM GA MG TABLETS	ILOPERIDONE TITRATION PACK ILUMATEFERONE TOSYLATE 42 MG CAPSULE LUXAPINE IONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE 10-10 MG T PALIPERIDONE PALMITÄTE 1050 MG/S ML PALIPERIDONE PALMITÄTE 1500 MG/S ML PALIPERIDONE PALMITÄTE 273MG/0.875ML PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 17MG TABLET QUETLAPINE FUMARATE SAMPLE KIT RISPERIDONE ER 120MG SYRINGE KIT ANTIRETROVIRALS ATAZANAVIR SULFÄTE 150MG CAPSULE CABOTEGRAVIR SODIUM 30 MG TABLET DARUNAVIR SULFÄTE 200MG GAPSULE CABOTEGRAVIR SODIUM 30 MG TABLET DARUNAVIR SOLGHEMTE/TENDE	FANAPT CAPLYTA ADASUVE LYBALVI INVEGA HAFYERA INVEGA HAFYERA INVEGA TRINZA NUPLAZID SEROQUEL XR RISPERDAL CONSTA PERSERIS BRAND REYATAZ REYATAZ REYATAZ SYMTUZA TVICAY	1 3.5 5 60 15 2 1 Units 60	30 180 180 30 30 30 Until Refill 30	2 1 2 1 2 1 2 1 2 1 2 1 1 2 1 2				1/1/2022 1/1/2022 1/1/2022
28 28 28 28 28 28 28 28.5 28.5 28.5 28.5	070405 082336 082645 082646 074140 076025 078604 074076 052934 078741 28.5 052747 052748 081868 077819 0771322 076226	D H7T 6 H7T 5 H7T 6 H7T 7 H8Y 1 H8Y 6 H7T 8 H7T HIC3 HIC3 7 W5C 8 W5C 9 W0H 2 W5U 9 W5U	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG SELECTIVE SEROTONIN S-HT2A INVERSE AGONISTS (SSIA) SELECTIVE SEROTONIN S-HT2A INVERSE AGONISTS (SSIA) ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIRETROVIRAL - ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS ANTIRETROVIRAL - ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS ANTIRETROVIRAL - ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS ANTIRETROVIRAL	10 11 12 13 13.5 13.6 14 15 16 17 18 19 0 1 1 2 3 6 7 7 8	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	LOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LUMATEPERONE TOSYLATE 42 MG CAPSULE LUXAPINE JONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE TABLETS PALIPERIDONE PALMITATE 1950 MG/3.5 ML PALIPERIDONE PALMITATE 1500 MG/5 ML PALIPERIDONE PALMITATE 1500 MG/5 ML PALIPERIDONE PALMITATE 1500 MG A ML MAYANSERIN TARTRATE 10MG and 34MG TABLETS QUETIAPINE FUMARATE SAMPLE KIT RISPERIDONE ER SYRINGE KITS ANTIRETGOVIRALS ATAZANAVIR SULFATE 150 & 300MG CAPSULES ATAZANAVIR SULFATE 150 MG TABLET DARUNAVIR/COB/EMTR/TENOF ALAF 800-150-200-10 M DOLUTEGRAVIR SODIUM 50 MG TABLETS OLUTUEGRAVIR SODIUM 10 & 25 MG TABLETS	LOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LUXAPINE IONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE 10-10 MG T PALIPERIDONE PALMITATE 1560 MG/5 ML PALIPERIDONE PALMITATE 1560 MG/5 ML PALIPERIDONE PALMITATE 237MG/0.875ML PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 17MG TABLET QUETLAPINE FUMARATE 5AMPLE KIT RESPERIDONE RICROSPHERES 25 MG SYR RISPERIDONE ER 120MG SYRINGE KIT ANTIRETROVIRALS ATAZANAVIR SULFATE 150MG CAPSULE ATAZANAVIR SULFATE 150MG CAPSULE ATAZANAVIR SULFATE 150MG CAPSULE CABOTEGARVIR SODIUM 30 MG TABLET DARUMAVIR/COB/EMTRI/TENOF ALAF 800-150-201 DOLUTEGRAVIR SODIUM 30 MG TABLET	FANAPT CAPLYTA ADASUVE (YBALV) INVEGA HAFYERA INVEGA HAFYERA INVEGA TRINZA NUPLAZID SEROQUEL XR RISPERDAL CONSTA PERSERIS BRAND REYATAZ REYATAZ VOCABRIA SYMTUZA TIVICAY	1 3.5 5 60 15 2 1 Units	30 180 180 30 30 30 30 Until Refill	2 1 2 1 2 1 2 1 2 1 1 2 1 1 2 1				1/1/2022 1/1/2022 1/1/2022
28 28 28 28 28 28 28 28.5 28.5 28.5 28.5	070405 082336 082645 082646 074140 076025 078604 074076 052934 078078 052747 052747 052748 081868 077819 076226 076226 081177) H7T 6 H7T 5 H7T 6 H7T 7 H7T 1 H8Y 5 H7T 1 H8Y 5 H7T 1 H7T HC3 H7T 1 H7T HC3 WSC 8 WSC 8 WSU 2 WSU 5 WSU 7 WSU	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG SELECTTVE SEROTONIN S-HTZA INVERSE AGONISTS (SSIA) SELECTIVE SEROTONIN S-HTZA INVERSE AGONISTS (SSIA) ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIRETROVIRAL - ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS ANTIRETROVIRALS ANTIRETROVIRALS ANTIRETROVIRALS ANTIRETROVIRALS	10 10 11 12 13 13.5 13.6 14 15 16 17 18 19 0 1 2 3 6 7 7 8 9	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	LOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LUMATEPERONE TOSYLATE 42 MG CAPSULE LOXAPINE JOMG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE TABLETS PALIPERIDONE PALMITATE 1900 MG/3.5 ML PALIPERIDONE PALMITATE 1500 MG/5 ML PALIPERIDONE PALMITATE 10MG and 34MG TABLETS PIMAVANSERIN TARTRATE 10MG and 34MG TABLET RISPERIDONE MICROSPHERES SYRINGES RISPERIDONE ER SYRINGE KITS ANTIMETROVIRALS ATAZANAVIR SULFATE 120 & 300MG CAPSULES ATAZANAVIR SULFATE 200 MG CAPSULES CABOTEGRAVIR SODIUM 30 MG TABLET DOLUTEGRAVIR SODIUM 10 & 25 MG TABLETS DOLUTEGRAVIR SODIUM 5 MG TABLET FOR SUSPENSION	ILOPERIDONE TITRATION PACK ILUMATEFERONE TOSYLATE 42 MG CAPSULE ILOXAPINE IONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE 10-10 MG T PALIPERIDONE PALMITATE 1050 MG/S ML PALIPERIDONE PALMITATE 1560 MG/S ML PALIPERIDONE PALMITATE 1560 MG/S ML PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE SAMPLE KIT RISPERIDONE EN LIVITATE SAMPLE KIT RISPERIDONE ER 120MG SYRINGE KIT ANTIRETROVIRALS ATZANAVIR SULFATE 120MG CAPSULE ATAZANAVIR SULFATE 200MG CAPSULE ATAZANAVIR SULFATE 200MG CAPSULE CABOTEGRAVIR SODIUM 30 MG TABLET DOLUTEGRAVIR SODIUM 50 MG TABLET DOLUTEGRAVIR SODIUM 10 MG TABLET DOLUTEGRAVIR SODIUM 10 MG TABLET	FANAPT CAPLYTA ADASUVE UYBALVI INVEGA HAFYERA INVEGA HAFYERA INVEGA TAFYERA NUPLAZID NUPLAZID NUPLAZID NUPLAZID SEROQUEL XR RESPERDAL CONSTA PERSERIS BRAND REYATAZ REYATAZ REYATAZ REYATAZ SYMTUZA TIVICAY TIVICAY	1 3.5 5 60 15 2 1 Units 60	30 180 180 30 30 30 Until Refill 30	2 1 2 1 2 1 2 1 2 1 2 1 1 2 1 2				1/1/2022 1/1/2022 1/1/2022
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28 28 28 28 28 28 28 28.5 28.5 28.5 28.5	070405 082336 082645 074140 076025 078604 074076 052934 052747 052747 052748 081868 077819 071322 076226 081177 079638 079638 079887	0 H7T 6 H7T 5 H7T 6 H7T 7 H7T 6 H7T 7 H8Y 1 H7T 2 W5C 3 W0K 7 W5U 3 W0K	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG SELECTIVE SEROTONIN S-HTZA INVERSE AGONISTS (SSIA) SELECTIVE SEROTONIN S-HTZA INVERSE AGONISTS (SSIA) ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS ANTIPSTROVIRAL - ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS ANTIPETROVIRAL SEROTINGAL SANTIPSYCHICS ANTIPSTROVIRAL ANTIVIRALS, ANTIPSYCHICS ANTIPSTROVIRALS ANTIPSTROVIRALS ANTIPSTROVIRALS ANTIPSTROVIRALS ANTIPSTROVIRALS ANTIPSTROVIRALS ANTIPSTROVIRALS	10 11 12 13 13.5 13.6 14 15 16 17 18 19 0 1 2 3 6 7 8 9 10	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	LOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LUMATEPERONE TOSYLATE 42 MG CAPSULE LOXAPINE JONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE TABLETS PALIPERIDONE PALMITATE 1920 MG/3.5 ML PALIPERIDONE PALMITATE 1500 MG/5 ML PALIPERIDONE PALMITATE 1500 MG/5 ML PALIPERIDONE PALMITATE TAUL STRENGTHS PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE SAMPLE KIT RISPERIDONE ER SYRINGE KITS ANTIRETROVIRALS ATZANAVIR SULFATE 150 & 300MG CAPSULES ATZANAVIR SULFATE 150 & 300MG CAPSULES ATZANAVIR SULFATE 150 MG TABLET DARUNAVIR/COB/EMTRI/TENOF ALAF 800-150-200-10 M DOLUTEGRAVIR SODIUM 30 MG TABLETS DOLUTTEGRAVIR SODIUM 30 MG TABLETS DOLUTEGRAVIR SODIUM 50 MG TABLET FOR SUSPENSION DOLUTEGRAVIR SODIUM 50 MG TABLET FOR SUSPENSIO	LOPERIDONE TITRATION PACK LUMATEPERONE TOSYLATE 42 MG CAPSULE LUXAPINE IONG INHALATION POWDER OLANZAPINE/SAMIDORPHAN MALATE 10-10 MG T PALIPERIDONE PALMITATE 1092 MG/3.5 ML PALIPERIDONE PALMITATE 1560 MG/5 ML PALIPERIDONE PALMITATE 2580 MG/5 ML PALIPERIDONE PALMITATE 2580 MG/5 ML PIMAVANSERIN TARTRATE 17MG TABLET PIMAVANSERIN TARTRATE 17MG TABLET QUETLAPINE FUMARATE 5AMPLE KIT RISPERIDONE R1 X20MG SYRINGE KIT ANTIRETROVIRALS ATAZANAVIR SULFATE 150MG CAPSULE ATAZANAVIR SULFATE 150MG CAPSULE CABOTEGRAVIR SODIUM 50 MG TABLET DARUNAIR/COB/EMTRI/TENOF ALAF 8800-150-201 DOLUTEGRAVIR SODIUM 50 MG TABLET DOLUTEGRAVIR SODIUM 50 MG TABLET	FANAPT CAPLYTA ADASUVE UYBAUVI INVEGA HAFYERA INVEGA HAFYERA INVEGA HAFYERA INVEGA HAFYERA NUPLAZID SEROQUELXR RESPERDAL CONSTA PERSERIS BRAND REVATAZ VOCABRIA SYMTUZA TIVICAY TIVICAY TIVICAY DOVATO PIFELTRO	1 3.5 5 60 15 2 1 Units 60	30 180 180 30 30 30 Until Refill 30	2 1 2 1 2 1 2 1 2 1 1 2 1 1 2 1 1 2 1 1 1 1 1 2 1 1				1/1/2022 1/1/2022 1/1/2022
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ANTIVIRALS (CAR)</td><td>FANAPT CAPLYTA ADASUVE UYBAUVI INVEGA HAFYERA INVEGA HAFYERA INVEGA TAINZA NUPLAZID NUPLAZID NUPLAZID SEROQUEL XR REYATAZ REYATAZ VOCABRIA SYMTUZA TIVICAY TIVICAY TIVICAY DOVATO PIEELTRO DELSTRIGO GENVOYA RUKOBIA ER ISENTRESS</td><td>1 3.5 5 60 30 15 2 1 Units 60 30 30 30 30 30 30</td><td>30 180 180 30 30 30 Until Refill 30 30 30 30 30 30 30 30 30 30</td><td>1 2 2 1 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 1 1 1 2 2 1 1 1 1 1 1 1 1 2 2 2 1 2 1 2 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 1 2 1 1 1 1 2 1</td><td>Max Days</td><td>Refills</td><td>Pkg Bill</td><td>1/1/2022 1/1/2022 1/1/2022 1/1/2022 Updated</td></td<>	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, OOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN 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94 94/502 Q98 BH TREATMENTS 1 Y ALFUZOSIN HCL 10MG TABLET ALFUZOSIN HCL 10MG TABLET UROXATRAL 1 1 1 V ALFUZOSIN MESCHATE ALFUZOSIN HCL 10MG TABLET UROXATRAL I 1 1 V 0 1 V 0 0 0 1 V 0 </th <th></th>															
B B	29 079190	W5A	ANTIVIRALS, GENERAL	3	Y	BALOXAVIR MARBOXIL TALBET (DOSE PACKS)	BALOXAVIR MARBOXIL 20MG TAB (40MG DOSE)	XOFLUZA	2	180					
D D	29 082142	W5A	ANTIVIRALS, GENERAL	3.5	Y	BALOXAVIR MARBOXIL 80 MG TABLET	BALOXAVIR MARBOXIL 80 MG TABLET	XOFLUZA	1						
B D	29 023543	W5A	ANTIVIRALS, GENERAL	4	Y	FAMCICLOVIR TABLETS	FAMCICLOVIR 125MG TABLET	FAMVIR			3	7			
B B	29 020987	W5A	ANTIVIRALS, GENERAL	5	Y	FLUMADINE 100 MG TABLET	FLUMADINE 100 MG TABLET	RIMANTADINE	14	180	2				
B B C Control Contro Contro Contro Control Contro Control Contro Contro Control Con		W5A	ANTIVIRALS, GENERAL	6	Y			TAMIFLU	120	180			0		
B B	29 063223	W5A	ANTIVIRALS, GENERAL	7	Y	OSELTAMIVIR PHOSPHATE 30MG GELCAP	OSELTAMIVIR PHOSPHATE 30MG GELCAP	TAMIFLU	20	180			0		
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B B		R1V		4.5	Y	MIRABEGRON ER 8 MG/ML SUSPENSION	MIRABEGRON ER 8 MG/ML SUSPENSION	MYRBETRIQ ER			10				
B B B B B B B C Comprise Discretance D	32 051909	R1A	DB BBER NEB WWWW	5	Y	OXYBUTYNIN 3.9MG/24HR PATCH	OXYBUTYNIN 3.9MG/24HR PATCH	OXYTROL	8	30				Y	
B B B B C C Component on the constraint of the const	32 065081	R1A		6	Y	OXYBUTYNIN CHLORIDE 10% GEL SACHET 1GRAM	OXYBUTYNIN CHLORIDE 10% GEL SACHET 1GRAM	GELNIQUE			1				
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Dist Dist <th< td=""><td></td><td>R1A</td><td>BLADDER RELAXANTS</td><td>8</td><td>Y</td><td></td><td></td><td>DITROPAN XL</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>		R1A	BLADDER RELAXANTS	8	Y			DITROPAN XL							
D Disp <	32 077273	R1A	BLADDER RELAXANTS	9	Y	OXYBUTYNIN CHLORIDE 10% GEL PUMP	OXYBUTYNIN CHLORIDE 10% GEL PUMP	GELNIQUE	30	30					
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10 05/07 PAL 05/07	33 047381	P4L P4L	BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSION AND RELATED AGENTS	1 2	Y	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET	ALENDRONATE SODIUM 5MG TABLET ALENDRONATE SODIUM 35 MG TAB	FOSAMAX FOSAMAX / BINOSTO		30	Daily Dose	Max Days	Refills	Pkg Bill	Updated
10 10<	33 047381 33 053574	P4L P4L P4L	BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSION AND RELATED AGENTS	1 2 3	Y Y	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 70MG/75ML SOLUTION	ALENDRONATE SODIUM 5MG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 70MG/75ML SOLUTION	FOSAMAX FOSAMAX / BINOSTO FOSAMAX	300	30 30	Daily Dose	Max Days	Refills	Pkg Bill	Updated
10 00678 P4L Nove RESORPTION SUPPRESSION AND RELATED AGAINTS 7 Y ETIDIORANTE DISCUPLIA 2000G TABLET CENDING TABL	33 047381 33 053574 33 062663	P4L P4L P4L P4L	BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSION AND RELATED AGENTS	1 2 3 4	Y Y Y	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 70MG/75ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG	ALENDRONATE SODIUM 5MG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 70MG/75ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG	FOSAMAX FOSAMAX / BINOSTO FOSAMAX FOSAMAX+D	300 4	30 30 30	Daily Dose	Max Days	Refills	Pkg Bill Y	Updated
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13 14. NUME RESERVENTION SUPPRESSION ADDIT SUPPRESSION NUME Control Co	33 047381 33 053574 33 062663 33 058947 33 024138	P4L P4L P4L P4L P4L P4L P4L	BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSION AND RELATED AGENTS	1 2 3 4 5 6	Y Y Y Y Y	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 70MG/TSML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG - 2800IU CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR.	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 70MG/75ML SOLUTION ALENDRONATE SODIUM/VITAMIN 03 70MG ALENDRONATE SODIUM/VITAMIN 03 70MG - 2800 CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASA	FOSAMAX FOSAMAX / BINOSTO FOSAMAX FOSAMAX+D FOSAMAX PLUS D FORTICAL	300 4 4	30 30 30 30	1	Max Days	Refills	Y Y Y	Updated
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Image Image <th< td=""><td>33 047381 33 053574 33 062663 33 058947 33 024138 33 006678 33 006679 33 058915</td><td>P4L P4L P4L P4L P4L P4L P4L P4L P4L P4L</td><td>BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSION AND RELATED AGENTS</td><td>1 2 3 4 5 6 7 8 9</td><td>Y Y Y Y Y Y Y Y</td><td>ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG - 2800IU CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 400MG TABLET ETIDRONATE SODIUM 150MG TABLET</td><td>ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM/VITAMIN 03 70MG ALENDRONATE SODIUM/VITAMIN 03 70MG - 2800 CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASA ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 400MG TABLET IBANDRONATE SODIUM 150MG TABLET</td><td>FOSAMAX FOSAMAX / BINOSTO FOSAMAX FOSAMAX PD FOSAMAX PLUS D FORTICAL GENERIC ONLY DIDRONEL BONIVA</td><td>300 4 4 3.7</td><td>30 30 30 30 30 30 30</td><td>1 </td><td></td><td>Refills</td><td>Y Y Y</td><td>Updated</td></th<>	33 047381 33 053574 33 062663 33 058947 33 024138 33 006678 33 006679 33 058915	P4L P4L P4L P4L P4L P4L P4L P4L P4L P4L	BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSION AND RELATED AGENTS	1 2 3 4 5 6 7 8 9	Y Y Y Y Y Y Y Y	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG - 2800IU CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 400MG TABLET ETIDRONATE SODIUM 150MG TABLET	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM/VITAMIN 03 70MG ALENDRONATE SODIUM/VITAMIN 03 70MG - 2800 CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASA ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 400MG TABLET IBANDRONATE SODIUM 150MG TABLET	FOSAMAX FOSAMAX / BINOSTO FOSAMAX FOSAMAX PD FOSAMAX PLUS D FORTICAL GENERIC ONLY DIDRONEL BONIVA	300 4 4 3.7	30 30 30 30 30 30 30	1 		Refills	Y Y Y	Updated
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3 06448 948 BORE FORMATION STIM. AGENTS - PARATHYROID HOBMONE 15 Y TERIPARATIDE 600 MCG/2.4 ML PEN TERIPARATIDE 600 MCG/2.4 ML PEN FORTEO 2.4 30 M C I 1/1/2022 34 HLG THERAPEUTIC CLASS 0 Y BPH AGENTS BPH AGENTS BPH AGENTS BRAD Units	33 047381 33 053574 33 062663 33 058947 33 024138 33 006678 33 058915 33 058915 33 060257 33 060257	P4L P4L P4L P4L P4L P4L P4L P4L P4L P4L	BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSION AND RELATED AGENTS	1 2 3 4 5 6 7 7 8 9 9 10 11	Y Y Y Y Y Y Y Y Y	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 70MG/T5ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG - 2800IU CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 150MG TABLET IBANDRONATE SODIUM 3MG/3ML SYNNGE RALOXIFENE HCL 60MG TABLET	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 70MG/75ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASA ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 150MG TABLET IBANDRONATE SODIUM 30MG/3ML SYNINGE RALOXIFEN HCL 60MG TABLET	FOSAMAX / BINOSTO FOSAMAX / BINOSTO FOSAMAX / BINOSTO FOSAMAX PLUS D FORTICAL GENERIC ONLY DIDRONEL BONIVA BONIVA EVISTA	300 4 4 3.7	30 30 30 30 30 30 30	1 3 5 0.034		Refills	Pkg Bill Y Y Y	Updated
1434HCTHEARPEUTIC CLASS0YPPH AGENTSPPH AGENTSPRA AGENTS <td>33 047381 33 053574 33 062663 33 058947 33 024138 33 006678 33 058915 33 06257 33 060257 33 037022 33 045102</td> <td>P4L P4L P4L P4L P4L P4L P4L P4L P4L P4L</td> <td>BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSION AND RELATED AGENTS</td> <td>1 2 3 4 5 5 6 7 8 9 10 11 11 12</td> <td>Y Y Y Y Y Y Y Y Y</td> <td>ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 70MG/75ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG - 2800IU CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET RALOXIFENE HCL. 60MG TABLET RALOXIFENE HCL. 60MG TABLET</td> <td>ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 70MG/75ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET RALOXIFENE HCL. 60MG TABLET RALOXIFENE HCL. 60MG TABLET SIESDRONATE SODIUM 3MG TABLET</td> <td>FOSAMAX FOSAMAX / BINOSTO FOSAMAX FOSAMAX FOSAMAXPLUS D FORTICAL GENERIC ONLY DIDRONEL BONIVA BONIVA BONIVA EVISTA ACTONEL</td> <td>300 4 4 3.7 1 3</td> <td>30 30 30 30 30 30 30 30 90</td> <td>1 3 5 0.034</td> <td></td> <td>Refills</td> <td>Pkg Bill Y Y Y</td> <td>Updated</td>	33 047381 33 053574 33 062663 33 058947 33 024138 33 006678 33 058915 33 06257 33 060257 33 037022 33 045102	P4L P4L P4L P4L P4L P4L P4L P4L P4L P4L	BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSION AND RELATED AGENTS	1 2 3 4 5 5 6 7 8 9 10 11 11 12	Y Y Y Y Y Y Y Y Y	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 70MG/75ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG - 2800IU CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET RALOXIFENE HCL. 60MG TABLET RALOXIFENE HCL. 60MG TABLET	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 70MG/75ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET RALOXIFENE HCL. 60MG TABLET RALOXIFENE HCL. 60MG TABLET SIESDRONATE SODIUM 3MG TABLET	FOSAMAX FOSAMAX / BINOSTO FOSAMAX FOSAMAX FOSAMAXPLUS D FORTICAL GENERIC ONLY DIDRONEL BONIVA BONIVA BONIVA EVISTA ACTONEL	300 4 4 3.7 1 3	30 30 30 30 30 30 30 30 90	1 3 5 0.034		Refills	Pkg Bill Y Y Y	Updated
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34 051246 Qg8 BH TREATMENTS 4 Y DUTASTERIDE 0.SMG SOFTGEL DUTASTERIDE 0.SMG SOFTGEL AVODART 1 </td <td>33 047381 33 062574 33 062663 33 058947 33 062678 33 006678 33 006679 33 006678 33 006678 33 006679 33 060257 33 045102 33 0643925 33 064481 34 34 34 045052</td> <td>P4L P4L P4L P4L P4L P4L P4L P4L P4L P4L</td> <td>BONE RESORPTION SUPPRESSION AND RELATED AGENTS DONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE FORMATION SUPPRESSION AND RELATED A</td> <td>1 2 3 4 5 6 7 8 9 10 11 12 14 15 0</td> <td>Y Y Y Y Y Y Y Y Y Y</td> <td>ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 70MG/75ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG - 2800IU CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET RALOXIFENE HCL. 60MG TABLET RALOXIFENE HCL. 60MG TABLET RISEDRONATE SODIUM 316M 30MG TABLET TERIPARATIDE 600 MCG/2.4 ML PEN BPH AGENTS</td> <td>ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 70MG/75ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASA ETIDRONATE SODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 150MG TABLET IBANDRONATE SODIUM 150MG TABLET RISDRONATE SODIUM 150MG TABLET TERIPARATIDE 600 MCG/2.4 ML PEN BPH AGENTS ALFUZOSIN HCL 10MG TABLET</td> <td>FOSAMAX / BINOSTO FOSAMAX / BINOSTO FOSAMAX / BINOSTO FOSAMAX PUS D FORTICAL GENERIC ONLY DIDRONEL BONIVA BONIVA BONIVA EVISTA ACTONEL FORTEO BRAND UROXATRAL</td> <td>300 4 4 3.7 1 1 3 1 1 2.4</td> <td>30 30 30 30 30 30 30 90 30 30 30</td> <td>1 3 5 0.034 1 1 Daily Dose</td> <td>90</td> <td></td> <td>Y Y</td> <td>1/1/2022</td>	33 047381 33 062574 33 062663 33 058947 33 062678 33 006678 33 006679 33 006678 33 006678 33 006679 33 060257 33 045102 33 0643925 33 064481 34 34 34 045052	P4L P4L P4L P4L P4L P4L P4L P4L P4L P4L	BONE RESORPTION SUPPRESSION AND RELATED AGENTS DONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE FORMATION SUPPRESSION AND RELATED A	1 2 3 4 5 6 7 8 9 10 11 12 14 15 0	Y Y Y Y Y Y Y Y Y Y	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 70MG/75ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG - 2800IU CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET RALOXIFENE HCL. 60MG TABLET RALOXIFENE HCL. 60MG TABLET RISEDRONATE SODIUM 316M 30MG TABLET TERIPARATIDE 600 MCG/2.4 ML PEN BPH AGENTS	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 70MG/75ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASA ETIDRONATE SODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 150MG TABLET IBANDRONATE SODIUM 150MG TABLET RISDRONATE SODIUM 150MG TABLET TERIPARATIDE 600 MCG/2.4 ML PEN BPH AGENTS ALFUZOSIN HCL 10MG TABLET	FOSAMAX / BINOSTO FOSAMAX / BINOSTO FOSAMAX / BINOSTO FOSAMAX PUS D FORTICAL GENERIC ONLY DIDRONEL BONIVA BONIVA BONIVA EVISTA ACTONEL FORTEO BRAND UROXATRAL	300 4 4 3.7 1 1 3 1 1 2.4	30 30 30 30 30 30 30 90 30 30 30	1 3 5 0.034 1 1 Daily Dose	90		Y Y	1/1/2022
14 051246 0.98 BHT REATMENTS 4 Y DUTASTERIDE 0.5MG SOFTGEL DUTASTERIDE 0.5MG SOFTGEL AVODART 1<	33 047381 33 062574 33 062663 33 058947 33 062678 33 006678 33 006679 33 006678 33 006678 33 006679 33 060257 33 045102 33 0643925 33 064481 34 34 34 045052	P4L P4L P4L P4L P4L P4L P4L P4L P4L P4L	BONE RESORPTION SUPPRESSION AND RELATED AGENTS DONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE FORMATION SUPPRESSION AND RELATED A	1 2 3 4 5 6 7 8 9 10 11 12 14 15 0 1	Y Y Y Y Y Y Y Y Y Y Y	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 30 and 70MG TABLET ALENDRONATE SODIUM/VITAMIN D3 70MG - 2800IU ALENDRONATE SODIUM/VITAMIN D3 70MG - 2800IU CALCITONIN,SALMON,SYNTHETIC 200 UNTS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 400MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET RESDRONATE SODIUM 30MG TABLET RESDRONATE SODIUM 30MG TABLET RESDRONATE SODIUM 30MG TABLET RESDRONATE SODIUM 150MG TABLET TERIPRARTIDE 600 MCG/2.4 ML PEN BPH AGENTS ALFUZOSIN HCL 10MG TABLET	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 70MG/75ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASA ETIDRONATE SODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 150MG TABLET IBANDRONATE SODIUM 150MG TABLET RISDRONATE SODIUM 150MG TABLET TERIPARATIDE 600 MCG/2.4 ML PEN BPH AGENTS ALFUZOSIN HCL 10MG TABLET	FOSAMAX / BINOSTO FOSAMAX / BINOSTO FOSAMAX / BINOSTO FOSAMAX PUS D FORTICAL GENERIC ONLY DIDRONEL BONIVA BONIVA BONIVA EVISTA ACTONEL FORTEO BRAND UROXATRAL	300 4 4 3.7 1 1 3 1 1 2.4	30 30 30 30 30 30 30 90 30 30 30	1 3 5 0.034 1 1 1 Daily Dose 1	90		Y Y	1/1/2022
13 066352 0.9C BH TREATMENTS 5 Y DUTASTERIDE/TAMSULOSIN HCL 0.5-0.AMG CAPSULE DUTASTERIDE/TAMSULOSIN HCL 0.5-0.AMG CAPSULAYN 1<	33 047381 33 053574 33 052674 33 052674 33 058947 33 06679 33 066679 33 066257 33 060257 33 063925 33 064481 34 045052 34 044421	P4L P4L P4L P4L P4L P4L P4L P4L P4L P4L	BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSI	1 2 3 4 5 6 7 8 9 10 11 12 14 15 0 1	Y Y Y Y Y Y Y Y Y Y Y	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 150MG TABLET IBANDRONATE SODIUM 3MG/3ML SYNINGE RALOWIENE HAL GOMG TABLET RISEDRONATE SODIUM 30MG TABLET RISEDRONATE SODIUM 30MG TABLET RISEDRONATE SODIUM 3 and 30MG TABLET RISEDRONATE SODIUM 5 and 30MG TABLET RISEDRONATE SODIUM 150MG TABLET RISEDRONATE SODIUM 5 AND 40 MEN BPH AGENTS ALFUZOSIN HCI 10MG TABLET DOXAZOSIN HCI 10MG TABLET DOXAZOSIN MESYLATE TABLETS	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM/VITAMIN 03 70MG ALENDRONATE SODIUM/VITAMIN 03 70MG ALENDRONATE SODIUM/VITAMIN 03 70MG ALENDRONATE SODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 3MG/3ML SYRINGE RALOWIFEN ELG 60MG TABLET RISEDRONATE SODIUM 3MG TABLET RISEDRONATE SODIUM 5MG TABLET RISEDRONATE SODIUM 5MG TABLET ALEVIENT BPH AGENTS ALFUZOSIN HCL 10MG TABLET DOXAZOSIN HCL 10MG TABLET	FOSAMAX FOSAMAX / BINOSTO FOSAMAX FOSAMAX PD FOSAMAX PD FORTICAL GENERIC ONLY DIDRONEL BONIVA BONIVA EVISTA ACTONEL ACTONEL ACTONEL FORTEO BRAND UROXATRAL CARDURA XL	300 4 4 3.7 1 1 3 1 1 2.4	30 30 30 30 30 30 30 90 30 30 30	1 3 5 0.034 1 1 1 Daily Dose 1 1	90		Y Y	1/1/2022
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34 06484 Og8 BH TREATMENTS 7 Y SILODOSIN CAPSULES SILODOSIN 4MG CAPSULE RAPAFLO 1 <t< td=""><td>33 047381 33 063574 33 062663 33 058947 33 06678 33 006678 33 006679 33 006678 33 006679 33 006257 33 045102 33 06481 34 34 34 045052 34 045052 34 015587 34 015246</td><td>P4L P4L 94B I7B Q9B</td><td>BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSI</td><td>1 2 3 4 5 6 6 7 8 9 9 10 11 11 12 14 15 0 1 1 2 3 4</td><td>Y Y Y Y Y Y Y Y Y Y Y Y Y</td><td>ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 70MG/T5ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 150MG TABLET IBANDRONATE SODIUM 35 and 30MG TABLET RISEDRONATE SODIUM 36 GABLET RISEDRONATE SODIUM 36 GABLET RISEDRONATE SODIUM 36 GABLET RISEDRONATE SODIUM 36 ADBLET RISEDRONATE SODIUM 36 ADBLET RISEDRONATE SODIUM 36 ADBLET RISEDRONATE SODIUM 150MG TABLET RISEDRONATE SODIUM 150MG TABLET RISEDRONATE SODIUM 150MG TABLET DOXAZOSIN MESYLATE TABLETS DOXAZOSIN MESYLATE TABLETS DOXAZOSIN MESYLATE 80MG TABLET DUTASTERIDE 0.5MG SOTEGLE</td><td>ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM/VITAMIN D3 TOMG ALENDRONATE SODIUM/VITAMIN D3 TOMG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASA ETIDRONATE SODIUM/ 200MG TABLET EIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 150MG TABLET IBANDRONATE SODIUM 150MG TABLET RISDRONATE SODIUM 150MG TABLET RISDRONATE SODIUM 150MG TABLET RISDRONATE SODIUM 150MG TABLET TEIPARATIOE 600 MCG/2.4 ML PEN BPH AGENTS ALFV2QSIN MCL 10MG TABLET DOXA20SIN MCS1/ATE 4MG ER TABLET DOXA20SIN MCS1/ATE 4MG ER TABLET DOXA20SIN MCS1/ATE 4MG ER TABLET DOXA20SIN MCS1/ATE 4MG ER TABLET DUTASTERICE 0.5MG SOFTGEL</td><td>FOSAMAX / BINOSTO FOSAMAX / BINOSTO FOSAMAX / BINOSTO FOSAMAX PLUS D FORTICAL GENERIC ONLY DIDRONEL BONIVA BONIVA EVISTA ACTONEL FORTEO BRAND UROXATRAL CARDURA XL CARDURA AVODART</td><td>300 4 4 3.7 1 1 3 1 1 2.4</td><td>30 30 30 30 30 30 30 90 30 30 30</td><td>1 3 5 0.034 1 1 1 Daily Dose 1 1 2 2 1</td><td>90</td><td></td><td>Y Y</td><td>1/1/2022</td></t<>	33 047381 33 063574 33 062663 33 058947 33 06678 33 006678 33 006679 33 006678 33 006679 33 006257 33 045102 33 06481 34 34 34 045052 34 045052 34 015587 34 015246	P4L 94B I7B Q9B	BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSI	1 2 3 4 5 6 6 7 8 9 9 10 11 11 12 14 15 0 1 1 2 3 4	Y Y Y Y Y Y Y Y Y Y Y Y Y	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 70MG/T5ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 150MG TABLET IBANDRONATE SODIUM 35 and 30MG TABLET RISEDRONATE SODIUM 36 GABLET RISEDRONATE SODIUM 36 GABLET RISEDRONATE SODIUM 36 GABLET RISEDRONATE SODIUM 36 ADBLET RISEDRONATE SODIUM 36 ADBLET RISEDRONATE SODIUM 36 ADBLET RISEDRONATE SODIUM 150MG TABLET RISEDRONATE SODIUM 150MG TABLET RISEDRONATE SODIUM 150MG TABLET DOXAZOSIN MESYLATE TABLETS DOXAZOSIN MESYLATE TABLETS DOXAZOSIN MESYLATE 80MG TABLET DUTASTERIDE 0.5MG SOTEGLE	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM/VITAMIN D3 TOMG ALENDRONATE SODIUM/VITAMIN D3 TOMG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASA ETIDRONATE SODIUM/ 200MG TABLET EIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 150MG TABLET IBANDRONATE SODIUM 150MG TABLET RISDRONATE SODIUM 150MG TABLET RISDRONATE SODIUM 150MG TABLET RISDRONATE SODIUM 150MG TABLET TEIPARATIOE 600 MCG/2.4 ML PEN BPH AGENTS ALFV2QSIN MCL 10MG TABLET DOXA20SIN MCS1/ATE 4MG ER TABLET DOXA20SIN MCS1/ATE 4MG ER TABLET DOXA20SIN MCS1/ATE 4MG ER TABLET DOXA20SIN MCS1/ATE 4MG ER TABLET DUTASTERICE 0.5MG SOFTGEL	FOSAMAX / BINOSTO FOSAMAX / BINOSTO FOSAMAX / BINOSTO FOSAMAX PLUS D FORTICAL GENERIC ONLY DIDRONEL BONIVA BONIVA EVISTA ACTONEL FORTEO BRAND UROXATRAL CARDURA XL CARDURA AVODART	300 4 4 3.7 1 1 3 1 1 2.4	30 30 30 30 30 30 30 90 30 30 30	1 3 5 0.034 1 1 1 Daily Dose 1 1 2 2 1	90		Y Y	1/1/2022
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13 022649 J/B BHI REAMEMINTS 9 Y TERAZOSIN HCL 1 and SMG CAPSULE TERAZOSIN HCL 12MG CAPSULE GENERIC ONLY 10 10 10 10 10 10 Y TERAZOSIN HCL 1 and SMG CAPSULE TERAZOSIN HCL 22MG CAPSULE GENERIC ONLY 10 10 10 10 Y TERAZOSIN HCL 2 and 10MG CAPSULE TERAZOSIN HCL 23MG CAPSULE GENERIC ONLY 10 10 V Refore Perazosin HCL 2MG CAPSULE GENERIC ONLY 10 10 V Refore Perazosin HCL 2MG CAPSULE Refore GENERIC ONLY 10 10 N2	33 047381 33 053574 33 05263 33 05947 33 05474 33 06678 33 06678 33 058915 33 06628 33 065915 33 063925 33 064421 34 044221 34 051587 34 051587 34 051246 34 051246 34 0412587 34 051246 34 041440	P4L P4B P4B	BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSION RESORPTION SUPPRESSION RESORPTION SUPPRESSION RESORPTION SUPPRESSION RESORPTION SUPPRESSION	1 2 3 4 5 6 7 7 8 9 9 10 11 12 14 15 0 1 2 3 4 4 5 6	Y Y Y Y Y Y Y Y Y Y Y Y Y Y	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 70MG/75ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG - 2800IU CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 31MG/3ML SYRINGE RALOXIFENE HCL 60MG TABLET IBANDRONATE SODIUM 31MG/3ML SYRINGE RALOXIFENE HCL 60MG TABLET ESEDRONATE SODIUM 150MG TABLET ERIPARATIDE 600 MCG/2.4 ML PEN BPH AGENTS ALFUZOSIN MESYLATE TABLETS DOXAZOSIN MESYLATE TABLETS DOXAZOSIN MESYLATE TABLETS DOXAZOSIN MESYLATE TABLETS DOXAZOSIN MESYLATE TABLETS DOXAZOSIN MESYLATE ABLETS DOXAZOSIN MESYLATE ABLETS DOXAZOSIN MESYLATE SMG TABLET EINSTERIDE 7.5MG TABLET	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 70MG/75ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET RALOXIFENE HCL 60MG TABLET RISEDRONATE SODIUM 150MG TABLET TERIPARATIDE 600 MCG/2.4 ML PEN BPH AGENTS ALFPLOSDIN MESYLATE 4MG ER TABLET DOXAZOSIN MESYLATE 4MG TABLET DOXAZOSIN MESYLATE 4MG TABLET DOXAZOSIN MESYLATE 4MG TABLET DUTASTERIDE 7.5MG TABLET DUTASTERIDE 7.5MG TABLET DUTASTERIDE 7.5MG TABLET DUTASTERIDE 7.5MG TABLET	FOSAMAX FOSAMAX / BINOSTO FOSAMAX / BINOSTO FOSAMAX P FOSAMAX P FOSAMAX PLUS D FORTICAL GENERIC ONLY DIDRONEL BONIVA BONIVA BONIVA BONIVA BONIVA BONIVA BONIVA BONIVA BONIVA CATONEL ACTONEL ACTONEL FORTEO BRAND UROXATRAL CARDURA XL CARDURA AVODART JALYN PROSCAR	300 4 4 3.7 1 1 3 1 1 2.4	30 30 30 30 30 30 30 90 30 30 30	1 3 5 0.034 1 1 1 1 2 1 1 2 1 1	90		Y Y	1/1/2022
19 17.0 <	33 047381 33 063574 33 062663 33 058947 33 062663 33 06678 33 006678 33 006679 33 006679 33 060257 33 060257 33 06432 34 045022 34 044421 34 045052 34 05587 34 051246 34 066352 34 041440 048484 041440	P4L P4L P4L	BONE RESORPTION SUPPRESSION AND RELATED AGENTS DONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSION AND RELATED SUPPRESSION SUPPRESSION AND RE	1 2 3 4 5 6 7 8 9 9 10 11 12 14 15 0 1 2 3 3 4 5 5 6 7	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 52 and 70MG TABLET ALENDRONATE SODIUM 70MG/T5ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 150MG TABLET IBANDRONATE SODIUM 3MG/3ML SYNINGE RALOXIENE HCL 60MG TABLET RISEDRONATE SODIUM 30MG TABLET RISEDRONATE SODIUM 30MG TABLET RISEDRONATE SODIUM 30MG TABLET RISEDRONATE SODIUM 150MG TABLET ENARATE SODIUM 150MG TABLET DISCASSIN HCL 10MG TABLET DOXAZOSIN MESYLATE TABLETS DOXAZOSIN MESYLATE TABLETS DOXAZOSIN MESYLATE RAMG TABLET DITASTERIDE 5MG TABLET DITASTERIDE 5MG TABLET SILDOSIN CAPSULES	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNTS NASA ETIDRONATE DISODIUM 200MG TABLET EIDRONATE SODIUM 200MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET RISEDRONATE SODIUM 3MG/3ML SYNINGE RALCXIFEN HCL 60MG TABLET RISEDRONATE SODIUM SMG TABLET RISEDRONATE SODIUM MG/3ML SYNINGE RALCXIFEN HCL 60MG TABLET TERIPARATIOE 600 MCG/2.4 ML PEN BPH AGENTS ALFUZOSIN HCL 10MG TABLET DOXAZOSIN MESYLATE 8MG TABLET DOXAZOSIN MESYLATE 8MG TABLET DUTASTERIDE SMG SABLET SILDOSING SMG SABLET SILDOSING AMG CAPSULE	FOSAMAX FOSAMAX / BINOSTO FOSAMAX FOSAMAX PL FOSAMAX PL FOSAMAX PLUS D FORTICAL GENERIC ONLY DIDRONEL BONIVA BONIVA BONIVA EVISTA ACTONEL FORTEO BRAND UROXATRAL CARDURA AVODART JALYN PROSCAR RAPAFLO	300 4 4 3.7 1 1 3 1 1 2.4	30 30 30 30 30 30 30 90 30 30 30	1 3 5 0.034 1 1 1 1 2 1 1 2 1 1	90		Y Y	1/1/2022 Updated
35 HIG3 THERAPEUTIC CLASS 0 Y BRONCHODILATORS & RESPIRATORY DRUGS BRAND Units Units Unit Refits Delity Delity Nace and the participation 35 05037 B6W BRONCHODILATORS, BETA AGONIST 1 Y ALBUTEROL 90 MGG INHALER & REFIL ALBUTEROL 0.33 MG/ML SOLUTION VENTOLIN 15 30 K K Y V Y ALBUTEROL 9.03 MG/ML SOLUTION REVEND 0.433 MG/ML SOLUTION REVEND 0.433 MG/ML SOLUTION 7 30 K K Y V <td< td=""><td>33 047381 33 053574 33 05263 33 05694 33 05694 33 02663 33 02678 33 058945 33 056915 33 056915 33 060257 33 045025 33 045102 33 045102 34 34 34 044421 34 051246 34 051246 34 051246 34 064352 34 041440 34 064384 34 042587 34 051246 34 051246 34 064382 34 041440 34 0427546</td><td>P4L P4L P4L</td><td>BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORTION SUPPRESSION AND RELATED AGENTS BONE RESORTS BONE RESORTION SUPPRESSION AND RELATED AGENTS BONE RESORTION SUPPRESSION AND RELATED AGENTS BONE RESORTION SUPPRESSION AND RELATED AGENTS BONE RESORTS BONE RESORTION SUPPRESSION AND RELATED AGENTS BONE RESORTION SUPPRESSION AND RELATED AGENTS BONE RESORTIONS BONE RESORTION SUPPRESSION SUPPRESSION SUPPRESSION</td><td>1 2 3 4 5 6 7 7 8 9 9 10 11 11 12 14 15 0 1 1 2 3 3 4 4 5 6 7 7 8</td><td>Y Y Y Y Y Y Y Y Y Y Y Y Y Y</td><td>ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. 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35005037B6WBRONCHODILATORS, BETA AGONIST1YALBUTEROL 90 MCG INHALER & REFILLALBUTEROL 90 MCG INHALERVENTOLIN183001YALBUTEROL 0.33 MG/ML SOLUTION35005039B6WBRONCHODILATORS, BETA AGONIST2YALBUTEROL 0.33 MG/ML SOLUTIONALBUTEROL 9.33 MG/ML SOLUTIONPROVENTIL3753009Y35005040B6WBRONCHODILATORS, BETA AGONIST3YALBUTEROL 5.MG/ML SOLUTIONALBUTEROL 5.MG/ML SOLUTIONPROVENTIL403009Y35025040B6WBRONCHODILATORS, BETA AGONIST4YALBUTEROL 5.MG/ML SOLUTIONALBUTEROL 5.MG/ML SOLUTIONPROVENTIL403009Y35025060B6WBRONCHODILATORS, BETA AGONIST4YALBUTEROL SMG/ML SOLCONTACTPROVENTIL 1FA543009935045698B6WBRONCHODILATORS, BETA AGONIST5YALBUTEROL SULATE 90 MCG INHALERALBUTEROL SULATE 90 MCG INHALERALBUTEROL SULATE 90 MCG INHALER1-00935045698B6WBRONCHODILATORS, BETA AGONIST6YALBUTEROL SULATE 90 MCG INHALERALBUTEROL SULATE 90 MCG INHALERALBUTEROL SULATE 90 MCG INHALER1-00Y35046598B6WBRONCHODILATORS, BETA AGONIST6YALBUTEROL SULATE 90 MCG INHALERALBUTEROL SULATE 90 MCG INHALERALBUTEROL SULATE 90 MCG INHALER1-	33 047381 33 053574 33 05263 33 05694 33 05678 33 05679 33 05695 33 05679 33 05673 33 066257 33 045102 34 04502 35 064257 36 064257 37 064431 34 045052 34 051246 34 051246 34 045481 34 045481 34 045287 34 041420 34 045484 34 051246 34 045484 34 045484 34 045484 34 045484 34 02546 34 02549	P4L P4L	BONE RESORPTION SUPPRESSION AND RELATED AGENTS DONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE FORMATION SUPPRESSION AND RELATED AGENTS BON FORMATION SUPPRESSION BOLDATED BON FORMATION SUPPRESSION BOLDATED BON FORMATIONS BON FOR	1 2 3 4 5 6 7 8 9 9 10 11 12 14 15 0 1 1 2 3 4 4 5 6 6 7 8 9 9	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 70MG/75ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG - 2800IU CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET BRADRENATE SODIUM 30MG TABLET BRADRENATE SODIUM 150MG TABLET RALOXIFENE HCL 60MG TABLET TERIPARATIDE 600 MCG/2.4 ML PEN BPH AGENTS ALFUZOSIN MESYLATE TABLETS DOXAZOSIN MESYLATE SMG TABLET TIAMSULOSIN CL 30MG TABLET SILDDOSIN CAPSULES TAMSULOSIN HCL 1.40MG CAPSULE	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE SODIUM 200MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET RALOXIFENE HCL 60MG TABLET RISEDRONATE SODIUM 150MG TABLET TERIPARATIDE 600 MCG/2.4 ML PEN BPH AGENTS ALFUZOSIN MESYLATE 4MG ER TABLET DOXAZOSIN MESYLATE 4MG TABLET DOXAZOSIN MESYLATE 4MG TABLET DOXAZOSIN MESYLATE 4MG TABLET DUTASTERIDE 7.5MG TABLET DUTASTERIDE 7.5MG TABLET DUTASTERIDE 7.5MG TABLET SILODOSIN 4MG CAPSULE TAMSULOSIN HCL 1.4MG CAPSULE	FOSAMAX FOSAMAX / BINOSTO FOSAMAX FOSAMAX / BINOSTO FOSAMAX FOSAMAXPUS FOSAMAXPUS FORTICAL GENERIC ONLY DIDRONEL BONIVA BONIVA BONIVA BONIVA BONIVA BONIVA CTONEL ACTONEL FORTEO BRAND UROXATRAL CARDURA AVODART JALYN PROSCAR RAPAFLO FLOMAX GENERIC ONLY	300 4 4 3.7 1 1 3 1 1 2.4	30 30 30 30 30 30 30 90 30 30 30	1 3 5 0.034 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	90		Y Y	1/1/2022 Updated
Construction Construction<	33 047381 33 047381 33 053574 33 05263 33 02663 33 02413 33 02413 33 02678 33 02678 33 058915 33 058915 33 05237 33 05430 34 043102 34 04421 34 045052 34 051276 34 051276 34 051276 34 04421 34 051276 34 051276 34 064846 34 027546 34 022659	P4L P4L	BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSI	1 2 3 4 5 6 7 7 8 9 9 10 11 11 12 14 15 0 1 1 2 3 3 4 4 5 6 7 7 8 9 9 10	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 3150MG TABLET IBANDRONATE SODIUM 316/3ML SYNINGE RALCOMFENE HALC 60MG TABLET RISEDRONATE SODIUM 30MG/3ML SYNINGE RALCOMFENE HALC 60MG TABLET RISEDRONATE SODIUM 30MG ABLET RISEDRONATE SODIUM 30MG TABLET RISEDRONATE SODIUM 30MG TABLET RISEDRONATE SODIUM 30MG TABLET DISODIT SODIUM 30MG TABLET ENALOWIENE HALC 60MG TABLET DISODITE SODIUM 30MG TABLET DISODITE SODIUM 5 and 30MG TABLET ENAPARTIDE 600 MCG/2.4 ML PEN BPH AGENTS DOXAZOSIN MESYLATE RAMG TABLET DITASTERIDE 5.MG TABLET DITASTERIDE 5.MG TABLET SLIDDOSIN CAPSULES TAMSULOSIN HCL 0.4MG CAPSULE TERAZOSIN HCL 2 and 10MG CAPSULE	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM/VITAMIN 03 70MG ALENDRONATE SODIUM/VITAMIN 03 70MG ALENDRONATE SODIUM/VITAMIN 03 70MG ALENDRONATE SODIUM/VITAMIN 03 70MG ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET RISEDRONATE SODIUM 3MG/3ML SYRINGE RALCOMFENE TALC 60MG TABLET RISEDRONATE SODIUM 3MG/3ML SYRINGE RALCOMFENE TALC 60MG TABLET RISEDRONATE SODIUM 3MG/3ML SYRINGE RALCOMFENE TALC 60MG TABLET DISEDRONATE SODIUM 150MG TABLET ENALOXIFENE TALC 60MG TABLET DISEDRONATE SODIUM SMG TABLET TERPARSING SMG CAPSULE TAMSULOSIN HCL 1.0MG CAPSULE TERAZOSIN HCL 2.MG CAPSULE	FOSAMAX BONIVA BONIVA BONIVA BONIVA BONIVA EVISTA ACTONEL ACTONEL ACTONEL FORTEO BRAND UROXATRAL CARDURA VODART JALYN PROSCAR RAPAFLO FLOMAX GENERIC ONLY GENERIC ONLY	300 4 4 3.7 1 3 1 2.4 Units	30 30 30 30 30 30 90 30 30 Until Refill	1 3 5 0.034 1 1 1 2 1 1 1 1 1 1 2 1 1 1 2 2	90 Max Days	Refills	Y Y Pkg Bill	1/1/2022 Updated
5 05032 <th0032< th=""> 05032 05032</th0032<>	33 047381 33 053574 33 05263 33 05474 33 02663 33 02673 33 056915 33 056915 33 056915 33 066251 33 06421 34 06422 34 044521 34 044521 34 064821 34 064821 34 064352 34 064352 34 064352 34 064352 34 064352 34 064352 34 064364 051264 051264 34 064362 34 064352 34 064364 022564 34 022564 34 35 35	P4L P4L	BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORTION SUPPRESSION AND RELATED AGENTS BON TREATMENTS BPH TREATMENTS B	1 2 3 4 5 6 7 7 8 9 9 10 11 11 12 14 15 0 1 1 2 3 3 4 4 5 6 7 7 8 9 9 10	A A A A	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET RALCOMFENE HACL 60MG TABLET RALCOMFENE HACL 60MG TABLET RISEDRONATE SODIUM 150MG TABLET RISEDRONATE SODIUM 50MG TABLET RISEDRONATE SODIUM 50MG TABLET ENDRONATE SODIUM 50MG TABLET DOXAZOSIN MESYLATE TABLETS DOXAZOSIN MESYLATE SMG TABLET SILDOSIN CAPSULES TAMSULOSIN HCL 0.4MG CAPSULE FINASTERIDE SMG TABLET SILDDOSIN CAPSULES TERAZOSIN HCL 1 and 5MG CAPSULE TERAZOSIN HCL 1 and 5MG CAPSULE BRONCHODILATORS & RESPIRATORY DRUGS	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET RALOWIFEN ELG 60MG TABLET RALOWIFEN ELG 60MG TABLET RALOWIFEN ELG 60MG TABLET RISEDRONATE SODIUM 150MG TABLET RISEDRONATE SODIUM 150MG TABLET RISEDRONATE SODIUM 50MG TABLET DOVAZOSIN MESYLATE 4MG ER TABLET DOVAZOSIN MESYLATE 4MG ER TABLET DOVAZOSIN MESYLATE 8MG TABLET SILDOSIN MG CAPSULE TENAZOSIN HCL 10MG CAPSULE TERAZOSIN HCL 10MG CAPSULE TERAZOSIN HCL 1MG CAPSULE TERAZOSIN HCL 1MG CAPSULE TERAZOSIN HCL 1MG CAPSULE TERAZOSIN HCL 1MG CAPSULE	FOSAMAX FOSAMAX/BINOSTO FOSAMAX FOSAMAXPD FOSAMAXPD FOSAMAXPU FORTICAL GENERIC ONLY DIDRONEL BONIVA BONIVA EVISTA ACTONEL ACTONEL FORTEO BRAND UROXATRAL CARDURA XL CARDURA XL CARDURA AVODART JALYN PROSCAR RAPAFLO FLOMAX GENERIC ONLY GENERIC ONLY BRAND UBAND BRAND	300 4 4 3.7 1 1 3 3 1 2.4 Units	30 30 30 30 30 90 90 30 Until Refill	1 3 5 0.034 1 1 1 2 1 1 1 1 1 1 2 1 1 1 2 2	90 Max Days	Refills	Y Y Pkg Bill	1/1/2022 Updated
30 00000 B6W BRONCHODILATORS, BETA AGONIST 4 Y ALBUTEROL SULFATE 90 MCG INHALER ALBUTEROL HFA 90 MCG INHALER INFORM MOVENTIL HFA 54 30 9 9 35 026500 B6W BRONCHODILATORS, BETA AGONIST 4 Y ALBUTEROL HFA 90 MCG INHALER ALBUTEROL SULFATE 90 MCG INHALER	33 047381 33 053574 33 052663 33 056947 33 05679 33 05679 33 05679 33 05679 33 05673 33 064257 33 04502 34 04502 34 045052 34 045052 34 051246 34 051246 34 051246 34 051246 34 045052 34 041421 34 051246 34 045252 34 041440 34 052649 34 022649 34 022650 35 35	P4L 948 HIG3 Q98 B66W	BONE RESORPTION SUPPRESSION AND RELATED AGENTS DONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE FORMATION SUPPRESSION AND RELATED AGENTS BON THEATMENTS BH TREATMENTS BH TREATMENT	1 2 3 4 5 6 7 8 9 9 10 11 12 4 15 0 11 2 3 3 4 4 5 6 6 7 8 9 9 10 0 0 1	A A A A	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 70MG/TSML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE SODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 150MG TABLET IBANDRONATE SODIUM 150MG TABLET RISDRONATE SODIUM 150MG TABLET RISDRONATE SODIUM 150MG TABLET RISDRONATE SODIUM 150MG TABLET RISDRONATE SODIUM 150MG TABLET DISDRONATE SODIUM 150MG TABLET TERIPARATIDE 600 MCG/2.4 ML PEN BPH AGENTS ALFVZOSIN MESYLATE TABLETS DOXAZOSIN MESYLATE TABLETS DISULOSIN HCL 0.4MG CAPSULE FIRAJENDE ASMG TABLET TENTEDE SMG TABLET SILDOSIN CAPSULES TAMSULOSIN HCL 1 and SMG CAPSULE BRONCHODILATORS & RESPIRATORY DRUGS ALBUTEROL 90 MCG INHALER & REFILL	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM/VITAMIN D3 TOMG ALENDRONATE SODIUM/VITAMIN D3 TOMG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASA ETIDRONATE SODIUM/ 200MG TABLET EIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 150MG TABLET IBANDRONATE SODIUM 150MG TABLET RISDRONATE SODIUM 150MG TABLET DISTRIBUEN HCL 10MG TABLET TERIPARATIDE 600 MCG/2.4 ML PEN BPH AGENTS ALFV2QSIN HCL 10MG TABLET DOXA20SIN MESYLATE 4MG ER TABLET DOXA20SIN MESYLATE 4MG ER TABLET DISTRIBUE 0.5MG TABLET DISTRIBUE 5.5MG TABLET DISTRIBUE SODIUM 150MG TABLET DISTRIBUE SOMG TABLET EINASTERIDE 5.5MG 5.0HG INASTERIDE 5.5MG 5.0HG INASTERIDE SOMG 5.0HG INASTERIDE SOMG 5.0HS TRAJCJOSIN MG CAPSULE TERA20SIN HCL 1 MG CAPSULE TERA20SIN HCL 2MG CAPSULE BRONCHODILATORS & RESPIRATORY DRUGS	FOSAMAX / BINOSTO FOSAMAX / BINOSTO FOSAMAX / BINOSTO FOSAMAX / BINOSTO FOSAMAX PLUS D FORTICAL GENERIC ONLY DIDRONEL BONIVA BONIVA BONIVA BONIVA BONIVA BONIVA EVISTA ACTONEL ACTONEL FORTEO BRAND UROXATRAL CARDURA XL CARDURA XL CARDURA AVODART JALYN PROSCAR RAPAFLO FLOMAX GENERIC ONLY BRAND VENTOLIN	300 4 4 3.7 1 3 1 2.4 Units Units 1 Units 18	30 30 30 30 30 30 30 30 30 30 Until Refill Until Refill 30	1 3 5 0.034 1 1 1 2 1 1 1 1 1 1 2 1 1 1 2 2	90 Max Days	Refills	Y Y Y Pkg Bill Pkg Bill Y	1/1/2022 Updated
35 080260 B6W BRONCHODILATORS, BETA AGONIST 5 Y ALBUTEROL SULFATE 90 MCG INHALR ALBUTEROL SULFATE 90 MCG INHALR PROAIR DIGIHALER 1 35 048698 B6W BRONCHODILATORS, BETA AGONIST 6 Y ALBUTEROL SULFATE 90 MCG INHALR ALBUTEROL SUL 0.63 MG/3 ML SOL GENERIC ONLY 375 30 Y 35 048699 B6W BRONCHODILATORS, BETA AGONIST 7 Y ALBUTEROL SUL 0.53 MG/3 ML SOL GENERIC ONLY 375 30 Y 35 048699 B6W BRONCHODILATORS, BETA AGONIST 7 Y ALBUTEROL SUL 1.25 MG/3 ML SOL GENERIC ONLY 375 30 Y 35 048699 B6W BRONCHODILATORS, BETA AGONIST 7 Y ALBUTEROL SUL 1.25 MG/3 ML SOL GENERIC ONLY 375 30 Y 35 048699 B6W BRONCHODILATORS, BETA AGONIST 8 Y ALBUTEROL SULFATE 2.5MG/0.5ML SOLUTION GENERIC ONLY 120 30 Y<	33 047381 33 053574 33 05263 33 05474 33 02663 33 02413 33 02678 33 02678 33 058915 33 060257 33 054102 33 045102 33 0545102 34 04421 34 045052 34 044421 34 051246 34 051246 34 051246 34 052457 34 05246 34 022649 34 022650 35 35 35 05037 35 05037	P4L P4L	BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSION AND RELATED SUPPRESSION AND RELATED SUPPRESSION AND RELATED AGENTS BRONCHODILATORS, BETA AGONIST BRONCHODILATORS	1 2 3 4 5 6 7 7 8 9 9 10 11 12 14 15 0 1 1 2 3 3 4 4 5 6 6 7 7 8 9 9 10 0 1 2	A A A A	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE SODIUM 200MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 3MG/3ML SYNINGE RALCOMFENE TALE 60MG TABLET RISEDRONATE SODIUM 30MG TABLET DUATS SODIUM 5 and 30MG TABLET RISEDRONATE SODIUM 150MG TABLET DUAZOSIN MESYLATE TABLET DOXAZOSIN MESYLATE RABLET DOXAZOSIN MESYLATE RABLET DUTASTERIDE 5.MG TABLET SLIDDOSIN CASPULES TAMSULOSIN HCL 0.4MG CAPSULE TERAZOSIN HCL 2 and 10MG CAPSULE TERAZOSIN HCL 2 and 10MG CAPSULE BRONCHODILATORS & RESPIRATORY DRUGS ALBUTEROL 9.0 MGC GINHALER & REFILL ALBUTEROL 0.8M MCG INHALER & REFILL ALBUTEROL 0.8M MCG INHALER & REFILL	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM/VITAMIN 03 70MG ALENDRONATE SODIUM/VITAMIN 03 70MG ALENDRONATE SODIUM/VITAMIN 03 70MG ALENDRONATE SODIUM/VITAMIN 03 70MG ALENDRONATE SODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET RISEDRONATE SODIUM 3MG/3ML SYRINGE RALCWIFEN ELG 60MG TABLET RISEDRONATE SODIUM 3MG/3ML SYRINGE RALCWIFEN ELG 60MG TABLET RISEDRONATE SODIUM 3MG TABLET ENADRONATE SODIUM 3MG TABLET RISEDRONATE SODIUM 150MG TABLET DISEDRONATE SODIUM 150MG TABLET DISEDRONATE SODIUM 150MG TABLET ENADRONATE SODIUM 150MG TABLET DISEDRONATE SODIUM 150MG CAPSULE TAMASULOSIN HCL 0.4MG CAPSULE TERAZOSIN HCL 2MG CAPSULE BRONCHODILATORS & RESPIRATORY DRUGS ALBUTEROL 0.83 MG/ML SOLUTION	FOSAMAX BONIVA BONIVA EVISTA ACTONEL ACTONEL ACTONEL FORTEO BRAND UROXATRAL CARDURA VODART JALYN PROSCAR RAPAFLO FLOMAX GENERIC ONLY BRAND VENTOLIN PROVENTLL ENTEL EN	300 4 4 3.7 1 3 1 3 1 2.4 Units 1 1 2.4 Units 1 8 375	30 30 30 30 30 90 90 30 30 Until Refill Until Refill 30 30 30	1 3 5 0.034 1 1 1 2 1 1 1 1 1 1 2 1 1 1 2 2	90 Max Days	Refills	У Y Y Y Pkg Bill Pkg Bill Y Y Y	1/1/2022 Updated
35 04569 B6W BRONCHODILATORS, BETA AGONIST 6 Y ALBUTEROL SUL 0.63 MG/3 ML SOL ALBUTEROL SUL 0.63 MG/3 ML SOL ALBUTEROL SUL 0.63 MG/3 ML SOL GENERIC ONLY 37 30 6 Y ALBUTEROL SUL 0.63 MG/3 ML SOL ALBUTEROL SUL 0.63 MG/3 ML SOL ALBUTEROL SUL 0.63 MG/3 ML SOL GENERIC ONLY 375 30 6 Y ALBUTEROL SUL 0.63 MG/3 ML SOL ALBUTEROL SUL 0.53 MG/3 ML SOL GENERIC ONLY 375 30 6 Y Y 35 04689 B6W BRONCHODILATORS, BETA AGONIST 7 Y ALBUTEROL SUL 1.25 MG/3 ML SOL GENERIC ONLY 375 30 6 Y Y 35 054687 B6W BRONCHODILATORS, BETA AGONIST 7 Y ALBUTEROL SUL 1.25 MG/3 ML SOL GENERIC ONLY 375 30 6 Y Y 35 054687 B6W BRONCHODILATORS, BETA AGONIST 8 Y ALBUTEROL SULFATE 2.5MG/0.5ML SOLUTION GENERIC ONLY 120 30 6 Y Y	33 047381 33 053574 33 05263 33 056947 33 056947 33 05678 33 056791 33 0569715 33 066275 33 0569715 33 06257 33 054312 34 045025 34 045052 34 045052 34 051246 051246 051246 34 05254 34 05254 34 052443 34 05252 34 051246 34 05254 34 052643 34 022546 34 022546 35 35 35 050307 35 35 35 05040	P4L P4L	BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE FORMATION STIM. AGENTS BONE FORMATION STIM. AGENTS BONE FORMATION STIM. AGENTS BONE FORMATION STIM. AGENTS BONE FORMATION STIM AGENTS BONCHODILATORS, BETA AGONIST BRONCHODILATORS, BETA	1 2 3 4 5 6 7 7 8 9 9 10 11 12 14 15 0 11 2 3 4 4 5 6 6 7 7 8 9 9 10 0 11 2 3	A A A A	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET RALDXIFENE HCL 60MG TABLET RALDXIFENE HCL 60MG TABLET RISEDRONATE SODIUM 150MG TABLET RISEDRONATE SODIUM 150MG TABLET RISEDRONATE SODIUM 150MG TABLET ENTERNARTIDE 600 MCG/2.4 ML PEN BPH AGENTS ALFUZOSIN HCL 10MG TABLET DOXA2OSIN MESYLATE TABLETS DOXA2OSIN MESYLATE ABLETS DOXA2OSIN MESYLATE SMG TABLET SILDDOSIN CAPSULES TERAZOSIN HCL 3 MG CAPSULE TERAZOSIN HCL 2 and 10MG CAPSULE TERAZOSIN HCL 2 and 10MG CAPSULE TERAZOSIN HCL 2 and 10MG CAPSULE BRONCHODLATORS & RESPIRATORY DRUGS ALBUTFROL 90 MCG INHALER & REFILL ALBUTEROL 90 MCG INHALER & REFILL ALBUTEROL 90 MCG INHALER & REFILL ALBUTEROL 95 MG/ML SOLUTION	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 70MG/75ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASA ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET RALDXIFENE HCL 60MG TABLET RISEDRONATE SODIUM 150MG TABLET RISEDRONATE SODIUM 150MG TABLET RISEDRONATE SODIUM 150MG TABLET RISEDRONATE SODIUM 150MG TABLET DISODIATE SODIUM 150MG TABLET ETIRIPARATIDE 600 MCG/2.4 ML PEN BPH AGENTS ALFUZOSIN HCL 10MG TABLET DOXA2OSIN MESYLATE 4MG ER TABLET DISATERIDE 0.5MG SOFTGEL DUTASTERIDE 0.5MG SOFTGEL DUTASTERIDE 5MG TABLET SILDDOSIN AMG CAPSULE TERAZOSIN HCL 2MG CAPSULE TERAZOSIN HCL 2MG CAPSULE TERAZOSIN HCL 2MG CAPSULE BRONCHODILTORS & RESPIRATORY DRUGS ALBUTEROL 90 MCG INHALER ALBUTEROL 90 MCG INHALER ALBUTEROL 90 MCG INHALER	FOSAMAX FOSAMAX/BINOSTO FOSAMAX FOSAMAX/BINOSTO FOSAMAXPU FOSAMAXPU FOSAMAXPU FORTICAL GENERICONLY DIDRONEL BONIVA EVISTA ACTONEL CARDURA ACTONEL FORTEO BRAND UROXATRAL CARDURA XL CARDURA XL CARDURA AVODART JALYN PROSCAR RAPAFLO FLOMAX GENERICONLY GENERICONLY GENERICONLY BRAND VENTOLIN PROVENTIL PROVENTIL	300 4 4 3.7 1 1 3 3 1 2.4 Units 2.4 Units 1 8 Units 1 8 375 40	30 30 30 30 30 90 30 Until Refill 30 30 Until Refill 30 30 30 30	1 3 5 0.034 1 1 1 2 1 1 1 1 1 1 2 1 1 1 2 2	90 Max Days	Refills	Y Y Y Pkg Bill Pkg Bill Y Y Y Y	1/1/2022 Updated
35 October Bow Decomposition State Additional Solution Solution Additional Solution Addition Addition	33 047381 33 053574 33 052663 33 05694 33 05678 33 05679 33 05695 33 05678 33 05679 33 05627 33 04502 34 04502 34 04502 34 04502 34 04521 34 051246 34 051246 34 051246 34 051246 34 045052 34 041421 34 051246 34 041420 34 041420 34 042650 35 35 35 05037 35 05039 35 05039 35 052690	P4L P4L	BONE RESORPTION SUPPRESSION AND RELATED AGENTS DONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE FORMATION SUPPRESSION AND RELATED SUPPRESSION SUPPRESSION AND RELATED SUPPRESSION S	1 2 3 4 4 5 6 7 7 8 9 9 10 11 2 14 15 0 1 1 2 3 4 4 5 6 7 7 8 9 9 10 0 1 2 2 3 4	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 52 and 70MG TABLET ALENDRONATE SODIUM 70MG/T5ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 150MG TABLET IBANDRONATE SODIUM 30MG/3ML SYNINGE RALOXIENE HCL 60MG TABLET RISEDRONATE SODIUM 30MG/3ML SYNINGE RALOXIENE HCL 60MG TABLET RISEDRONATE SODIUM 30MG/3ML SYNINGE RALOXIENE HCL 60MG TABLET DISCASUM 52 AND 42 AN	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TABL ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNTS NASA ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 150MG TABLET IBANDRONATE SODIUM 350MG TABLET RISEDRONATE SODIUM 350MG TABLET DISTERIPERTE BPH AGENTS ALFV20SIN HCL 10MG TABLET DOXA20SIN MESYLATE 450MG TABLET DOXA20SIN MESYLATE 450MG TABLET DOXA20SIN MESYLATE 450MG TABLET DOXA20SIN MESYLATE 450MG CAPSULE TAMSULOSIN HCL 0.40MG CAPSULE TERA2OSIN 450G TABLET TAMSULOSIN HCL 0.40MG CAPSULE TERA2OSIN 450 CAPSULE TERA20SIN MG CAPSULE TERA20SIN MG CAPSULE TERA20SIN MCL 240MG CAPSULE TERA20SIN MCL 240G CAPSULE TERA20SIN MCL 240MG CAPSULE TERA20SIN MCL 240G CAPSULE TERA20SIN MCL 240MG CAPSULE TERA20SIN MCL 240	FOSAMAX FOSAMAX / BINOSTO FOSAMAX FOSAMAX PLU FOSAMAX PLUS D FORTICAL GENERIC ONLY DIDRONEL BONIVA BONIVA BONIVA EVISTA ACTONEL FORTEO BRAND UROXATRAL CARDURA AVODART JALYN PROSCAR RAPAFLO FLOMAX GENERIC ONLY GENERIC ONLY GENERIC ONLY BRAND VENTOLIN PROVENTIL PROVENTIL PROVENTIL PROVENTIL PROVENTIL PROVENTIL PROVENTIL PROVENTIL PROVENTIL PROVENTIL PROVENTIL PROVENTIL	300 4 4 3.7 1 1 3 3 7 7 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	30 30 30 30 30 90 30 Until Refill 30 30 Until Refill 30 30 30 30	1 3 5 0.034 1 1 1 2 1 1 1 1 1 1 2 1 1 1 2 2	90 Max Days	Refills	Y Y Y Pkg Bill Pkg Bill Y Y Y Y	1/1/2022 Updated
5 054687 B6W BRONCHODILATORS, BETA AGONIST 8 Y ALBUTEROL SULTATE 2.5MG/0.5ML SOLUTION AGDITEROL SULTATE 2.5MG/0.5ML SOLUTION GENERIC ONLY 120 30 V A	33 047381 33 053574 33 05263 33 05474 33 02663 33 02678 33 02678 33 058947 33 058915 33 066275 33 058915 33 0662915 33 058915 33 056915 33 066293 33 045102 33 06325 34 044321 34 045025 34 044421 34 051246 34 051246 34 051246 34 022639 34 022630 35 35 35 35 35 35 35 05033 35 05039 35 05030 35 052800 35 052800<	P4L Q9B Q9B Q9B Q9B Q9B B66W B66W B66W B6W B6W B6W	BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSION AND RELATED SUPPRESSION BONE AGENTS BONE AGENT AGENTS BONE AGENTS BONE AGENT AGENTS BONE AGENT AGENTS BONE AGE	1 2 3 4 5 6 7 7 8 9 10 11 12 14 15 0 1 12 3 4 4 5 6 6 7 7 8 9 9 10 0 0 1 2 3 3 4 5 5	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET RISEDRONATE SODIUM 150MG TABLET RISEDRONATE SODIUM 150MG TABLET DOXAZOSIN MESVLATE ABLET DOXAZOSIN MESVLATE RAME TABLET DOXAZOSIN MESVLATE RAMG TABLET DOXAZOSIN MESVLATE RAMG TABLET DOXAZOSIN MESVLATE RAMG TABLET DOXAZOSIN MESVLATE RAMG TABLET DOXAZOSIN HCL 10MG TABLET DOXAZOSIN HCL 10MG CAPSULE TRANSULOSIN HCL 0.4MG CAPSULE TRADSULES GAT SALET SULDOSIN LCL 2 and 10MG CAPSULE TRAZOSIN HCL 2 and 10MG CAPSULE BRONCHODILATORS & RESPIRATORY DRUGS ALBUTEROL 9.3MG/ML SOLUTION ALBUTEROL 9.0 MCG INHALER ALBUTEROL SULFATE 90 MCG INHALER ALBUTEROL SULFATE 90 MCG INHALER	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM/VITAMIN 03 TOMG ALENDRONATE SODIUM/VITAMIN 03 TOMG ALENDRONATE SODIUM/VITAMIN 03 TOMG ALENDRONATE SODIUM/VITAMIN 03 TOMG ALENDRONATE DISODIUM 200MG TABLET EIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 300MG TABLET IBANDRONATE SODIUM 300MG TABLET RIADRONATE SODIUM 300MG TABLET RISEDRONATE SODIUM 300G TABLET DOXAZOSIN MESVLATE 400G TABLET DOXAZOSIN MESVLATE 400G FABLET DOXAZOSIN MESVLATE 400G ER TABLET DOXAZOSIN MESVLATE 400G ER TABLET DOXAZOSIN MESVLATE 400G CAPSULE TAMSULOSIN HCL 10MG CAPSULE TAMSULOSIN HCL 10MG CAPSULE TAMSULOSIN HCL 200G CAPSULE TERAZOSIN HCL 200G CAPSULE TERAZOSIN HCL 200G CAPSULE TERAZOSIN HCL 200G CAPSULE TERAZOSIN HCL 30G CAPSULE BRONCHODIATORS & RESPIRATORY DRUGS ALBUTEROL 9.0 MCG INHALER ALBUTEROL 9.0 MCG INHALER ALBUTEROL SULFATE 90 MCG INHALER ALBUTEROL SULFATE 90 MCG INHALER	FOSAMAX FORTCAL GENERIC ONLY ENISTA ACTONEL FORTEO BRAND UROXATRAL CARDURA VENTAL FLOMAX GENERIC ONLY BRAND FLOMAX GENERIC ONLY BRAND VENTOLIN PROVENTIL PRO	300 4 4 3.7 1 1 3 3 4 4 4 4 4 4 4 1 1	30 30 30 30 30 30 90 90 90 90 30 30 Until Refill 30 30 30 30 30 30 30	1 3 5 0.034 1 1 1 2 1 1 1 1 1 1 2 1 1 1 2 2	90 Max Days	Refills	У У У У У Рkg Bill Рkg Bill У У У У У У У У У У У У У	1/1/2022 Updated
	33 047381 33 053574 33 05263 33 056263 33 056947 33 05678 33 056715 33 056915 33 056915 33 06257 33 05325 33 05481 34 04421 34 051246 34 051246 34 051246 34 05254 34 05252 35 051246 34 027546 34 022649 34 022546 35 35 35 050307 35 05040 35 05040 35 080260 35 080260 36 080260	P41 948 HIG3 Q98 G98 G98 G98 G98 G98 B60W B60W B6W B6W	BONE RESORPTION SUPPRESSION AND RELATED AGENTS DONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE FORMATION SUPPRESSION	1 2 3 4 4 5 6 7 7 8 9 9 10 11 12 14 15 0 11 12 12 3 3 4 4 5 6 6 7 8 9 9 10 0 11 12 12 14 5 6 6 7 7 8 9 9 9 10 0 11 12 12 14 5 6 7 7 8 9 9 9 10 10 11 12 12 14 15 6 10 10 11 12 12 14 15 10 10 10 10 10 10 10 10 10 10 10 10 10	Å Å Å Å	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 70MG/TSML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE SODIUM 200MG TABLET ETIDRONATE SODIUM 200MG TABLET IBANDRONATE SODIUM 150MG TABLET IBANDRONATE SODIUM 150MG TABLET IBANDRONATE SODIUM 150MG TABLET IBANDRONATE SODIUM 150MG TABLET RISDRONATE SODIUM 150MG TABLET RISDRONATE SODIUM 150MG TABLET ALCOMFENE HCL 60MG TABLET TERIPARATIDE 600 MCG/2.4 ML PEN BPH AGENTS ALFUZOSIN HCL 10MG TABLET DOXAZOSIN MESYLATE TABLETS DOXAZOSIN MESYLATE TABLETS DOXAZOSIN MESYLATE TABLETS DOXAZOSIN MESYLATE TABLETS SIDDOSIN CAPSULES TAMSULOSIN HCL 10MG CAPSULE TERAZOSIN HCL 1 and SMG CAPSULE TERAZOSIN HCL 2 and SIMG CAPSULE BRONCHODLATORS & REFILL ALBUTEROL 50M SG INHALER & REFILL ALBUTEROL 50M SG INHALER & REFILL ALBUTEROL 50M SM/L SOLUTION ALBUTEROL 50MG INHALER ALBUTEROL SMG/ML SOLUTION ALBUTEROL SMG/ML SOLUTION ALBUTEROL SMG/ML SOLUTION ALBUTEROL 50M CG INHALER ALBUTEROL 50M CG INHALER	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 70MG/75ML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASA ETIDRONATE SODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 150MG TABLET IBANDRONATE SODIUM 150MG TABLET RISDRONATE SODIUM 150MG TABLET DOXAZOSIN MESYLATE 4MG FABLET DOXAZOSIN MESYLATE 4MG FA TABLET DOXAZOSIN MESYLATE 4MG FA TABLET DOXAZOSIN MESYLATE 4MG FA TABLET DOXAZOSIN MESYLATE 4MG CAR SULE TAMSULOSIN HCL 10MG CAPSULE TAMSULOSIN HCL 10MG CAPSULE TERAZOSIN HCL 1MG CAPSULE TERAZOSIN HCL 2MG CAPSULE ALBUTEROL 6.03 MG/ML SOLUTION ALBUTEROL FAR 90 MGG INHALER ALBUTEROL 50 MGG INHALER ALBUTEROL 50 MG/ML SOLUTION	FOSAMAX FOSAMAX / BINOSTO FOSAMAX FOSAMAX / BINOSTO FOSAMAX PUS D FORTICAL GENERIC ONLY DIDRONEL BONIVA BONIVA BONIVA BONIVA BONIVA BONIVA EVISTA ACTONEL ACTONEL ACTONEL ACTONEL ACTONEL FORTEO BRAND UROXATRAL CARDURA XL CARDURA XL CARDURA XL CARDURA AVODART JALYN PROSCAR RAPAFLO FONTAL GENERIC ONLY GENERIC ONLY GENERIC ONLY BRAND VENTULIN PROVENTIL PROVE	300 4 4 3.7 1 3 3 1 2.4 Units 1 8 375 40 54 1 375	30 30 30 30 30 90 30 40 30 40 40 30 30 30 30 30 30 30 30 30 30 30 30 30	1 3 5 0.034 1 1 1 2 1 1 1 1 1 1 2 1 1 1 2 2	90 Max Days	Refills	У Y Y Y Y Pkg Bill Pkg Bill Y Y Y Y Y Y	1/1/2022 Updated
35 073806 B6W Information 9 Y ALBUTEROL SULFATE INHAL POWDER ALBUTEROL SULFATE INHAL POWDER PROAIR RESPICULCK 6 30 Y	33 047381 33 047381 33 053574 33 05263 33 02663 33 02413 33 02473 33 02473 33 02678 33 05678 33 05627 33 05325 33 054102 33 054102 33 05421 34 04421 34 045052 34 051276 34 051276 34 051276 34 051276 34 051276 34 051276 34 022649 34 022650 35 05037 35 005037 35 026090 35 028020 35 048699 35 048699	P4L P4L	BONE RESORPTION SUPPRESSION AND RELATED AGENTS DONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSION AND RELATED RESORPTION SUPPRESSION SUPPRESSION SUPPRESSION SUPPRESSION SUPPRESSION SUPPRESSION SUPRESSIO	1 2 3 4 4 5 6 7 7 8 9 9 10 11 12 14 15 0 1 1 2 3 4 4 5 6 6 7 7	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 70MG/TSML SOLUTION ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 3MG/3ML SYNINGE RALCOXFENE HALC 60MG TABLET RISEDRONATE SODIUM 3MG/3ML SYNINGE RALCOXFENE HALC 60MG TABLET RISEDRONATE SODIUM 30MG TABLET RISEDRONATE SODIUM 30MG TABLET ENALOXIENE HALC 60MG TABLET DISEDRONATE SODIUM 150MG TABLET ENALOXIENE HALC 60MG TABLET DISEDRONATE SODIUM 150MG TABLET ENALOXIENE HALC 60MG TABLET DISEDRONATE SODIUM 150MG TABLET DISEDRONATE SODIUM 100MG CARSULE DITASTERIDE 50M CG/2.4 ML PEN BPH AGENTS DISLOSIN HCL 10MG TABLET DISEDRONATE SODIUM 100MG CAPSULE TRAZOSIN HC2 1 ANG CAPSULE TERAZOSIN HC2 0.4 MG CAPSUL	ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TABL ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 300MG TABLET IBANDRONATE SODIUM 30MG TABLET RISEDRONATE SODIUM 30MG TABLET DISONATE SODIUM 30MG TABLET RISEDRONATE SODIUM 30MG TABLET DISEDRONATE SODIUM 30MG TABLET RISEDRONATE SODIUM 150MG TABLET DISEDRONATE SODIUM 150MG CAPSULE TAMSULOSIN HCL 10MG CAPSULE TAMSULOSIN HCL 0.4MG CAPSULE TERAZOSIN HCL 11MG CAPSULE TERAZOSIN HCL 11MG CAPSULE BRONCHODILATORS & RESPIRATORY DRUGS ALBUTEROL 50M 60G INHALER ALBUTEROL 50MG 70ML SOLUTION ALBUTEROL SULFATE 30M MG3 ML SOL ALBUTEROL SULFATE 30M MG3 ML SOL	FOSAMAX FOSAMAX/ BINOSTO FOSAMAX FOSAMAX PLU FOSAMAX PLU FOSAMAX PLUS D FORTICAL GENERIC ONLY DIDRONEL BONIVA BONIVA BONIVA EVISTA ACTONEL FORTEO BRAND UROXATRAL CARDURA ACTONEL FORTEO BRAND UROXATRAL CARDURA AVODART JALYN PROSCAR RAPAFLO FLOMAX GENERIC ONLY BRAND VENTOLIN PROVENTIL PR	300 4 4 3.7 1 3.7 1 3 3 7 1 2.4 Units 7 7 5 4 0 54 1 1 375 375	30 30 30 30 30 30 30 30 30 Until Refill 30 30 30 30 30 30 30 30 30 30 30 30 30	1 3 5 0.034 1 1 1 2 1 1 1 1 1 1 2 1 1 1 2 2	90 Max Days	Refills	У У У У У Рkg Bill Рkg Bill У У У У У У У У У У У У У	1/1/2022 Updated
	33 047381 33 053574 33 05263 33 05678 33 02663 33 02673 33 026713 33 0589413 33 056915 33 060257 33 045102 33 045102 33 045102 34 04431 34 04432 34 044421 34 045025 34 044421 34 045287 34 04440 34 066352 34 0422650 35 05033 35 05033 35 05033 35 05040 35 05260 35 048698 36 048688 37 048688 38 05260 35 048698 36 <t< td=""><td>P4L P4L P4L</td><td>BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSION AND RELATED SUPPRESSION BONE RESORPTION SUPPRESSION SUPPRESSION SUPPRESSION SUPPRESSION SUPPRESSION SU</td><td>1 2 3 4 4 5 6 7 7 8 9 10 11 11 12 14 15 0 11 12 3 3 4 4 5 6 6 7 8 9 9 10 0 11 12 12 3 4 4 5 5 6 7 7 8 9 9 10 11 12 12 14 5 6 7 7 8 9 9 10 11 12 12 14 15 6 7 8 9 9 10 11 12 12 14 15 15 10 11 12 11 11</td><td>Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y</td><td>ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET IBANDRONATE SODIUM 30MG TABLET IBANDRONATE SODIUM 30MG TABLET RANDRONATE SODIUM 30MG TABLET RISEDRONATE SODIUM 30MG TABLET RISEDRONATE SODIUM 150MG TABLET RISEDRONATE SODIUM 150MG TABLET RISEDRONATE SODIUM 50MG TABLET RISEDRONATE SODIUM 50MG TABLET DVAZOSIN MESYLATE TABLETS DOXAZOSIN MESYLATE RABLETS DOXAZOSIN MESYLATE RABLETS DOXAZOSIN MESYLATE RABLETS DITASTERIDE 5MG TABLET SILODOSIN CAPSULES TAMSULOSIN HCL 0.4MG CAPSULE TERAZOSIN HCL 2 and 10MG CAPSULE TERAZOSIN HCL 2 and 10MG CAPSULE BRONCHOILATORS & RESPIRATORY DRUGS ALBUTEROL 4D ANG INHALER & REFILL ALBUTEROL 4D ANG INHALER ALBUTEROL SULFATE 9 MGS INHALER</td><td>ALENDRONATE SODIUM SMG TABLET ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM 35 MG TAB ALENDRONATE SODIUM/VITAMIN 03 70MG ALENDRONATE SODIUM/VITAMIN 03 70MG ALENDRONATE SODIUM/VITAMIN 03 70MG ALENDRONATE SODIUM/VITAMIN 03 70MG ALENDRONATE SODIUM 200MG TABLET ETIDRONATE DISODIUM 200MG TABLET ETIDRONATE SODIUM 200MG TABLET IBANDRONATE SODIUM 30MG/ABLET IBANDRONATE SODIUM 30MG TABLET RISEDRONATE SODIUM 30MG TABLET RISEDRONATE SODIUM 150MG TABLET SUDUTASTERIDE 600 MCG/2.4 ML PEN BPH AGENTS ALFJUZOSIN MESYLATE 4MG ER TABLET DOXAZOSIN MESYLATE 4MG ER TABLET SILODOSIN MESYLATE 4MG ER TABLET SILODOSIN MESYLATE 4MG ER TABLET SILODOSIN MESYLATE 4MG ER TABLET SILODOSIN MESYLATE 4MG ER TABLET ERAZOSIN HCL 2MG CAPSULE TERAZOSIN HCL 2MG CAPSULE BRONCHOLZ AR SUDUTION ALBUTEROL 4D MCG INHALER ALBUTEROL 30 MCG INHALER ALBUTEROL SULFATE 90 MCG INHALER ALBUTEROL SULFATE 90 MCG INHALER ALBUTEROL SULFATE 90 MCG INHALER ALBUTEROL SULFATE 90 MG/3 ML SOL ALBUTEROL SULFATE 90 MG/3 ML SOL</td><td>FOSAMAX FOSAMAX FONEL BONIVA BONIVA BONIVA BONIVA EVISTA ACTONEL FORTEO BRAND UROXATRAL CARDURA XL CARDURA XL CARDURA XL CARDURA AVODART JAVN PROSCAR RAPAFLO FLOMAX GENERICONLY BRAND VENTOLIN PROVENTIL PROVENTIL PROVENTIL PROVENTIL FA PROAIR DIGHALER GENERICONLY GENERICONLY GENERICONLY GENERICONLY</td><td>300 4 4 3.7 1 3.7 1 3.7 1 3.7 1 3.7 1 1 3.7 5 40 54 1 375 54 1 375 5120</td><td>30 30 30 30 30 30 90 90 30 30 Until Refill 30 30 30 30 30 30 30 30 30 30 30 30</td><td>1 3 5 0.034 1 1 1 2 1 1 1 1 1 1 2 1 1 1 2 2</td><td>90 Max Days</td><td>Refills</td><td>У У У У У Рkg Bill Рkg Bill У У У У У У У У У У У У У</td><td>1/1/2022 Updated</td></t<>	P4L P4L	BONE RESORPTION SUPPRESSION AND RELATED AGENTS BONE RESORPTION SUPPRESSION AND RELATED SUPPRESSION BONE RESORPTION SUPPRESSION SUPPRESSION SUPPRESSION SUPPRESSION SUPPRESSION SU	1 2 3 4 4 5 6 7 7 8 9 10 11 11 12 14 15 0 11 12 3 3 4 4 5 6 6 7 8 9 9 10 0 11 12 12 3 4 4 5 5 6 7 7 8 9 9 10 11 12 12 14 5 6 7 7 8 9 9 10 11 12 12 14 15 6 7 8 9 9 10 11 12 12 14 15 15 10 11 12 11 11	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	ALENDRONATE SODIUM 5, 10 and 40MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM 35 and 70MG TABLET ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG ALENDRONATE SODIUM/VITAMIN D3 70MG CALCITONIN,SALMON,SYNTHETIC 200 UNITS NASAL SPR. 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35		B6Y	BRONCHODILATORS, BETA AGONIST	10	Y		ARFORMOTEROL TARTRATE 15MCG/2ML SOLUTIO		120	30				Y]
35		B6Y	BRONCHODILATORS & RESPIRATORY DRUGS	12	Y		ORMOTEROL FUMARATE 20MCG/2ML SOLUTION		120	30				Y	
35	067600	B6Z	BRONCHODILATORS & RESPIRATORY DRUGS BRONCHODILATORS & RESPIRATORY DRUGS	13	Y		NDACATEROL MALEATE 75MCG CAPSULE	ARCAPTA NEOHALER	30	30				Y	
35	049871	B6W	BRONCHODILATORS & RESPIRATORY DRUGS BRONCHODILATORS & RESPIRATORY DRUGS	14	Y		EVALBUTEROL HCL 0.31MG/3ML SOLUTION	XOPENEX	270	30	12			Y	1/1/2022
35	041848	B6W	BRONCHODILATORS & RESPIRATORY DRUGS BRONCHODILATORS & RESPIRATORY DRUGS	15	Y			XOPENEX	270	30	9			Y	
35	057879	B6W	BRONCHODILATORS & RESPIRATORY DRUGS BRONCHODILATORS & RESPIRATORY DRUGS	16	Y			XOPENEX CONCENTRATE	90	30					
35	041849	B6W	BRONCHODILATORS & RESPIRATORY DRUGS BRONCHODILATORS & RESPIRATORY DRUGS	17	Y			XOPENEX	270	30	9			Y	
35	058890	B6W		18	Y		EVALBUTEROL TARTRATE 45MCG INHALER 15GRA		30	30				Y	
36	36	HIC3	THERAPEUTIC CLASS CALCIUM CHANNEL BLOCKERS	0	Y			BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
36	079995	A9A	CALCIUM CHANNEL BLOCKERS	1	Y			KATERZIA			10				
36	016925	A9A	CALCIUM CHANNEL BLOCKERS	2	Y		AMLODIPINE BESYLATE 2.5MG TABLET	NORVASC			1				
36	017205	A9A	CALCIUM CHANNEL BLOCKERS	3	Y		DILTIAZEM HCL 120MG CAPSULE	CARDIZEM CD / CARTIA XT / DIL			1				
36	016571	A9A	CALCIUM CHANNEL BLOCKERS	4	Y		DILTIAZEM HCL 240MG CAPSULE	CARDIZEM CD / CARTIA XT / DIL	ACOR X	(R / TIAZIC	2				
36	051801	A9A		5	Y		DILTIAZEM HCL 120MG TABLET	CARDIZEM LA / MATZIM LA			1				
36	021743	1011	CALCIUM CHANNEL BLOCKERS	6	Y			GENERIC ONLY			1				
36	029258	A9A	CALCIUM CHANNEL BLOCKERS	7	Y			DYNACIRC CR			1				
36	080610	A9A	CALCIUM CHANNEL BLOCKERS	7.5	Y		EVAMLODIPINE MALEATE 2.5 MG TABLET	CONJUPRI			1				
36	029259	A9A	CALCIUM CHANNEL BLOCKERS	8	Y			DYNACIRC CR			2				
36		A9A		9	Y			ADALAT CC / NIFEDIAC / PROCA	RDIA		1				
36	012060	A9A	CALCIUM CHANNEL BLOCKERS	10	Y			PROCARDIA XL			2				
36	000579	A9A	CALCIUM CHANNEL BLOCKERS	11	Y		NIMODIPINE 30MG CAPSULE	GENERIC ONLY			12				
36	080991	A9A	CALCIUM CHANNEL BLOCKERS	11.1	Y		NIMODIPINE 30 MG/5 ML ORAL SYRINGE	NYMALIZE			30	21			
36	080992	A9A	CALCIUM CHANNEL BLOCKERS CALCIUM CHANNEL BLOCKERS	11.2	Y		NIMODIPINE 60 MG/10 ML ORAL SYRINGE	NYMALIZE			60	21			
36	082451	A9A		11.3	Y			NYMALIZE			120	21			1/1/2022
36	063730	A9A	CALCIUM CHANNEL BLOCKERS	12	Y		NISOLDIPINE 8.5MG TABLET	SULAR			1				
36	024500	A9A	CALCIUM CHANNEL BLOCKERS	13	Y		NISOLDIPINE 30MG TABLET	GENERIC ONLY			2				
36	041651	A9A	CALCIUM CHANNEL BLOCKERS	14	Y			VERELAN PM			1]
36	041652	A9A	CALCIUM CHANNEL BLOCKERS	15	Y			VERELAN PM			2				
36	026486	A9A	CALCIUM CHANNEL BLOCKERS	16	Y			VERELAN			1				
36	015066	A9A	CALCIUM CHANNEL BLOCKERS	17	Y	,	/ERAPAMIL HCL 120MG CAPSULE	VERELAN			1]
36	015067	A9A	CALCIUM CHANNEL BLOCKERS	18	Y		/ERAPAMIL HCL 240MG CAPSULE	VERELAN			2				
36	015959	A9A	CALCIUM CHANNEL BLOCKERS	19	Y		/ERAPAMIL HCL 120MG TABLET	CALAN SR / ISOPTIN SR			2				
37	37	HIC3	THERAPEUTIC CLASS	0	Y	CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	CEPHALOSPORINS AND RELATED ANTIBIOTICS (Or	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
37	063606	W1A	CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	1	Y			MOXATAG ER				14	1		
37	050991	W1A	CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	2	Y	AMOXICILLIN/POTASSIUM CLAVULANTE TABLETS ALL STRIA						14	1		
37	026719	W1A	CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	3	Y	AMOXICILLIN/POTASSIUM CLAVULANTE CHEWABLE TABLIA	AMOXICILLIN/POTASSIUM CLAVULANTE 200-28.5 T	AMOX-TR				14	1		
37	008941	W1A	CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	4	Y	AMPICILLIN TRIHYDRATE ALL STRENGTHS A	AMPICILLIN TRIHYDRATE 250 MG CAPSULE	GENERIC ONLY				14	1		
37	009105	W1X	CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	5	Y	CEFACLOR SUSPENSIONS, CAPSULE and ER TABLETS ALL S	CEFACLOR 500MG CAPSULE	GENERIC ONLY				14	1		
37	040257	W1X	CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	6	Y	CEFDINIR CAPSULES and SUSPENSIONS C	CEFDINIR 300 MG CAPSULE	GENERIC ONLY				14	1		
37	048262	W1X	CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	7	Y		CEFADROXIL 500 MG CAPSULE	GENERIC ONLY				14	1		
37	048978	W1X	CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	8	Y		CEFDITOREN PIVOXIL 200 MG TAB	GENERIC ONLY				14	1		
37	009182	W1X	CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	9	Y		CEFIXIME 100 MG/5 ML SUSP	SUPRAX				14	1		
37	016929	W1X	CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	11	Y		CEFPODOXIME 50 MG/5 ML SUSP	GENERIC ONLY				14	1		
37	016582	W1X	CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	12	Y	CEFPROZIL SUSPENSIONS and TABLETS C	CEFPROZIL 125 MG/5 ML SUSP	GENERIC ONLY				14	1		
37	009137	W1X	CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	13	Y			CEFTIN			1	14	1		
37	009042	W1W	CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	14	Y	CEPHALEXIN CAPSULE, TABLETS AND SUSPENSIONS	CEPHALEXIN 250 MG CAPSULE	KEFLEX				14	1		
37	008983	W1A	PENICILLIN	15	Y	DICLOXACILLIN SODIUM CAPSULES	DICLOXACILLIN SODIUM 250 MG CAPSULE	GENERIC ONLY				14	1		
37	008876	W1A	PENICILLIN ANTIBIOTICS	16	Y	PENICILLIN V POTASSIUM VK SOLUTIONS P	PENICILLIN V POTASSIUM VK 125 MG/5 ML SOLUTI	GENERIC ONLY				14	1		
39	39	HIC3	THERAPEUTIC CLASS	0	Y	COPD AGENTS C	COPD AGENTS	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
39	069855	B61	COPD AGENTS	1	Y	ACLIDINIUM BROMIDE 400MCG INHALER A	ACLIDINIUM BROMIDE 400MCG INHALER	TUDORZA PRESSAIR	1	30				Y	
39	048018	B60	COPD AGENTS	2	Y	IPRATROPIUM/ALBUTEROL SULFATE 0.5MG-3MG/3ML SO IF	PRATROPIUM/ALBUTEROL SULFATE 0.5MG-3MG/3	DUONEB	540	30				Y	
39	069371	B60	COPD AGENTS	3	Y			COMBIVENT RESPIMAT	4	30				Y	
39	059081	B60	COPD AGENTS	4	Y	IPRATROPIUM BROMIDE INHALER	PRATROPIUM BROMIDE INHALER	ATROVENT HFA	25.8	30				Y	
39	021700	B60	COPD AGENTS	5	Y	IPRATROPIUM BROMIDE 0.02% SOLUTION 0.25MG/ML 2.			450	30				Y	
39	024457	Q7A	COPD AGENTS	6	Y	IPRATROPIUM BROMIDE 0.03% SPRAY 30ML	PRATROPIUM BROMIDE 0.03% SPRAY 30ML	ATROVENT	30	30				Y	
39	024456	Q7A	COPD AGENTS	7	Y	IPRATROPIUM BROMIDE 0.06% SPRAY 15ML	PRATROPIUM BROMIDE 0.06% SPRAY 15ML	ATROVENT	15	30				Y	
39	079272	B61	COPD AGENTS	8	Y			YUPELRI			3				
39	066612	Z2X	COPD AGENTS	9	Y	ROFLUMILAST 500MG TABLET R	ROFLUMILAST 500MG TABLET	DALIRESP			1				
39	050714	B61	COPD AGENTS	10	Y		TIOTROPIUM BROMIDE 18MCG CAP-HANDIHALER				1			Y	
40	40	HIC3	THERAPEUTIC CLASS	0	Y	CYTOKINE & CAM ANTAGONISTS C	CYTOKINE & CAM ANTAGONISTS	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
40	067681	\$2Q	CYTOKINE & CAM ANTAGONISTS	1	Y		ABATACEPT 125MG/ML SYRINGE	ORENCIA	4	30					
40	060226	\$2Q	CYTOKINE & CAM ANTAGONISTS	2	Y		ABATACEPT/MALTOSE 250MG VIAL	ORENCIA	4	30					
40	072952	\$2Q	CYTOKINE & CAM ANTAGONISTS	3	Y		ADALIMUMAB 10MG/0.2ML SYRINGE	HUMIRA	2	28				Y	
40	078672	S2J	CYTOKINE & CAM ANTAGONISTS	4	Y		ADALIMUMAB PEN INJECTOR KIT	HUMIRA	3						
40	077870	S2J	CYTOKINE & CAM ANTAGONISTS	5	Y	ADALIMUMAB PEN 80 MG/0.8 ML A	ADALIMUMAB PEN 80 MG/0.8 ML	HUMIRA(CF)	3						
40	048899	S2M	CYTOKINE & CAM ANTAGONISTS	6	Y		ANAKINRA 100MG/0.67ML SYPRINGE	KINERET			0.67		- 1	Y	
40	072075	S2Z	CYTOKINE & CAM ANTAGONISTS	7	Y			OTEZLA			2		- 1		
40	073370	S2Z	CYTOKINE & CAM ANTAGONISTS	8	Y			OTEZLA					0	Y	
40	077445	Z2Z	CYTOKINE & CAM ANTAGONISTS	9	Y		BARICITINIB 2 MG TABLET	OLUMIANT			1				
40	065189	S2J	CYTOKINE & CAM ANTAGONISTS	10	Ŷ		CERTOLIZUMAB PEGOL 200MG/ML SYRINGE KIT	CIMZIA	1	28	1		-		
40	040869	S2J	CYTOKINE & CAM ANTAGONISTS	12	Y		TANERCEPT 25MG KIT	ENBREL	8	28				Y	
40	062624	52J S2J	CYTOKINE & CAM ANTAGONISTS	13	Y			ENBREL	4	28	1			Y	
40	065113	52J S2J	CYTOKINE & CAM ANTAGONISTS	14	Y	GOLIMUMAB 50MG/0.5ML PEN INJECTOR AND SYRINGES		SIMPONI	0.5	30	1				
40	077565	L1A	CYTOKINE & CAM ANTAGONISTS	15	Y		GUSELKUMAB 100 MG/ML SYRINGE	TREMFYA	1	30		56			
40	040650	52J	CYTOKINE & CAM ANTAGONISTS	16	Y			REMICADE	-	50		56			
		Z2Z	CYTOKINE & CAM ANTAGONISTS	17	Ŷ			XELIANZ			2				
40	070233														
40 40	070233 081537	Z2Z Z2Z	CYTOKINE & CAM ANTAGONISTS	17.5	Y	TOFACITINIB CITRATE 1 MG/ML SOLUTION T	TOFACITINIB CITRATE 1 MG/ML SOLUTION	XELIANZ	240	30	8				

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	080628	Z2Z	CYTOKINE & CAM ANTAGONISTS CYTOKINE & CAM ANTAGONISTS	18	Y	TOFACITINIB CITRATE XR TABLETS	TOFACITINIB CITRATE 22 MG TABLET	XELJANZ XR			1				
	080125 065993	Z2Z Z2U	CYTOKINE & CAM ANTAGONISTS	19 20	ř	UPADACITINIB ER 15 MG TABLET USTEKINUMAB SYRINGES	UPADACITINIB ER 15 MG TABLET USTEKINUMAB 45MG/0.5ML SYRINGE	RINVOQ STELARA	-		1	84	ł —		
40		HIC3	THERAPEUTIC CLASS	0	Y	FLUOROQUINOLONES (Oral)	FLUOROQUINOLONES (Oral)	BRAND	Units	Until Refill	Daily Dose	Max Davs	Refills	Pkg Bill	Updated
43		W1Q	FLUOROQUINOLONES (Oral)	1	Y	CIPROFLOXACIN HCL TABLETS ALL STRENGTHS	CIPROFLOXACIN HCL 100MG TABLET	CIPRO				14	1		opulicu
43	053004	W1Q	FLUOROQUINOLONES (Oral)	2	Y	CIPROFLOXACIN ER TABLETS	CIPROFLOXACIN ER 1,000 MG TABLET	CIPRO XR				14	1		
43		W1Q	FLUOROQUINOLONES (Oral)	3	Y	CIPROFLOXACIN SUSPENSIONS	CIPROFLOXACIN 250 MG/5 ML SUSP	CIPRO				14	1		
43		W1Q	FLUOROQUINOLONES (Oral)	4	Y	CIPROFLOXACIN/CIPROFLOXA HCL TABLETS ALL STRENGT						14	1		
43		W1D	FLUOROQUINOLONES (Oral)	5	Y	CLARITHROMYCIN SUSPENSIONS and TABLETS	CLARITHROMYCIN 500 MG TABLET	BIAXIN				14	1		
43		W1Q	FLUOROQUINOLONES (Oral) FLUOROQUINOLONES (Oral)	6	Y	DELAFLOXACIN MEGLUMINE 450 MG TABLET	DELAFLOXACIN MEGLUMINE 450 MG TABLET	BAXDELA				14	1		
	053835	W1Q	FLUOROQUINOLONES (Oral)	8	Y Y	GEMIFLOXACIN MESYLATE 320MG TABLET	GEMIFLOXACIN MESYLATE 320MG TABLET	FACTIVE				14	1		
43	058310	W1Q W1Q	FLUOROQUINOLONES (Oral)	9	Y	LEVOFLOXACIN SOLUTIONS AND TABLETS	LEVOFLOXACIN 25MG/ML SOLUTION MOXIFLOXACIN HCL 400MG TABLET	LEVAQUIN AVFLOX				14 14	1		
43		W10	FLUOROQUINOLONES (Oral)	10	Ý	OFLOXACIN TABLETS	OFLOXACIN 300 MG TABLET	GENERIC ONLY				14	1		
44	44	HIC3	THERAPEUTIC CLASS	0	Y	GLUCOCORTICOIDS (Inhaled)	GLUCOCORTICOIDS (Inhaled)	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
44	077643	B6M	GLUCOCORTICOIDS (Inhaled)	1	Y	BECLOMETHASONE DIPROPIONATE 40MCG INHALER	BECLOMETHASONE DIPROPIONATE 40MCG INHAL	QVAR REDIHALER	10.6	30				Y	
44	077644	B6M	GLUCOCORTICOIDS (Inhaled)	2	Y	BECLOMETHASONE DIPROPIONATE 80MCG INHALER	BECLOMETHASONE DIPROPIONATE 40MCG INHAL		21.2	30				Y	
44		P5A	GLUCOCORTICOIDS	3	Y	BUDESONIDE CAPSULES	BUDESONIDE 6 MG CAPSULE	ORTIKOS ER			1				
44	025750	P5A	GLUCOCORTICOIDS GLUCOCORTICOIDS (Inhaled)	4	Y	BUDESONIDE EC 3MG CAPSULE	BUDESONIDE EC 3MG CAPSULE	ENTOCORT			3		-		
44		B6M B6M	GLUCOCORTICOIDS (Inhaled)	5	Y	BUDESONIDE FLEXHALERS	BUDESONIDE 90MCG FLEXHALER	PULMICORT FLEXHALER PULMICORT	1 120	30				Y	
44	046525	B6IVI B63	GLUCOCORTICOIDS (Inhaled)	6	Y	BUDESONIDE RESPULES	BUDESONIDE 0.25MG/2ML SUSPENSION		-	30			+	Y	
44		B63	GLUCOCORTICOIDS (Inhaled)	8	Y	BUDESONIDE/FORMOTEROL FUMARATE INHALERS BUDESONIDE/GLYCOPYR/FORMOTEROL INHALER	BUDESONIDE/FORMOTEROL FUMARATE 80-4.5MC BUDESONIDE/GLYCOPYR/FORMOTEROL INHALER		10.2	30				T	
44	058671	B6M	GLUCOCORTICOIDS (Inhaled)	9	Ý	CICLESONIDE INHALERS	CICLESONIDE 80MCG INHALER 6.1GRAM	ALVESCO	6.1	30			1	Y	
44		P5A	GLUCOCORTICOIDS	10	Y	DEXAMETHASONE 10 DAY 1.5 MG TB	DEXAMETHASONE 10 DAY 1.5 MG TB	DEXPAK	35	50			1	Y	
44	079576	P5A	GLUCOCORTICOIDS	11	Ŷ	DEXAMETHASONE 11 DAY 1.5 MG TABLET	DEXAMETHASONE 11 DAY 1.5 MG TABLET	DXEVO	39		1	11	1		
44	046463	P5A	GLUCOCORTICOIDS	12	Y	DEXAMETHASONE 13 DAY 1.5 MG TB	DEXAMETHASONE 13 DAY 1.5 MG TB	DEXPAK	51					Y	
44	064893	P5A	GLUCOCORTICOIDS	13	Y	DEXAMETHASONE 6 DAY 1.5 MG TAB	DEXAMETHASONE 6 DAY 1.5 MG TAB	DEXPAK	21					Y	
44		P5A	GLUCOCORTICOIDS	14	Y	TAPERDEX 7 DAY 1.5 MG TAB PACK	DEXAMETHASONE 7 DAY 1.5 MG TAB PACK	TAPERDEX	27					Y	
	008079	Q7P	GLUCOCORTICOIDS (Inhaled)	15	Y	FLUNISOLIDE 0.025% SPRAY	FLUNISOLIDE 0.025% SPRAY	GENERIC ONLY	25	30				Y	-
44		B63	GLUCOCORTICOIDS (Inhaled) GLUCOCORTICOIDS (Inhaled)	16	Y		FLUTICASONE PROPION/SALMETEROL 55-14 MCG		1		L				
44		B6M	GLUCOCORTICOIDS (Inhaled) GLUCOCORTICOIDS (Inhaled)	17	Y	FLUTICASONE PROPIONATE DISKUS	FLUTICASONE PROPIONATE 50MCG DISKUS	FLOVENT DISKUS	60	30				Y	
44 44	021251	B6M B6M	GLUCOCORTICOIDS (Inhaled)	18 19	Y Y	FLUTICASONE PROPIONATE 110 and 220MCG INHALER FLUTICASONE PROPIONATE 44MCG INHALER	FLUTICASONE PROPIONATE 110MCG INHALER FLUTICASONE PROPIONATE 44MCG INHALER	FLOVENT HFA FLOVENT HFA	12 10.6	30 30				Y	
44	021253	B6M	GLUCOCORTICOIDS (Inhaled)	20	Y Y	FLUTICASONE PROPIONATE 44MICG INHALER	FLUTICASONE PROPIONATE 44MCG INHALER	ARMONAIR DIGIHALER	10.6	30			<u> </u>	Ŷ	
44	077089	B6M	GLUCOCORTICOIDS (Inhaled)	20	Y	FLUTICASONE PROPIONATE DIGITALERS	FLUTICASONE PROPIONATE 55 MCG POWDER	ARMONAIR RESPICLICK	1	30					
44		B63	GLUCOCORTICOIDS (Inhaled)	21	Y	FLUTICASONE/SALMETEROL DISKUSES	FLUTICASONE/SALMETEROL 100-50MCG 60 UNITS		60	30			<u> </u>	Y	
44		B63	GLUCOCORTICOIDS (Inhaled)	23	Ý	FLUTICASONE/SALMETEROL INHALERS	FLUTICASONE/SALMETEROL 45-21MCG INHALER		12	30				Y	
44	077072	B63	GLUCOCORTICOIDS (Inhaled)	24	Y	FLUTICASONE/SALMETEROL RESPICLICKS	FLUTICASONE/SALMETEROL 55-14 MCG	AIRDUO RESPICLICK	1				1	Y	
44	070972	B64	GLUCOCORTICOIDS (Inhaled)	25	Y	FLUTICASONE/VILANTEROL 100-25 MCG INH	FLUTICASONE/VILANTEROL 100-25 MCG INH	BREO ELLIPTA	60	30				Y	
44	045311	P5A	GLUCOCORTICOIDS	26	Y	METHYLPREDNISOLONE 4 MG DOSEPK	METHYLPREDNISOLONE 4 MG DOSEPK	MEDROL	21					Y	
44	059328	B6M	GLUCOCORTICOIDS (Inhaled)	27	Y	MOMETASONE FUROATE TWISTHALERS	MOMETASONE FUROATE 220MCG TWISTHALER #6		1	30				Y	
44	080669	B6M	GLUCOCORTICOIDS (Inhaled)	28	Y	MOMETASONE FUROATE HFA 50 MCG INHALER		ASMANEX	13	30					
44		B63	GLUCOCORTICOIDS (Inhaled) GLUCOCORTICOIDS (Inhaled)	29	Y	MOMETASONE/FORMOTEROL 100 and 200MCG/5MCG IN			17.6	30				Y	
44 44	067555	B63 P5A	GLUCOCORTICOIDS (Inhaled) GLUCOCORTICOIDS (Inhaled)	30 31	Y Y	MOMETASONE/FORMOTEROL 50 MCG-5 MCG INHALER PREDNISOLONE 5 MG 12-DAY PACK	MOMETASONE/FORMOTEROL 50 MCG-5 MCG INF PREDNISOLONE 5 MG 12-DAY PACK	DULERA MILLIPRED DP	13 48	30				Y	
44	066562	P5A P5A	GLUCOCORTICOIDS (Inhaled)	32	Y	PREDNISOLONE 5 MG 6-DAY PACK	PREDNISOLONE 5 MG 6-DAY PACK	MILLIPRED DP	21					r v	
44		P5A P5A	GLUCOCORTICOIDS	33	Y		PREDNISOLONE STMIG 0-DAT FACK		48				<u> </u>	Y	
44		P5A	GLUCOCORTICOIDS	34	Ý	PREDNISONE DOSE PACKS	PREDNISONE 5 MG TAB DOSE PACK	GENERIC ONLY	48					Y	
46	46	HIC3	THERAPEUTIC CLASS	0	Y	H. PYLORI COMBINATION TREATMENTS	H. PYLORI COMBINATION TREATMENTS	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
46	062462	D4F	H. PYLORI COMBINATION TREATMENTS	1	Y	BISMUTH/METRONID/TETRACYCLINE 125MG CAPSULE	BISMUTH/METRONID/TETRACYCLINE 125MG CAP	PYLERA	120	30			0	Y	
46	027905	D4F	H. PYLORI COMBINATION TREATMENTS	2	Y	BISMUTH SSAL/METRONID/TETRACYC	HELIDAC THERAPY PACK	HELIDAC	224	30				Y	
46		D4F	H. PYLORI COMBINATION TREATMENTS	3	Y	LANSOPRAZOLE/AMOXICILN/CLARITH PATIENT PACK	LANSOPRAZOLE/AMOXICILN/CLARITH PATIENT PAG		112	30				Y	
46		D4F	H. PYLORI COMBINATION TREATMENTS	4	Y		OMEPRAZOLE/CLARITH/AMOXICILLIN COMBO PAC		80	30			-		
47	47	HIC3	THERAPEUTIC CLASS HEPATITIS B TREATMENT AGENTS	0	Y Y	HEPATITIS B TREATMENTS	HEPATITIS B TREATMENTS	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
47	050937	W5F W5F	HEPATITIS B TREATMENT AGENTS	1	Y	ADEFOVIR DIPIVOXIL 10MG TABLET ENTECAVIR TABLETS	ADEFOVIR DIPIVOXIL 10MG TABLET ENTECAVIR 0.5MG TABLET	HEPSERA BARACLUDE	+		1				
	058934	W5F W7B	HEPATITIS B TREATMENT AGENTS	3	Y Y	HEPATITIS B VACCINE/CPG1018/PF 20MCG/0.5ML SYRING			0.5		<u> </u>		1		
47		W5F	HEPATITIS B TREATMENT AGENTS	4	Y		TENOFOVIR ALAFENAMID FUMARATE 25MG TABE		0.5		1		1		
48		HIC3	THERAPEUTIC CLASS	0	Y	HEPATITIS C TREATMENTS	HEPATITIS C TREATMENTS	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
48	082438	WOE	HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMBO	1	Y	MAVYRET PELLET PACKET	GLECAPREVIR/PIBRENTASVIR 50-20 MG PELLET PA				6				1/1/2022
48			HEPATITIS C TREATMENTS	2	Y	HARVONI TABLETS & PELLET PACKT	LEDIPASVIR/SOFOSBUVIR 33.75-100 MG PELLET PA				2				
48	080180	WOB					PEGINTERFERON ALFA-2A 180MCG/ML VIAL	PEGASYS	4	28	1		T .		
	080180 051151	W0B W5G	HEPATITIS C TREATMENTS	3	Y	PEGINTERFERON ALFA-2A 180MCG/ML VIAL		PEGASTS	4	20					
48	051151 080164	W5G W5Y	HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS	4	Y	SOVALDI 150 MG PELLET PACKET	SOFOSBUVIR 150 MG PELLET PACKET	SOVALDI	-	28	1				
48 48	051151 080164 080163	W5G W5Y W5Y	HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS	4	Y Y	SOVALDI 150 MG PELLET PACKET SOVALDI 200 MG TABLET & PELLET PACKET	SOFOSBUVIR 150 MG PELLET PACKET SOFOSBUVIR 200 MG TABLET	SOVALDI SOVALDI		28	1 2				
48 48 48	051151 080164 080163 076305	W5G W5Y W5Y W0B	HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS	4 5 6	Y Y Y	SOVALDI 150 MG PELLET PACKET SOVALDI 200 MG TABLET & PELLET PACKET EPCLUSA TABLETS & PELLET PACKETS	SOFOSBUVIR 150 MG PELLET PACKET SOFOSBUVIR 200 MG TABLET SOFOSBUVIR-VELPATASVIR 400-100 TABLET	SOVALDI SOVALDI EPCLUSA			2				the dist of
48 48 48 49	051151 080164 080163 076305 49	W5G W5Y W5Y W0B HIC3	HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS THERAPEUTIC CLASS	4 5 6 0	Υ Υ Υ Υ	SOVALDI 150 MG PELLET PACKET SOVALDI 200 MG TABLET & PELLET PACKET EPCLUSA TABLETS & PELLET PACKETS HYPERPARATHYROID AGENTS	SOFOSBUVIR 150 MG PELLET PACKET SOFOSBUVIR 200 MG TABLET SOFOSBUVIR-VELPATASVIR 400-100 TABLET HYPERPARATHYROID AGENTS	SOVALDI SOVALDI EPCLUSA BRAND	Units	28 Until Refill	2 1 Daily Dose	Max Days	Refills	Pkg Bill	Updated
48 48 48 49 49	051151 080164 080163 076305 49 053762	W5G W5Y W5Y W0B HIC3 P4M	HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS THERAPEUTIC CLASS HYPERPARATHYROID AGENTS	4 5 6 0	Y Y Y Y Y	SOVALDI 150 MG PELLET PACKET SOVALDI 200 MG TABLET & PELLET PACKET EPCLUSA TABLETS & PELLET PACKETS HYPERPARATHYRDID AGENTS CINACALCET HCL 30 and 60MG TABLET	SOFOSBUVIR 150 MG PELLET PACKET SOFOSBUVIR 200 MG TABLET SOFOSBUVIR-VELPATASVIR 400-100 TABLET HYPERPARTHYROID AGENTS CINACALCET HCL 30MG TABLET	SOVALDI SOVALDI EPCLUSA BRAND SENSIPAR			2 1 Daily Dose 2	Max Days	Refills	Pkg Bill	Updated
48 48 48 49 49 49 49	051151 080164 080163 076305 49 053762 053764	W5G W5Y W5Y W0B HIC3 P4M P4M	HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS THERAPEUTIC CLASS	4 5 6 0	Y Y Y Y Y Y	SOVALDI 150 MG PELLET PACKET SOVALDI 200 MG TABLET & PELLET PACKET EPCLUSA TABLETS & PELLET PACKETS HYPERPARATHYROID AGENTS CINACALCET HCL 30 and 60MG TABLET CINACALCET HCL 90MG TABLET	SOFOSBUVIR 150 MG PELLET PACKET SOFOSBUVIR 200 MG TABLET SOFOSBUVIR-VELPATASVIR 400-100 TABLET HYPERPARATHYROID AGENTS CINACALCET HCL 30MG TABLET CINACALCET HCL 30MG TABLET	SOVALDI SOVALDI EPCLUSA BRAND SENSIPAR SENSIPAR			2 1 Daily Dose	Max Days	Refills	Pkg Bill	Updated
48 48 49 49 49 49 49	051151 080164 080163 076305 49 053762 053764 059181	W5G W5Y W5Y W0B HIC3 P4M P4D	HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HYPERPARATHYROID AGENTS HYPERPARATHYROID AGENTS HYPERPARATHYROID	4 5 6 0	Y Y Y Y Y Y	SOVALDI 150 MG FELLET PACKET SOVALDI 200 MG TABLET & PELLET PACKET EPCLUSA TABLET & PELLET PACKETS HYPERPARATHYROID AGENTS CINACALCET HCL 30 and 60MG TABLET CINACALCET HCL 90MG TABLET PARICALCITOL CAPSULES	SOFOSBUVIR 150 MG PELLET PACKET SOFOSBUVIR 200 MG TABLET SOFOSBUVIR 24DEATSVIR 400-100 TABLET HYPERPARATHYROID AGENTS CINACALCET HCL 30MG TABLET CINACALCET HCL 90MG TABLET PARICALCTIO LIMG CAPSULE	SOVALDI SOVALDI EPCLUSA BRAND SENSIPAR SENSIPAR ZEMPLAR	Units	Until Refill	2 1 Daily Dose 2 4 1				•
48 48 49 49 49 49 49 50.1	051151 080164 080163 076305 49 053762 053764 059181 50.1	W5G W5Y W5Y W0B HIC3 P4M P4M	HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS THERAPEUTIC CLASS HYPERPARATHYROID AGENTS HYPERPARATHYROID AGENTS	4 5 6 0	Y Y Y Y Y Y	SOVALDI 150 MG PELLET PACKET SOVALDI 200 MG TABLET & PELLET PACKET EPCLUSA TABLETS & PELLET PACKETS HYPERPARATHYROID AGENTS CINACALCET HCL 30 and 60MG TABLET CINACALCET HCL 90MG TABLET PARICALCTOL CAPSULES HYPOGLYCEMICS, DPP-4 INHIBITORS	SOFOSBUVIR 150 MG PELLET PACKET SOFOSBUVIR 200 MG TABLET SOFOSBUVIR-VELPATASVIR 400-100 TABLET HYPERPARATHYROID AGENTS CINACALCET HCL 30MG TABLET CINACALCET HCL 30MG TABLET PARICALCTOL IMG CAPSULE HYPOGLYCEMICS, DPP-4 INHIBITORS	SOVALDI SOVALDI EPCLUSA BRAND SENSIPAR SENSIPAR ZEMPLAR BRAND			2 1 Daily Dose 2	Max Days Max Days		Pkg Bill Pkg Bill	Updated
48 48 49 49 49 49 49	051151 080164 080163 076305 49 053762 053764 059181 50.1 070526	W5G W5Y W5Y W0B HIC3 P4M P4D HIC3	HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HYPERPARATHYROID AGENTS HYPERPARATHYROID AGENTS HYPERPARATHYROID THERAPEUTIC CLASS	4 5 6 0 1 2 3 0	Y Y Y Y Y Y Y	SOVALDI 150 MG FELLET PACKET SOVALDI 200 MG TABLET & PELLET PACKET EPCLUSA TABLET & PELLET PACKETS HYPERPARATHYROID AGENTS CINACALCET HCL 30 and 60MG TABLET CINACALCET HCL 90MG TABLET PARICALCITOL CAPSULES	SOFOSBUVIR 150 MG PELLET PACKET SOFOSBUVIR 200 MG TABLET SOFOSBUVIR-VELPATASVIR 400-100 TABLET HYPERPARATHYROID AGENTS CINACALCET HCL 30MG TABLET CINACALCET HCL 30MG TABLET PARICALCITOL IMG CAPSULE HYPOGLYCEMICS, DPP-4 INHIBITORS ALOGUPTIN BENZ/METFORMIN HCL 12.5-500MG ⁻	SOVALDI SOVALDI EPCLUSA BRAND SENSIPAR SENSIPAR ZEMPLAR BRAND KAZANO	Units	Until Refill	2 1 Daily Dose 2 4 1				•
48 48 49 49 49 49 50.1 50.1	051151 080164 080163 076305 49 053762 053764 059181 50.1 070526 070521	W5G W5Y W5Y W0B HIC3 P4M P4D HIC3 C4C	HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS THERAPEUTIC CLASS HYPERPARATHYROID AGENTS HYPERPARATHYROID AGENTS HYPERPARATHYROID THERAPEUTIC CLASS HYPOGLYCEMICS, DPP-4 INHIBITORS	4 5 6 0 1 2 3 0 1	Y Y Y Y Y Y Y Y	SOVALDI 150 MG FELLET PACKET SOVALDI 200 MG TABLET & PELLET PACKET EPCLUSA TABLETS & PELLET PACKETS HYPERPARATHYROID AGENTS CINACALCET HCL 30 and 60MG TABLET CINACALCET HCL 90MG TABLET PARICALCITOL CAPSULES HYPOGLYCEMICS, DPP-4 INHIBITORS ALOGUPTIN BENZOATE/METFORMIN HCL TABLETS ALL ST	SOFOSBUVIR 150 MG PELLET PACKET SOFOSBUVIR 200 MG TABLET SOFOSBUVIR-VELPATASVIR 400-100 TABLET HYPERPARATHYROID AGENTS CINACALCET HCL 30MG TABLET CINACALCET HCL 30MG TABLET PARICALCITOL IMG CAPSULE HYPOGLYCEMICS, DPP-4 INHIBITORS ALOGUPTIN BENZ/METFORMIN HCL 12.5-500MG ⁻	SOVALDI SOVALDI EPCLUSA BRAND SENSIPAR SENSIPAR ZEMPLAR BRAND KAZANO	Units	Until Refill	2 1 Daily Dose 2 4 1 Daily Dose 2				•
48 48 49 49 49 49 50.1 50.1 50.1 50.1 50.1	051151 080164 080163 076305 49 053762 053764 059181 50.1 070526 070521 070525	W5G W5Y W5Y W0B HIC3 P4M P4D HIC3 C4C C4C C4C C4C C4C C4C C4C C4C C4C	HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS THERAPEUTIC CLASS HYPERPARATHYROID AGENTS HYPERPARATHYROID AGENTS HYPEQUXCEMICS, DPP-4 INHIBITORS HYPOGLYCEMICS, DPP-4 INHIBITORS HYPOGLYCEMICS, DPP-4 INHIBITORS HYPOGLYCEMICS, DPP-4 INHIBITORS HYPOGLYCEMICS, DPP-4 INHIBITORS	4 5 6 0 1 2 3 0 1 2 3 4	Y Y Y Y Y Y Y Y Y Y	SOVALDI 150 MG FELLET PACKET SOVALDI 200 MG TABLET & PELLET PACKET EPCLUSA TABLETS & PELLET PACKETS HYPERPARATHYROID AGENTS CINACALCET HCL 30 and 60MG TABLET CINACALCET HCL 90MG TABLET PARICALCITOL CAPSULES HYPOGLYCEMICS, DPP-4 INHIBITORS ALOGUIPTIN BENZOATE/PIOGLITZONE TABLETS ALL ST ALOGLIPTIN BENZOATE/PIOGLITZONE TABLETS ALOGUIPTIN BENZOATE/PIOGLITZONE TABLETS ALOGUIPTIN SMG TABLET LINAGLIPTIN SMG TABLET	SOFOSBUVIR 120 MG PELLET PACKET SOFOSBUVIR 200 MG TABLET SOFOSBUVIR-VELPATASVIR 400-100 TABLET HYPERPARATHYROID AGENTS CINACALCET HCL 30MG TABLET CINACALCET HCL 30MG TABLET PARICALCITOL IMG CAPSULE HYPOGLYCEMICS, DPP-4 INHIBITORS ALOGLIPTIN BENZ/PIOGLITZONE 12.5-15MG TABLET ALOGLIPTIN BENZ/PIOGLITZONE 12.5-15MG TABLET ALOGLIPTIN BENZ/PIOGLITZONE 12.5-15MG TABLET LINAGLIPTIN SMG TABLET	SOVALDI SOVALDI EPCLUSA BRAND SENSIPAR SENSIPAR ZEMPLAR BRAND KAZANO OSENI NESINA TRADJENTA	Units	Until Refill	2 1 Daily Dose 2 4 Daily Dose 2 1 1 1				•
48 48 49 49 49 50.1 50.1 50.1 50.1 50.1 50.1	051151 080164 080163 076305 49 053762 053764 059181 50.1 070526 070521	W5G W5Y W5Y W0B HIC3 P4M P4D HIC3 C4C C4C C4C	HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HEPATITIS C TREATMENTS HYPERPARATHYROID AGENTS HYPERPARATHYROID AGENTS HYPERPARATHYROID THERAPEUTIC CLASS HYPOGLYCEMICS, DPP-4 INHIBITORS HYPOGLYCEMICS, DPP-4 INHIBITORS HYPOGLYCEMICS, DPP-4 INHIBITORS	4 5 6 0 1 2 3 0 1 2 3 0 1 2 3 3	Y Y Y Y Y Y Y Y Y	SOVALDI 150 MG FELLET PACKET SOVALDI 200 MG TABLET & PELLET PACKET EPCLUSA TABLET & PELLET PACKETS HYPERPARATHYROID AGENTS CINACALCET HCL 30 and 60MG TABLET CINACALCET HCL 30MG TABLET PARICALCITOL CAPSULES HYPOGUYCEMICS, DPP-4 INHIBITORS ALOGUIPTIN BENZOATE/PIOGLITZONE TABLETS ALL STREN ALOGLIPTIN BENZOATE TABLETS LINAGLIPTIN, MG TABLET LINAGLIPTIN, MG TABLET LINAGLIPTIN, MG TABLET	SOFOSBUVIR 150 MG PELLET PACKET SOFOSBUVIR 200 MG TABLET SOFOSBUVIR-VELPATASVIR 400-100 TABLET HYPERPARATHYROID AGENTS CINACALET HCL 30MG TABLET CINACALET HCL 30MG TABLET CINACALCET HCL 30MG TABLET PARICALCITOL IMG CAPSULE HYPOGLYCEMICS, DPP-4 INH IBITORS ALOGLIPTIN BENZ/METFORMIN HCL 12.5-S00MG ' ALOGLIPTIN BENZ/METFORMIN HCL 12.5-S15MG TABLET ALOGLIPTIN BENZ/METFORMIN HCL 12.5-S15MG TABLET	SOVALDI SOVALDI EPCLUSA BRAND SENSIPAR SENSIPAR ZEMPLAR BRAND KAZANO OSENI NESINA TRADJENTA JENTADUETO	Units	Until Refill	2 1 Daily Dose 2 4 Daily Dose 2 1 1				•

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	076257	C4J	HYPOGLYCEMICS, DPP-4 INHIBITORS	7	Y	LINAGLIPTIN/METFORMIN HCL XR 5 MG-1,000 MG	LINAGLIPTIN/METFORMIN HCL XR 5 MG-1,000 MG		30	30	1			\rightarrow	
	065430	C4J	HYPOGLYCEMICS, DPP-4 INHIBITORS	8	Y	SAXAGLIPTIN HCL TABLETS	SAXAGLIPTIN HCL 2.5MG TABLET	ONGLYZA			1				
	066818	C4J	HYPOGLYCEMICS, DPP-4 INHIBITORS HYPOGLYCEMICS, DPP-4 INHIBITORS	9	Y	SAXAGLIPTIN HCL/METFORMIN HCL 2.5-1000 MG TABLET					2				
50.1		C4J	HYPOGLYCEMICS, DPP-4 INHIBITORS	10	Y	SAXAGLIPTIN HCL/METFORMIN HCL 5-500 and 5-1000MG					1				
	068539	C4F	HYPOGLYCEMICS, DPP-4 INHIBITORS	11	Y	SITAGLIPTIN PHOS/METFORMIN HCL TABLETS ALL STRENG					1			\rightarrow	
	062531	C4F		12	Y	SITAGLIPTIN PHOS/METFORMIN HCL TABLET ALL STRENG					2				
	061612	C4F	HYPOGLYCEMICS, DPP-4 INHIBITORS	13	Y	SITAGLIPTIN PHOSPHATE TABLETS	SITAGLIPTIN PHOSPHATE 25MG TABLET	JANUVIA			1				
	50.2	HIC3	THERAPEUTIC CLASS HYPOGLYCEMICS, GLP-1 AGONISTS	0	Y			BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
	081455	C4I	HYPOGLYCEMICS, GLP-1 AGONISTS	1	Y	DULAGLUTIDE PENS	DULAGLUTIDE 3 MG/0.5 ML PEN	TRULICITY	2	30					
	059072	C4I	HYPOGLYCEMICS, GLP-1 AGONISTS HYPOGLYCEMICS, GLP-1 AGONISTS	2	Y	EXENATIDE 5MCG DOSE PEN INJECTOR 1.2ML		BYETTA			0.04			Y	
	059073	C4I		3	Y	EXENATIDE 10MCG DOSE PEN INJECTOR 2.4ML		BYETTA			0.08			Y	
	068505	C4I	HYPOGLYCEMICS, GLP-1 AGONISTS	4	Y	EXENATIDE MICROSPHERES 2MG VIAL	EXENATIDE MICROSPHERES 2MG VIAL	BYDUREON	4	28					
50.2		C4I	HYPOGLYCEMICS, GLP-1 AGONISTS	5	Y	EXENATIDE MICROSPHERES 2 MG AUTOINJECT		BYDUREON BCISE	3.4	30					
50.2		C4I	HYPOGLYCEMICS, GLP-1 AGONISTS	6	Y	SEMAGLUTIDE 0.25-0.5MG DOSE PEN	SEMAGLUTIDE 0.25-0.5MG DOSE PEN	OZEMPIC	1.5	30		42			
	080230	C4I	HYPOGLYCEMICS, GLP-1 AGONISTS	7	Y	SEMAGLUTIDE TABLETS		RYBELSUS			1				
	077986	C4I	HYPOGLYCEMICS, GLP-1 AGONISTS	8	Y	SEMAGLUTIDE 1MG DOSE PEN	SEMAGLUTIDE 1MG DOSE PEN	OZEMPIC	9	30					
	080054	M4G	AGENTS TO TREAT HYPOGLYCEMIA	19	Y	GLUCAGON 3 MG SPRAY	GLUCAGON 3 MG SPRAY	BAQSIMI	2	30					
50.4	041660	M4G	AGENTS TO TREAT HYPOGLYCEMIA	20	Y	GLUCAGON, HUMAN RECOMBINANT 1MG VIAL HYPOKIT -	GLUCAGON, HUMAN RECOMBINANT 1MG VIAL HY	GLUCAGEN	2	30				Y	
51	51	HIC3	THERAPEUTIC CLASS	0	Y	HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	HYPOGLYCEMICS, INSULINS AND RELATED AGENT	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
	058952	C4G	HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	1	Y	HUM INSULIN NPH/REG INSULIN HM 70-30/ML PEN or VI	HUM INSULIN NPH/REG INSULIN HM 70-30/ML PE	HUMULIN	90	30				Y	
51	044093	C4G	HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	2	Y	INSULIN ASPART 100UNIT/ML CARTRIDGE, VIAL or SYRING	INSULIN ASPART 100UNIT/ML CARTRIDGE	FIASP / NOVOLOG	90	30				Y	
51	071842	C4G	HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	3	Y	INSULIN DEGLUDEC PENS AND VIALS	INSULIN DEGLUDEC 100 UNIT/ML PEN	TRESIBA	90	30		91		Y	
51		C4G	HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	4	Y		INSULIN DEGLUDEC/LIRAGLUTIDE 100 UNIT-3.6MG	XULTOPHY				91			
51		C4G	HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	5	Y	INSULIN DETEMIR 100UNITS/ML PEN or VIAL		LEVEMIR / LEVEMIR FLEXPEN	90	30		91		Y	1/1/2022
51		C4G	HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	6	Y			LANTUS / TOUJEO SOLOSTAR	90	30		91		Y	
51		C4G	HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	7	Y	INSULIN GLARGINE/LIXISENATIDE 100 UNIT-33MCG/ML P			-			91			
51		C4G	HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	8	Y	INSULIN GLARGINE-YFGN U100 PEN & VIAL	INSULIN GLARGINE-YFGN U100 PEN	SEMGLEE	90	30				-+	1/1/2022
	060371	C4G	HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	9	Ý	INSULIN GLULISINE 100UNITS/ML PEN or VIAL	INSULIN GLULISINE 100UNITS/ML PEN	APIDRA / APIDRA SOLOSTAR	90	30		91		Y	
	077662	C4G	HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	10	Ý		INSULIN LISPRO 100 UNIT/ML KWIKPEN	HUMALOG / HUMALOG JR	90	30				<u> </u>	
51		C4G	INSLUINS	10	Ý	INSULIN LISPRO-AABC KWIKPENS AND VIALS	INSULIN LISPRO-AABC 100 UNIT/ML KWIKPEN	LYUMIEV	90	30	l			-+	
51		C4G	HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	12	Y	INSULIN NPL/INSULIN LISPRO 50-50/ML KWIKPEN or VIAL		HUMALOG	90	30	l				
51		C4G C4G	HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	12	v		INSULIN REGULAR, HUMAN 100UNITS/ML VIAL	HUMULIN / HUMULIN R	90	30					
51		C4G	HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	15	v v	INSULIN REGULAR, HUMAN 1000NITS/ME FLEXPEN & VIA	INSULIN REGULAR, HUMAN 1000NITS/ME VIAL		36	30	-	-		- <u>-</u> +	
			HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	14	T V			HUMULIN R	40	30	l			v	
51 51		C4G	HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	15	Y	INSULN REGULAR, HUMAN SUDUNITS/ME VIAL INSULN ASP PRT/INSULIN ASPART 70-30/ML 3ML or 10MI		NOVOLOG MIX VIAL	90	30				Y	
51		C4G	HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	16	Y Y	INSULN ASP PRI/INSULIN ASPART 70-30/ML 3ML OF 10ML NPH, HUMAN INSULIN ISOPHANE 100 UNITS/ML 3 or 10M		HUMULIN / HUMULIN N	90	30				Y	
										50				Y	
52		HIC3	THERAPEUTIC CLASS HYPOGLYCEMICS, MEGLITINIDES	0	Y			BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
	047333	C4K	HYPOGLYCEMICS, MEGLITINIDES	1	Y			STARLIX			3				
	038906	C4K		2	Y	REPAGLINIDE 0.5 and 1MG TABLET	REPAGLINIDE 0.5MG TABLET	PRANDIN			4				
52		C4K	HYPOGLYCEMICS, MEGLITINIDES	3	Y	REPAGLINIDE 2MG TABLET	REPAGLINIDE 2MG TABLET	PRANDIN			8				
52		C4K	HYPOGLYCEMICS, MEGLITINIDES	4	Y	REPAGLINIDE/METFORMIN HCL TABLETS	REPAGLINIDE/METFORMIN HCL 1MG-500MG TABL				2				
53		HIC3	THERAPEUTIC CLASS	0	Ŷ	HYPOGLYCEMICS, MISCELLANEOUS	HYPOGLYCEMICS, MISCELLANEOUS	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
53		C4H	HYPOGLYCEMICS, MISCELLANEOUS AGENTS HYPOGLYCEMICS, MISCELLANEOUS AGENTS	1	Y	PRAMLINTIDE ACETATE 1500/1.5ML SYRINGE		SYMLINPEN 60	12	30	0.4			Y	
53		C4H		2	Y	PRAMLINTIDE ACETATE 2700/2.7ML SYRINGE	PRAMLINTIDE ACETATE 2700/2.7ML SYRINGE	SYMLINPEN 120	13.5	30	0.45			Y	
54		HIC3	THERAPEUTIC CLASS	0	Y	HYPOGLYCEMICS, SGL-T2		BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
54		C4D	HYPOGLYCEMICS, SGLT2	1	Y	CANAGLIFLOZIN 100MG TABLET	CANAGLIFLOZIN 100MG TABLET	INVOKANA			2				
54		C4D	HYPOGLYCEMICS, SGLT2	2	Υ	CANAGLIFLOZIN 300MG TABLET	CANAGLIFLOZIN 300MG TABLET	INVOKANA			1				
	077192	C4W	ANTIHYPERGLYCEMIC, SGLT-2 AND DPP-4 INHIBITOR COMB								-				
54				3	Y	DAPAGLIFLOZIN/SAXAGLIPTIN HCL TABLETS	DAPAGLIFLOZIN/SAXAGLIPTIN HCI 10MG-5MG TAB	QTERN			1				
54	080711	C4Y	ANTIHYPERGLY-SGLT-2 INHIB, DPP-4 INHIB, BIGUANIDE CB	3 4	Y Y	DAPAGLIFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGLIFLOZ/LINAGLIP/METFORMIN 10-5-1,000 MG TAB	DAPAGLIFLOZIN/SAXAGLIPTIN HCI 10MG-5MG TAB EMPAGLIFLOZ/LINAGLIP/METFORMIN 10-5-1,000 N	QTERN TRIJARDY XR			1				
54		C4Y	ANTIHYPERGLY-SGLT-2 INHIB, DPP-4 INHIB, BIGUANIDE CB	3 4 5	Y	DAPAGLIFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGLIFLOZ/LINAGLIP/METFORMIN 10-5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 12.5-5-1,000 MG TA	DAPAGLIFLOZIN/SAXAGLIPTIN HCI 10MG-5MG TAB EMPAGLIFLOZ/LINAGLIP/METFORMIN 10-5-1,000 EMPAGLIFLOZ/LINAGLIP/METFORMIN 12.5-5-1,000	QTERN TRIJARDY XR TRIJARDY XR							
54		C4Y C4Y	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB	3 4 5 6	Y Y	DAPAGLIFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGLIFLOZ/LINAGLIP/METFORMIN 10-5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 12-5-5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 25-5-1,000 MG TAE	DAPAGLIFLOZIN/SAXAGLIPTIN HCI 10MG-5MG TAB EMPAGLIFLOZ/LINAGLIP/METFORMIN 10-5-1,000 N EMPAGLIFLOZ/LINAGLIP/METFORMIN 12.5-5-1,000 EMPAGLIFLOZ/LINAGLIP/METFORMIN 25-5-1,000 N	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR			1				
	080710	C4Y C4Y C4Y C4Y	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB	3 4 5 6 7	Y Y Y Y Y	DAPAGLIFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGLIFLOZ/LINAGLIP/METFORMIN 10-5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 12.5-5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 5-5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 5-2.5-1,000 MG TA	DAPAGLIFLOZIN/SAXAGLIPTIN HCI 10MG-5MG TAB EMPAGLIFLOZ/LINAGLIP/METFORMIN 10.5-1,000 EMPAGLIFLOZ/LINAGLIP/METFORMIN 12.5-5-1,000 EMPAGLIFLOZ/LINAGLIP/METFORMIN 25.5-1,000 EMPAGLIFLOZ/LINAGLIP/METFORMIN 5-2.5-1,000	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR TRIJARDY XR			1 2 1 2				
55	080710 55	C4Y C4Y C4Y HIC3	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB THERAPEUTIC CLASS	3 4 5 6 7 0	Y Y Y Y Y	DAPAGUFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGLIFLOZ/LINAGLIP/METFORMIN 10-5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 12-5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 25-5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 5-2.5-1,000 MG TA HYPOGLYCEMICS, TZDS	DAPAGUFLOZI/V/SAXAGUPTIN HCI 10MG-SMG TAB EMPAGUFLOZ/UNAGUP/METFORMIN 10-5-1,000 BMPAGUFLOZ/UNAGUP/METFORMIN 12-5-1,000 EMPAGUFLOZ/UNAGUP/METFORMIN 5-2-5-1,000 HMPAGUFLOZ/UNAGUP/METFORMIN 5-2.5-1,000 HMPAGUFLOZ/UNAGUP/METFORMIN 5-2.5-1,000	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND	Units	Until Refill	1	Max Days	Refills	Pkg Bill	Updated
55	080710 55 042943	C4Y C4Y C4Y HIC3 C4N	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB THERAPEUTIC CLASS HYPOGLYCEMICS, TZD	3 4 5 6 7 0 1	Y Y Y Y Y Y	DAPAGLIFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGLIFLOZ/LINAGLIP/METFORMIN 10-5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 12-5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 25-5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 5-2.5-1,000 MG TA HYPOGLIFLOZ/LINAGLIP/METFORMIN 5-2.5-1,000 MG TA HYPOGLIFLOZ/LINAGLIP/METFORMIN 5-2.5-1,000 MG TA HYPOGLIFLOZ/LINAGLIP/METFORMIN 5-2.5-1,000 MG TA HYPOGLIFLOZONE HCL TABLETS	DAPAGLIFLOZIN/SAXAGLIPTIN HCI 10MG-5MG TAB EMPAGLIFLOZ/UNAGLIP/METCORMIN 10-5-1,000 H EMPAGLIFLOZ/UNAGLIP/METFORMIN 12-5-1,000 EMPAGLIFLOZ/UNAGLIP/METFORMIN 5-2-5-1,000 HVPOGLIFLOZ/UNAGLIP/METFORMIN 5-2.5-1,000 HVPOGLIFLOZ/UNAGLIP/METFORMIN 5-2.5-1,000 PIOGLIFLOZONE HCL 15MG	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND ACTOS	Units	Until Refill	1 2 1 2 Daily Dose 1	Max Days	Refills	Pkg Bill	Updated
55 55	080710 55 042943 061389	C4Y C4Y C4Y HIC3 C4N C4R	ANTIHYPERCLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERCLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERCLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERCLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB HYPOCLYCENICS, TZD HYPOCLYCENICS, TZD HYPOCLYCENICS, TZD	3 4 5 6 7 0	Y Y Y Y Y	DAPAGLIFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGLIFLOZ/LINAGLIP/METFORMIN 10-5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 12.5-5-1,000 MG TA EMPAGLIFLOZ/LINAGLIP/METFORMIN 5-5-1,000 MG TA EMPAGLIFLOZ/LINAGLIP/METFORMIN 5-2.5-1,000 MG TA HYPOGLYCEMICS, TZOS PIOGLITAZONE HCL TABLETS PIOGLITAZONE HCL TABLETS	DAPAGLIFLOZIN/SAXAGLIPTIN HCI 10MG-5MG TAB EMPAGLIFLOZ/UINAGLIP/METFORMIN 10.5-1,000 EMPAGLIFLOZ/UINAGLIP/METFORMIN 12.5-51,000 EMPAGLIFLOZ/UINAGLIP/METFORMIN 52.5-1,000 HYPOGLIFLOZ/UINAGLIP/METFORMIN 5-2.5-1,000 HYPOGLITAZONE HCL 15MG PIOGLITAZONE HCL 15MG PIOGLITAZONE HCL/GLIMEPIRIDE 30-2MG TABLET	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND ACTOS DUETACT	Units	Until Refill	1 2 1 2 Daily Dose 1 1	Max Days	Refills	Pkg Bill	Updated
55 55 55	080710 55 042943 061389 066367	C4Y C4Y C4Y HIC3 C4N	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB THERAPEUTIC CLASS HYPOGLYCEMICS, T2D HYPOGLYCEMICS, T2D HYPOGLYCEMICS, T2D	3 4 5 6 7 0 1 2 3	Y Y Y Y Y Y	DAPAGUFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGUFLOZ/LINAGUIP/METFORMIN 10-5-1,000 MG TAE EMPAGUFLOZ/LINAGUIP/METFORMIN 12-5-1,000 MG TAE EMPAGUFLOZ/LINAGUIP/METFORMIN 25-5-1,000 MG TA EMPAGUFLOZ/LINAGUIP/METFORMIN 5-2.5-1,000 MG TA HYPOGUFCRUICS, TZDS PIOGUTAZONE HCL TABLETS PIOGUTAZONE HCL/GUIMEPIRIDE TABLETS PIOGUTAZONE HCL/METFORMIN HCL 15- and 30-1000MG	DAPAGUFLOZIIV/SAXAGUPTIN HCI JONG-SMG TAB EMPAGUFLOZ/UINAGUP/METFORMIN 10-5-1,000 BMPAGUFLOZ/UINAGUP/METFORMIN 12.5-5-1,000 EMPAGUFLOZ/UINAGUP/METFORMIN 5-2.5-1,000 HPAGUFLOZ/UINAGUP/METFORMIN 5-2.5-1,000 HPOGUFLOZ/UINAGUP/METFORMIN 5-2.5-1,000 PIOGUTAZONE HCL JSMG PIOGUTAZONE HCL/GLIMEPIRIDE 30-2MG TABLET PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND ACTOS DUETACT ACTOPLUS MET XR	Units	Until Refill	1 2 1 2 Daily Dose 1	Max Days	Refills	Pkg Bill	Updated
55 55 55 55	080710 55 042943 061389 066367 059685	C4Y C4Y C4Y HIC3 C4N C4R	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB THERAPEUTIC CLASS HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD	3 4 5 6 7 0 1	Y Y Y Y Y Y	DAPAGLIFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGLIFLOZ/LINAGLIP/METFORMIN 10-5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 12.5-5-1,000 MG TA EMPAGLIFLOZ/LINAGLIP/METFORMIN 5-5-1,000 MG TA EMPAGLIFLOZ/LINAGLIP/METFORMIN 5-2.5-1,000 MG TA HYPOGLYCEMICS, TZOS PIOGLITAZONE HCL TABLETS PIOGLITAZONE HCL TABLETS	DAPAGUFLOZIIV/SAXAGUPTIN HCI JONG-SMG TAB EMPAGUFLOZ/UINAGUP/METFORMIN 10-5-1,000 BMPAGUFLOZ/UINAGUP/METFORMIN 12.5-5-1,000 EMPAGUFLOZ/UINAGUP/METFORMIN 5-2.5-1,000 HPAGUFLOZ/UINAGUP/METFORMIN 5-2.5-1,000 HPOGUFLOZ/UINAGUP/METFORMIN 5-2.5-1,000 PIOGUTAZONE HCL JSMG PIOGUTAZONE HCL/GLIMEPIRIDE 30-2MG TABLET PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND ACTOS DUETACT ACTOPLUS MET XR	Units	Until Refill	1 2 1 2 Daily Dose 1 1	Max Days	Refills	Pkg Bill	Updated
55 55 55 55 55	080710 55 042943 061389 066367 059685 042661	C4Y C4Y C4Y HIC3 C4N C4R C4R C4T C4T C4T	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD	3 4 5 6 7 0 1 2 3	Y Y Y Y Y Y Y Y	DAPAGUFLOZIN/SAXAGUPTIN HCL TABLETS EMPAGUFLOZ/LINAGUP/METFORMIN 10-5-1,000 MG TAE EMPAGUFLOZ/LINAGUP/METFORMIN 12-5-1,000 MG TAE EMPAGUFLOZ/LINAGUP/METFORMIN 25-5-1,000 MG TA HYPOGLYCLINAGUP/METFORMIN 5-2.5-1,000 MG TA HYPOGLYCLINAGUP/METFORMIN 5-2.5-1,000 MG TA PIOGLITAZONE HCL/RABLETS PIOGLITAZONE HCL/GUMEPIRIDE TABLETS PIOGLITAZONE HCL/METFORMIN HCL 15- and 30-1000MC PIOGLITAZONE HCL/METFORMIN HCL 15-5000 and -8500 ROSIGLITAZONE MALEATE TABLETS	DAPAGUELOZIV/SAXAGUPTIN HCI 10MG-SMG TAB EMPAGUELOZ/UNAGUP/METFORMIN 10-5-1,000 EMPAGUELOZ/UNAGUP/METFORMIN 12-5-1,000 EMPAGUELOZ/UNAGUP/METFORMIN 5-5-1,000 EMPAGUELOZ/UNAGUP/METFORMIN 5-2-5-1,000 HYPOGUTAZONE HCL 15MG PIOGUTAZONE HCL/GUMERRIDE 30-2MG TABLET PIOGUTAZONE HCL/GUMERRIDE 30-2MG TABLET PIOGUTAZONE HCL/METFORMIN HCL 15-5000MG PIOGUTAZONE MALEATE ZMG TABLET	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND ACTOS DUETACT DUETACT ACTOPLUS MET XR ACTOPLUS MET ACANDIA	Units	Until Refill	1 2 1 Daily Dose 1 1 1	Max Days	Refills	Pkg Bill	Updated
55 55 55 55	080710 55 042943 061389 066367 059685 042661	C4Y C4Y C4Y HIC3 C4N C4R C4R C4T C4T	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB, BIGUANIDE CB HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD	3 4 5 6 7 0 1 2 3 4	Y Y Y Y Y Y Y Y Y	DAPAGUIFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGUIFLOZ/LINAGUIP/METFORMIN 10-5-1,000 MG TAE EMPAGUIFLOZ/LINAGUIP/METFORMIN 12-5-1,000 MG TAE EMPAGUIFLOZ/LINAGUIP/METFORMIN 12-5-1,000 MG TA EMPAGUIFLOZ/LINAGUIP/METFORMIN 5-2.5-1,000 MG TA HYPOGUYCAUNGS, TZDS PIOGLITAZONE HCL/AETFORMIN F2-15-2000 MG TA PIOGLITAZONE HCL/METFORMIN HCL 15-2000 MC PIOGLITAZONE HCL/METFORMIN HCL 15-2000 and -8500 PIOGLITAZONE HCL/METFORMIN HCL 15-2000 and -8500	DAPAGUELOZIV/SAXAGUPTIN HCI 10MG-SMG TAB EMPAGUELOZ/UNAGUP/METFORMIN 10-5-1,000 EMPAGUELOZ/UNAGUP/METFORMIN 12-5-1,000 EMPAGUELOZ/UNAGUP/METFORMIN 5-5-1,000 EMPAGUELOZ/UNAGUP/METFORMIN 5-2-5-1,000 HYPOGUTAZONE HCL 15MG PIOGUTAZONE HCL/GUMERRIDE 30-2MG TABLET PIOGUTAZONE HCL/GUMERRIDE 30-2MG TABLET PIOGUTAZONE HCL/METFORMIN HCL 15-5000MG PIOGUTAZONE MALEATE ZMG TABLET	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND ACTOS DUETACT ACTOPLUS MET XR ACTOPLUS MET	Units	Until Refill Until Refill	1 2 1 Daily Dose 1 1 1	Max Days Max Days	Refills	Pkg Bill	Updated
55 55 55 55 55	080710 55 042943 061389 066367 059685 042661 57	C4Y C4Y C4Y HIC3 C4N C4R C4R C4T C4T C4T	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD	3 4 5 6 7 0 1 1 2 3 3 4 5	Y Y Y Y Y Y Y Y Y	DAPAGUFLOZIN/SAXAGUPTIN HCL TABLETS EMPAGUFLOZ/LINAGUP/METFORMIN 10-5-1,000 MG TAE EMPAGUFLOZ/LINAGUP/METFORMIN 12-5-1,000 MG TAE EMPAGUFLOZ/LINAGUP/METFORMIN 25-5-1,000 MG TA HYPOGLYCLINAGUP/METFORMIN 5-2.5-1,000 MG TA HYPOGLYCLINAGUP/METFORMIN 5-2.5-1,000 MG TA PIOGLITAZONE HCL/RABLETS PIOGLITAZONE HCL/GUMEPIRIDE TABLETS PIOGLITAZONE HCL/METFORMIN HCL 15- and 30-1000MC PIOGLITAZONE HCL/METFORMIN HCL 15-5000 and -8500 ROSIGLITAZONE MALEATE TABLETS	DAPAGUELOZIV/SAXAGUPTIN HCI 10MG-SMG TAB EMPAGUELOZ/UNAGUP/METFORMIN 10-5-1,000 EMPAGUELOZ/UNAGUP/METFORMIN 12-5-1,000 EMPAGUELOZ/UNAGUP/METFORMIN 5-5-1,000 EMPAGUELOZ/UNAGUP/METFORMIN 5-2-5-1,000 HYPOGUTAZONE HCL 15MG PIOGUTAZONE HCL/GUMERRIDE 30-2MG TABLET PIOGUTAZONE HCL/GUMERRIDE 30-2MG TABLET PIOGUTAZONE HCL/METFORMIN HCL 15-5000MG PIOGUTAZONE MALEATE ZMG TABLET	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND ACTOS DUETACT DUETACT ACTOPLUS MET XR ACTOPLUS MET ACANDIA			1 2 Daily Dose 1 1 2 1 2 1				
55 55 55 55 55 57	080710 55 042943 061389 066367 059685 042661 57 047346	C4Y C4Y C4Y C4Y HIC3 C4N C4R C4T C4T C4T C4T C4N HIC3	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HHGAPGUTIC CLASS IMMUNOMODULATORS, ATOPIC DERMATITIS	3 4 5 6 7 0 1 1 2 3 3 4 5 5 0	Y Y Y Y Y Y Y Y Y Y	DAPAGUFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGUFLOZ/LINAGUIP/METFORMIN 10-5-1,000 MG TAE EMPAGUFLOZ/LINAGUIP/METFORMIN 12-5-1,000 MG TA EMPAGUFLOZ/LINAGUIP/METFORMIN 25-5-1,000 MG TA EMPAGUFLOZ/LINAGUIP/METFORMIN 5-2.5-1,000 MG TA HYPOGUTCAUNES, TZDS PIOGUTAZONE HCL TABLETS PIOGUTAZONE HCL/GLIMEPIRIDE TABLETS PIOGUTAZONE HCL/METFORMIN HCL 15- and 30-1000MM PIOGUTAZONE HCL/METFORMIN HCL 15-5000 and -8500 ROSIGUTAZONE HCL/METFORMIN HCL 15-5000 and -8500	DAPAGLIFLOZIN/SAXAGLIPTIN HCI 10MG-5MG TAB EMPAGLIFLOZ/UNAGLIP/METFORMIN 10-5-1,000 1 BMPAGLIFLOZ/UNAGLIP/METFORMIN 12-5-1,000 1 EMPAGLIFLOZ/UNAGLIP/METFORMIN 5-2-5-1,000 HVPOGLIFLOZ/UNAGLIP/METFORMIN 5-2-5-1,000 PIOGLITAZONE HCL 15MG PIOGLITAZONE HCL/GLIMEPIRIDE 30-2MG TABLET PIOGLITAZONE HCL/GLIMEPIRIDE 30-2MG TABLET PIOGLITAZONE HCL/METFORMIN HCL 15-1000MG PIOGLITAZONE HCL/METFORMIN HCL 15-1000MG ROSIGLITAZONE MALEATE 2MG TABLET IMMUNOMODULATORS, ATOPIC DERMATITIS TACROLINUS 0.03% OINTWENT 100GRAMS	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND ACTOS DUETACT ACTOPLUS MET XR ACTOPLUS MET XR AVANDIA BRAND PROTOPIC	Units	Until Refill	1 2 Daily Dose 1 1 2 1 2 1				
55 55 55 55 55 57 57	080710 55 042943 061389 066367 059685 042661 57 047346 58	C4Y C4Y C4Y HIC3 C4N C4R C4T C4T C4T C4T C4N HIC3 Q5K	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB, BIGUANIDE CB THERAPEUTIC CLASS HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD THERAPEUTIC CLASS IMMUNOMODULATORS, ATOPIC DERNATITIS THERAPEUTIC CLASS IMMUNOMODULATORS, TOPICA & GENTTA	3 4 5 6 7 0 1 1 2 3 4 5 5 0 1	Y Y Y Y Y Y Y Y Y Y	DAPAGUIFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGUIFLOZ/LINAGUIP/METFORMIN 10-5-1,000 MG TAE EMPAGUIFLOZ/LINAGUIP/METFORMIN 12-5-1,000 MG TAE EMPAGUIFLOZ/LINAGUIP/METFORMIN 12-5-1,000 MG TA EMPAGUIFLOZ/LINAGUIP/METFORMIN 5-2.5-1,000 MG TA HYPOGUTCAUNCS, TZDS PIOGLITAZONE HCL/AETFORMIN 5-2.5-1,000 MG TA PIOGLITAZONE HCL/GUIMEPIRIDE TABLETS PIOGLITAZONE HCL/METFORMIN HCL 15- and 30-1000MK PIOGLITAZONE MALEATE TABLETS IMMUNOMODULATORS, ATOPIC DERMATITS TACROLIMUS 0.03 and 0.1% OINTMENT 100GRAMS	DAPAGLIFLOZIN/SAXAGLIPTIN HCI 10MG-5MG TAB EMPAGLIFLOZ/UNAGLIP/METFORMIN 10-5-1,000 1 BMPAGLIFLOZ/UNAGLIP/METFORMIN 12-5-1,000 1 EMPAGLIFLOZ/UNAGLIP/METFORMIN 5-2-5-1,000 HVPOGLIFLOZ/UNAGLIP/METFORMIN 5-2-5-1,000 PIOGLITAZONE HCL 15MG PIOGLITAZONE HCL/GLIMEPIRIDE 30-2MG TABLET PIOGLITAZONE HCL/GLIMEPIRIDE 30-2MG TABLET PIOGLITAZONE HCL/METFORMIN HCL 15-1000MG PIOGLITAZONE HCL/METFORMIN HCL 15-1000MG ROSIGLITAZONE MALEATE 2MG TABLET IMMUNOMODULATORS, ATOPIC DERMATITIS TACROLINUS 0.03% OINTWENT 100GRAMS	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND ACTOS DUETACT ACTOPLUS MET XR ACTOPLUS MET XR AVANDIA BRAND PROTOPIC	Units 100	Until Refill 30	1 2 Daily Dose 1 1 2 1 2 1 Daily Dose	Max Days	Refills	Pkg Bill Y	Updated
55 55 55 55 55 57 57 57 58	080710 55 042943 061389 066367 059685 042661 57 047346 58 069755	C4Y C4Y C4Y C4Y HIC3 C4N C4R C4T C4T C4T C4T C4T C4T C4T C4T C4T C4T	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HHGAPGUTIC CLASS IMMUNOMODULATORS, ATOPIC DERMATITIS	3 4 5 6 7 0 1 2 3 3 4 5 0 0 1 1 0	Y Y Y Y Y Y Y Y Y Y Y Y	DAPAGUFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGUFLOZ/LINAGLIP/METFORMIN 10-5-1,000 MG TAE EMPAGUFLOZ/LINAGLIP/METFORMIN 12-5-1,000 MG TAE EMPAGUFLOZ/LINAGLIP/METFORMIN 25-5-1,000 MG TA HYPOGUTCZ/LINAGLIP/METFORMIN 5-2.5-1,000 MG TA HYPOGUTZZONE HCL TABLETS PIOGUTAZONE HCL/ABLETS PIOGUTAZONE HCL/METFORMIN HCL 15- and 30-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15- and 30-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-5000 and -8500 ROSIGUTAZONE MALLAFT TABLETS IMMUNOMODULATORS, TOPICO ERMATITIS TACROLIMUS 0.03 and 0.1% OINTMENT 100GRAMS	DAPAGUFLOZIV/SAXAGUFTIN HCI 10MG-SMG TAB EMPAGUFLOZ/UNAGUP/METFORMIN 10-5-1,000 EMPAGUFLOZ/UNAGUP/METFORMIN 12-5-1,000 EMPAGUFLOZ/UNAGUP/METFORMIN 5-2-5-1,000 MPAGUFLOZ/UNAGUP/METFORMIN 5-2-5-1,000 MPAGUFLOZ/UNAGUP/METFORMIN 5-2-5-1,000 PIOGUTAZONE HCL/SUBPRIDE 30-2MG TABLET PIOGUTAZONE HCL/SUBPRIDE 30-2MG TABLET PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-500MG ROSIGUTAZONE MALEATE 2MG TABLET IMMUNOMODULATORS, ATOPIC DERMATITIS TACROLINUS 0.03% OINTMENT 100GRAMS	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND DUETACT DUETACT ACTOPLUS MET XR ACTOPLUS MET ACTOPLUS MET ACTOPLUS MET AVANDIA BRAND PROTOPIC BRAND	Units 100 Units	Until Refill 30 Until Refill	1 2 Daily Dose 1 1 2 1 2 1 Daily Dose	Max Days Max Days	Refills	Pkg Bill Y Pkg Bill	Updated
55 55 55 55 57 57 57 58 58	080710 55 042943 061389 066367 059685 042661 57 047346 58 069755 066038	C4Y C4Y C4Y HIC3 C4N C4R C4T C4T C4T C4T C4T C4T C4T C4T C4T C4T	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB, BIGUANIDE CB THERAPEUTIC CLASS HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD THERAPEUTIC CLASS IMMUNOMODULATORS, ATOPIC DERNATITIS THERAPEUTIC CLASS IMMUNOMODULATORS, TOPICA & GENTTA	3 4 5 6 7 7 0 1 1 2 3 3 4 5 5 0 1 1 0 1 1	Y Y Y Y Y Y Y Y Y Y Y Y	DAPAGUFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGUFLOZ/LINAGUIP/METFORMIN 10-5-1,000 MG TAE EMPAGUFLOZ/LINAGUIP/METFORMIN 12-5-1,000 MG TAE EMPAGUFLOZ/LINAGUIP/METFORMIN 25-5-1,000 MG TA EMPAGUFLOZ/LINAGUIP/METFORMIN 5-2.5-1,000 MG TA HYPOGUTCAUNGS, TZDS PIOGUTAZONE HCL TABLETS PIOGUTAZONE HCL/GLIMEPIRIDE TABLETS PIOGUTAZONE HCL/METFORMIN HCL 15- and 30-1000MM PIOGUTAZONE HCL/METFORMIN HCL 15- and 30-1000MM PIOGUTAZONE HCL/METFORMIN HCL 15- and 30-1000MM PIOGUTAZONE HCL/METFORMIN HCL 15- 300 and -8500 ROSIGUTAZONE HCL/METFORMIN AND -8500 ROSIGUTAZONE HCL/METFORMIN AND -8500 ROSIGUTAZONE HCL/METFORMIN HCL 15- 300 AND -8500 ROSIGUTAZONE HCL/METFORMIN HCL 15- 300 AND -8500 RO	DAPAGUFLOZIIV/SAXAGUPTIN HCI JONG-SMG TAB EMPAGUFLOZ/UINAGUP/METFORMIN 10-5-1,000 H EMPAGUFLOZ/UINAGUP/METFORMIN 12.5-5-1,000 EMPAGUFLOZ/UINAGUP/METFORMIN 25-5-1,000 H EMPAGUFLOZ/UINAGUP/METFORMIN 5-2.5-1,000 H PHOGUTAZONE HCL/METFORMIN 5-2.5-1,000 H PHOGUTAZONE HCL/GLIMEPIRIDE 30-2MG TABLET PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-000MG ROSIGUTAZONE HCL/METFORMIN HCL 15-000MG MINUNOMODULATORS, ATOPIC DERMATTIS TACROLIMUS 0.3% ONTMENT 100GRAMS IMMUNOMODULATORS, TOPICAL & GENITAL WAI MINQUIMOD 2,5% CREAM PUMP	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND ACTOS DUETACT ACTOPLUS MET XR ACTOPLUS MET XR ACTOPLUS MET AVANDIA BRAND PROTOPIC BRAND ZYCLARA	Units 100 Units 7.5	Until Refill 30 Until Refill 28	1 2 Daily Dose 1 1 2 1 2 1 Daily Dose	Max Days Max Days 14	Refills Refills 1	Pkg Bill Y Pkg Bill Y	Updated
55 55 55 55 57 57 58 58 58 58	080710 55 042943 061389 066367 059685 042661 57 047346 58 069755 066038 031099	C4Y C4Y C4Y HIC3 C4N C4R C4T C4T C4T C4T C4T C4T C4T C4T C4T C2S K HIC3 22G Z2G Z2G	ANTIHYPERCLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERCLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERCLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB THERAPEUTIC CLASS HYPOGLYCENICS, TZD HYPOGLYCENICS, TZD HYPOGLYCENICS, TZD HYPOGLYCENICS, TZD HYPOGLYCENICS, TZD HYPOGLYCENICS, TZD HYPOGLYCENICS, TZD HYPOGLYCENICS, TZD HYPOGLYCENICS, TZD THERAPEUTIC CLASS INHUNOMODULATORS, TOPICAL & GENITAL WARTS A GENTS INHUNOMODULATORS, TOPICAL & GENITAL WARTS A GENTS	3 4 5 6 7 0 1 2 2 3 4 5 0 1 1 0 1 1 2 2	Y Y Y Y Y Y Y Y Y Y Y Y Y	DAPAGUIFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGUIFLOZ/LINAGUIP/METFORMIN 10-5-1,000 MG TAE EMPAGUIFLOZ/LINAGUIP/METFORMIN 12-5-1,000 MG TAE EMPAGUIFLOZ/LINAGUIP/METFORMIN 12-5-1,000 MG TA EMPAGUIFLOZ/LINAGUIP/METFORMIN 5-2.5-1,000 MG TA HYPOGUTCAUNCS, TZDS PIOGLITAZONE HCL/ABLETS PIOGLITAZONE HCL/GLIMEPIRIDE TABLETS PIOGLITAZONE HCL/METFORMIN HCL 15- and 30-1000MK PIOGLITAZONE MALEATE TABLETS IMMUNOMOULATORS, ATOPIC DERMATITIS TACROLIMUS 0.03 and 0.1% OINTMENT 100GRAMS IMMUNOMODULATORS, TOPICAL & GENITAL WARTS AG IMIQUIMOD 3.75% CREAM	DAPAGUFLOZIV/SAXAGUPTIN HCI 10MG-SMG TAB EMPAGUFLOZ/UNAGUP/METFORMIN 10-5-1,000 N EMPAGUFLOZ/UNAGUP/METFORMIN 12-5-1,000 N EMPAGUFLOZ/UNAGUP/METFORMIN 5-2-5-1,000 N EMPAGUFLOZ/UNAGUP/METFORMIN 5-2-5-1,000 N PMOGUTAZONE HCL/METFORMIN 5-2-5-1,000 N PMOGUTAZONE HCL/METFORMIN 5-2-5-1,000 N PMOGUTAZONE HCL/METFORMIN 5-2-3-200 N PMOGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-5000MG ROSIGUTAZONE MALEAFE 2WAG TABLET IMMUNOMODULATORS, DAPICA & GENTAL WAI IMMUNOMODULATORS, DAPICA & GENTAL WAI IMIQUIMOD 2.5% CREAM PUMP IMIQUIMOD 35% CREAM	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND ACTOS DUETACT ACTOPLUS MET XR ACTOPLUS MET XR ACTOPLUS MET AVANDIA BRAND PROTOPIC BRAND ZYCLARA ZYCLARA	Units 100 Units 7.5 28	Until Refill 30 Until Refill 28 28	1 2 Daily Dose 1 1 2 1 2 1 Daily Dose	Max Days Max Days 14	Refills Refills 1 1	Pkg Bill Y Pkg Bill Y	Updated
55 55 55 55 57 57 57 57 57 58 58 58 58 58 58	080710 55 042943 061389 066367 059685 042661 57 047346 58 069755 06038 031099	C4Y C4Y C4Y HIC3 C4N C4R C4T C4T C4T C4T C4T C4T C4T C4T C4T C4T	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB HYPOGLYCEMICS, TZD	3 4 5 6 7 7 0 1 1 2 3 4 4 5 0 0 1 1 0 1 1 2 3 3	Y Y Y Y Y Y Y Y Y Y Y Y Y	DAPAGUFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGUFLOZ/LINAGUIP/METFORMIN 10-5-1,000 MG TAE EMPAGUFLOZ/LINAGUIP/METFORMIN 12-5-1,000 MG TA EMPAGUFLOZ/LINAGUIP/METFORMIN 25-5-1,000 MG TA EMPAGUFLOZ/LINAGUIP/METFORMIN 5-2.5-1,000 MG TA HYPOGUTZADIKCS, TZDS PIOGLITAZONE HCL/METFORMIN HCL 25-5-1,000 MG TA PIOGLITAZONE HCL/METFORMIN HCL 15- and 30-1000MM PIOGLITAZONE HCL/METFORMIN HCL 15- and 30-1000MM DIALTAZONE HCL/METFORMIN HCL 15- AD SIGUITAZONE AD SIGUITAZO	DAPAGUFLOZIN/SAXAGUPTIN HCI JONG-SMG TAB EMPAGUFLOZ/UNAGUP/METFORMIN 10.5-1,000 H EMPAGUFLOZ/UNAGUP/METFORMIN 12.5-5-1,000 EMPAGUFLOZ/UNAGUP/METFORMIN 5-2.5-1,000 H EMPAGUFLOZ/UNAGUP/METFORMIN 5-2.5-1,000 H PHOGUTAZONE HCL/METFORMIN 5-2.5-1,000 H PHOGUTAZONE HCL/GLIMEPIRIDE 30-2MG TABLET PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG ROSIGUTAZONE HCL/METFORMIN HCL 15-1000MG NOSIGUTAZONE HCL/METFORMIN HCL 15-1000MG INGUINADOULATORS, ATOPIC DERMATTIS TACROLIMUS 0.03% ONTYMENT 100GRAMS IMMUNOMODULATORS, TOPICAL & GENITAL WAI IMIQUIMOD 2.5% CREAM PUMP IMIQUIMOD 3.75% CREAM PUMP	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND ACTOS DUETACT ACTOPLUS MET XR ACTOPLUS MET XA ACTOPLUS MET AVANDIA BRAND PROTOPIC BRAND ZYCLARA ZYCLARA LADARA	Units 100 Units 7.5 28 12	Until Refill 30 Until Refill 28 28 30	1 2 1 2 aily Dose 1 1 1 1 2 1 1 Daily Dose	Max Days Max Days 14 14	Refills Refills 1 1	Pkg Bill Y Pkg Bill Y Y	Updated Updated Updated
55 55 55 55 57 57 57 57 58 58 58 58 58 58 59 59	080710 55 042943 061389 066367 059685 042661 57 047346 58 06638 066038 031099 59 082532	C4Y C4Y C4Y C4Y C4R C4R C4T C4T C4T C4T C4T C4T C4T C4T C4T C4T	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB, BIGUANIDE CB HYPOGLYCEMICS, T2D HYPOGLYCEMICS, T2D HYPOGLYCEMICS, T2D HYPOGLYCEMICS, T2D HYPOGLYCEMICS, T2D HYPOGLYCEMICS, T2D HYPOGLYCEMICS, T2D HYPOGLYCEMICS, T2D HYPOGLYCEMICS, T2D IMMUNOMODULATORS, TOPICCL & GENITAL WARTS AGENTS IMMUNOMODULATORS, TOPICCL & GENITAL WARTS AGENTS IMMUNOMODULATORS, TOPICAL & GENITAL WARTS AGENTS	3 4 5 6 7 0 1 1 2 3 3 4 5 0 0 1 1 0 1 2 3 3 0 0 1 1 2 1 2 1	Y Y Y Y Y Y Y Y Y Y Y Y Y	DAPAGUFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGUFLOZ/LINAGLIP/METFORMIN 10-5-1,000 MG TAE EMPAGUFLOZ/LINAGLIP/METFORMIN 12-5-1,000 MG TAE EMPAGUFLOZ/LINAGLIP/METFORMIN 25-5-1,000 MG TA HYPOGLYZ/LINAGLIP/METFORMIN 5-2.5-1,000 MG TA HYPOGLYZ/LINAGLIP/METFORMIN 5-2.5-1,000 MG TA HYPOGLYZ/LINAGUF/METFORMIN 12-5-1,000 MG TA HYPOGLYZ/LINAGUF/METFORMIN HCL 15- and 30-1000MC PIOGLTAZONE HCL/METFORMIN HCL 15- 5000 and -8500 ROSIGUTAZONE HCL/METFORMIN HCL 15-5000 and -8500 ROSIGUTAZONE HCL/METFORMIN HCL 15-5000 and -8500 ROSIGUTAZONE MALEATE TABLETS IMMUNOMODULATORS, ATOPIC DERMATITIS TACROLIMUS 0.03 and 0.1% OINTMENT LOGGRAMS IMIQUINOD CREAM PUMPS IMIQUINOD 3:75% CREAM IMIQUINOD 3:75% CREAM IMIQUINOD 5% CREAM PUMPS ELUMOSUPRESSIVES, ORAL BELUMOSUDIL MESYLATE 200 MG TABLET	DAPAGUELOZIV/SAXAGUPTIN HCI 10MG-SMG TAB EMPAGUELOZ/UNAGUP/METFORMIN 10-5-1,000 EMPAGUELOZ/UNAGUP/METFORMIN 12-5-1,000 EMPAGUELOZ/UNAGUP/METFORMIN 52-5-1,000 HMPAGUELOZ/UNAGUP/METFORMIN 52-5-1,000 HMUNOMDULATORS, ATOPIC DERMATTIS TACKOLIMUS 0.03% OINTTMENT 100GRAMS IMMUNOMDULATORS, TOPICAL & GENTAL WAI INIQUIMOD 3:% CREAM PUMP INIQUIMOD 3:% CREAM PUMP INIQUIMOD 3:% CREAM Z5MG PACKETS IMMUNOSUPRESSIVES, ORAL BEULMOSUDIL MESYLAFE 200 MG TABLET	QTERN TRUARDY XR TRUARDY XR TRUARDY XR TRUARDY XR BRAND DUETACT ACTOFULS MET XR ACTOFULS MET XR ACTOFULS MET XR ACTOPULS MET XA VANDIA BRAND PROTOPIC BRAND ZYCLARA ZYCLARA BRAND BRAND RAND RAND RAND RAND RAND RAND RAND	Units 100 Units 7.5 28 12	Until Refill 30 Until Refill 28 28 30	1 2 1 2 aily Dose 1 1 1 1 2 1 1 Daily Dose	Max Days Max Days 14 14	Refills Refills 1 1	Pkg Bill Y Pkg Bill Y Y	Updated Updated
55 55 55 55 57 57 57 57 58 58 58 58 58 58 59 59	080710 55 042943 061389 066367 059685 042641 57 047346 58 069755 06038 031099 59 082532 066345	C4Y C4Y C4Y C4Y C4R C4R C4T C4T C4T C4T C4T C4T C4T C4T C4T C4T	ANTIHYPERCLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERCLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERCLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB HYPOGLYCEMICS, T2D INHIB,DPP-4 INHIB,BIGUANIDE CB HYPOGLYCEMICS, T2D HYPOGLYCEMICS, T2D HYPOGLYCEMICS, T2D HYPOGLYCEMICS, T2D INHUNOMODULATORS, TOPICAL BUTCH INHUNOMODULATORS, TOPICAL & GENTAL WARTS ACENTS IMMUNOMODULATORS, TOPICAL & GENITAL WARTS ACENTS	3 4 5 6 7 7 0 1 1 2 3 4 4 5 0 0 1 1 0 1 1 2 3 3	Y Y Y Y Y Y Y Y Y Y Y Y Y Y	DAPAGUFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGUFLOZ/LINAGUIP/METFORMIN 10-5-1,000 MG TAE EMPAGUFLOZ/LINAGUIP/METFORMIN 12-5-1,000 MG TA EMPAGUFLOZ/LINAGUIP/METFORMIN 25-5-1,000 MG TA EMPAGUFLOZ/LINAGUIP/METFORMIN 5-2.5-1,000 MG TA HYPOGUTZADIKCS, TZDS PIOGLITAZONE HCL/METFORMIN HCL 25-5-1,000 MG TA PIOGLITAZONE HCL/METFORMIN HCL 15- and 30-1000MM PIOGLITAZONE HCL/METFORMIN HCL 15- and 30-1000MM DIALTAZONE HCL/METFORMIN HCL 15- AD SIGUITAZONE AD SIGUITAZO	DAPAGUFLOZIN/SAXAGUPTIN HCI JONG-SMG TAB EMPAGUFLOZ/UNAGUP/METFORMIN 10.5-1,000 H EMPAGUFLOZ/UNAGUP/METFORMIN 12.5-5-1,000 EMPAGUFLOZ/UNAGUP/METFORMIN 5-2.5-1,000 H EMPAGUFLOZ/UNAGUP/METFORMIN 5-2.5-1,000 H PHOGUTAZONE HCL/METFORMIN 5-2.5-1,000 H PHOGUTAZONE HCL/GLIMEPIRIDE 30-2MG TABLET PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG ROSIGUTAZONE HCL/METFORMIN HCL 15-1000MG NOSIGUTAZONE HCL/METFORMIN HCL 15-1000MG INGUINADOULATORS, ATOPIC DERMATTIS TACROLIMUS 0.03% ONTYMENT 100GRAMS IMMUNOMODULATORS, TOPICAL & GENITAL WAI IMIQUIMOD 2.5% CREAM PUMP IMIQUIMOD 3.75% CREAM PUMP	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND ACTOS DUETACT ACTOPLUS MET XR ACTOPLUS MET XR ACTOPLUS MET AVANDIA BRAND PROTOPIC BRAND ZYCLARA ZYCLARA ALDARA BRAND	Units 100 Units 7.5 28 12	Until Refill 30 Until Refill 28 28 30	1 2 Daily Dose 1 1 1 Daily Dose Daily Dose 1	Max Days Max Days 14 14	Refills Refills 1 1	Pkg Bill Y Pkg Bill Y Y	Updated Updated Updated
55 55 55 55 57 57 57 57 58 58 58 58 58 58 59 59 59	080710 55 042943 061389 066367 059685 042661 57 047346 58 069755 066038 031099 59 065325 066352 0634552 06438	C4Y C4Y C4Y HIC3 C4N C4R C4T C4T C4T C4T C4T C4T C4T C4T C4T C4T	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB HYPOGLYCENICS, TZD HYPOGLYCENICS, TYD HYPOGLYCENICS, TYD HYPOGLYCENIC	3 4 5 6 7 0 1 2 3 3 4 5 0 1 1 2 3 0 1 1 2 3 0 0 1 1 .5	Y Y Y Y Y Y Y Y Y Y Y Y Y Y	DAPAGUFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGUFLOZ/LINAGLIP/METFORMIN 10-5-1,000 MG TAE EMPAGUFLOZ/LINAGLIP/METFORMIN 12-5-1,000 MG TAE EMPAGUFLOZ/LINAGLIP/METFORMIN 25-5-1,000 MG TA EMPAGUFLOZ/LINAGLIP/METFORMIN 5-2.5-1,000 MG TA HYPOGLYCEMICS, TZDS PIOGLITAZONE HCL TABLETS PIOGLITAZONE HCL/METFORMIN HCL 15- and 30-1000MG PIOGLITAZONE HCL/METFORMIN HCL 15- 5000 and -8500 ROSIGUTAZONE HCL/METFORMIN HCL 15-5000 and -8500 ROSIGUTAZONE HCL/METFORMIN HCL 15-5000 and -8500 ROSIGUTAZONE MALEATE TABLETS IMMUNOMODULATORS, ATOPIC DERMATITIS TACROLIMUS 0.03 and 0.1% OINTMENT 100GRAMS IMMUNOMODULATORS, TOPICAL & GENITAL WARTS AG IMIQUIMOD CREAM PUMPS IMIQUIMOD 5% CREAM 25MG PACKETS IMMUNOSUPRESSIVES, ORAL BELUMOSUDIL MESYLATE 200 MG TABLET EVEROLUMUS 1MG TABELT	DAPAGUFLOZIV/SAXAGUPTIN HCI JONG-SMG TAB EMPAGUFLOZ/UNAGUP/METFORMIN 10-5-1,000 HPMAGUFLOZ/UNAGUP/METFORMIN 12-5-1,000 EMPAGUFLOZ/UNAGUP/METFORMIN 5-5-1,000 EMPAGUFLOZ/UNAGUP/METFORMIN 5-2-5-1,000 HPMOGUTAZONE HCL/METFORMIN 5-2-5-1,000 PIOGUTAZONE HCL/METFORMIN 5-2-5-1,000 PIOGUTAZONE HCL/METFORMIN 5-2-5-1,000 PIOGUTAZONE HCL/METFORMIN 5-2-5-1,000 PIOGUTAZONE HCL/METFORMIN 1-2-5-000MG PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-000MG ROSIGUTAZONE MALEATE 2MAG TABLET IMMUNOMODULATORS, DATOPIC DERMATITIS TACROLINUS 0.03% OINTINENT 100GRAMS IMMUNOMODULATORS, DATOPICAL & GENTAL WAI INIQUIMOD 2:5% CREAM PUMP IMIQUIMOD 3:5% CREAM PUMP IMIQUIMOD 3:5% CREAM PUMP IMIQUIMOD 5% CREAM PIMP ELUMOSUPRESSIVES, ORAL BELUMOSUDI MESYLATE 200 MG TABLET	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND ACTOS DUETACT ACTOPLUS MET XR ACTOPLUS MET AVANDIA BRAND ZYCLARA ZYCLARA LDARA BRAND REZUROCK ZORTRESS	Units 100 Units 7.5 28 12 Units	Until Refill 30 Until Refill 28 28 30 Until Refill	1 2 Jaily Dose 1 1 1 1 2 Jaily Dose Daily Dose Daily Dose 1 2	Max Days Max Days 14 14	Refills Refills 1 1	Pkg Bill Y Pkg Bill Y Y	Updated Updated Updated
55 55 55 55 57 57 57 57 57 58 58 58 58 58 59 59 59 59 59	080710 55 042943 061389 066367 059685 042661 57 047346 58 069755 066038 031099 59 082532 066345 041845	C4Y C4Y C4Y HIC3 C4N C4R C4R C4R C4T C4T C4T C4T C4T C4T C4T C4T C4T C4T	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB MTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TYD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TYD HYPOGLYCEMICS, TYD	3 4 5 6 7 7 0 1 2 3 3 4 5 0 1 1 0 1 1 2 2 2 3 0 1 1 1.5 2 3 3	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	DAPAGUFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGUFLOZ/LINAGLIP/METFORMIN 10-5-1,000 MG TAE EMPAGUFLOZ/LINAGLIP/METFORMIN 12-5-1,000 MG TAE EMPAGUFLOZ/LINAGLIP/METFORMIN 25-5-1,000 MG TA EMPAGUFLOZ/LINAGLIP/METFORMIN 5-2.5-1,000 MG TA HYPOGUTZONE HCL/INAGUF/METFORMIN 5-2.5-1,000 MG TA HYPOGUTZONE HCL/ABLETS PIOGUTAZONE HCL/METFORMIN HCL 15- and 30-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15- and 30-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15- 5000 and -8500 ROSIGUTAZONE HCL/METFORMIN HCL 15-5000 and -8500 ROSIGUTAZONE MALLATE TABLETS IMMUNOMODULATORS, TOPICAL & GENTAL WARTS AG IMIQUIMOD 3:75% CREAM IMIQUIMOD 3:75% CREAM IMIQUIMOD 3:75% CREAM ELLMOSUDIN MESYLATE 200 MG TABLET EVEROLUMUS 1MG TABELT VCOPHENCIATE 200 MG/ML SUSPENSION VCOLGSPORIN 7-9 MG CAPSULE	DAPAGUFLOZIV/SAXAGUPTIN HCI JONG-SMG TAB EMPAGUFLOZ/UNAGUP/METFORMIN 10-5-1,000 EMPAGUFLOZ/UNAGUP/METFORMIN 12-5-1,000 EMPAGUFLOZ/UNAGUP/METFORMIN 25-5-1,000 MPAGUFLOZ/UNAGUP/METFORMIN 25-5-1,000 HPAGUFLOZ/UNAGUP/METFORMIN 5-5-1,000 HPAGUFLOZ/UNAGUP/METFORMIN 5-5-1,000 HPOGUTAZONE HCL/METFORMIN 5-2-5-1,000 PIOGUTAZONE HCL/METFORMIN 5-2-5-1,000 ROUGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-000MG ROSIGUTAZONE MALEATE ZMAG TABLET IMMUNOMODULATORS, ATOPICA EMMATITIS TACROLIMUS 0.03% OINTMENT 100GRAMS IMMUNOMODULATORS, TOPICA E GENTAL WAI IMIQUIMOD 2:5% CREAM 25MG PACKETS IMMUNOSUPPRESSIVES, ORAL BULMOSUDIPRESSIVES, ORAL	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND ACTOS DUETACT ACTOPLUS MET XR ACTOPLUS MET XR ACTOPLUS MET AVANDIA BRAND PROTOPIC BRAND ZYCLARA ZYCLARA ZYCLARA ALDARA BRAND REZUROCK ZORTRESS CELLCEPT	Units 100 Units 7.5 28 12 Units 450	Until Refill 30 Until Refill 28 28 30 Until Refill 30	1 2 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Max Days Max Days 14 14 Max Days	Refills 1 1 Refills	Pkg Bill Y Pkg Bill Y Y Pkg Bill	Updated Updated Updated 1/1/2022
555 555 555 577 577 578 588 588 588 588	080710 55 042943 061389 066367 059685 042661 57 047346 58 060387 03099 59 082532 041845 081863 61	C4Y C4Y C4Y HIC3 C4N C4R C4R C4T C4T C4T C4T C4T C4T C4T C4T C4T C4T	ANTIHYPERCLY-SCLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERCLY-SCLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERCLY-SCLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB THERAPEUTIC CLASS HYPOCLYCENICS, TZD HYPOCLYCENICS, TZD HYPOCLYCENICS	3 4 5 6 7 0 1 2 2 3 4 4 5 0 1 1 2 3 0 1 1 2 3 0 1 1 2 3 0 1 1 2 5 2	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	DAPAGUFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGLIFLOZ/LINAGLIP/METFORMIN 10-5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 12-5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 25-5-1,000 MG TA EMPAGLIFLOZ/LINAGLIP/METFORMIN 5-2.5-1,000 MG TA HYPOGLYCEMICS, TZDS PIOGLITAZONE HCL TABLETS PIOGLITAZONE HCL TABLETS PIOGLITAZONE HCL/METFORMIN HCL 15-300 and -8500 ROSIGLITAZONE HCL/METFORMIN HCL 15-300 and -8500 ROSIGLITAZONE HCL/METFORMIN HCL 15-5000 ANG -8500 IMIQUIMOD 2.75% CREAM ZIMME ZIMMENT ZIMMENT ZIMMENT HIQUIMOD ZIMON ZIMME ZIMME ZIMMENT HIQUIMON ZIMMENTI ZIMMENT ZIMMENT HIQUIMON ZIMMENTI ZIMMENTI ZIMMENT HIQUIMON ZIMMENTI	DAPAGUFLOZIIV/SAXAGUPTIN HCI JONG-SMG TAB EMPAGUFLOZ/UNAGUP/METFORMIN 10-5-1,000 N EMPAGUFLOZ/UNAGUP/METFORMIN 12-5-1,000 N EMPAGUFLOZ/UNAGUP/METFORMIN 5-5-1,000 N EMPAGUFLOZ/UNAGUP/METFORMIN 5-5-1,000 N PMOGUTAZONE HCL/METFORMIN 5-2-5-1,000 N PMOGUTAZONE HCL/METFORMIN 5-2-5-1,000 N POGUTAZONE HCL/METFORMIN 5-2-5-1,000 N POGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG NGSIGUTAZONE HCL/METFORMIN HCL 15-1000MG NGSIGUTAZONE HCL/METFORMIN HCL 15-1000MG NGSIGUTAZONE HCL/METFORMIN HCL 15-1000MG NGSIGUTAZONE MALEATE ZMAG TABLET IMMUNOMODULATORS, DOPICAL & GENTAL WAI IMIQUIMOD 2.5% CREAM 25MG PACKETS IMMUNOSUPPRESSIVES, ORAL BELUMOSUDI MGSYLATE 200 MG TABLET EVEROLUMUS 1MG TABLET MYCOPHENOLATE 200 MG/ML SUSPENSION VOCLOSPORIN 7.9 MG CAPSULE	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND ACTOS DUETACT ACTOPLUS MET XR ACTOPLUS MET AVANDIA BRAND PROTOPIC BRAND REZUROCK ZORTRESS CELLCEPT LUPKYNIS BRAND CUBACA COMMERCE CUBACA COMMERCE CUBACA COMMERCE CUBACA COMMERCE CELCEPT CUBACA COMMERCE CUBACA CUBACA	Units 100 Units 7.5 28 12 Units	Until Refill 30 Until Refill 28 28 30 Until Refill	1 2 1 2 1 1 1 1 2 1 1 Daily Dose Daily Dose Daily Dose 1 2 2 15	Max Days Max Days 14 14	Refills Refills 1 1	Pkg Bill Y Pkg Bill Y Y	Updated Updated Updated
555 555 555 577 577 588 588 588 588 588	080710 55 042943 06389 066367 05985 042661 57 047346 58 069755 066038 031099 59 082532 066345 041845 081863 61 029893	C4Y C4Y C4Y HIC3 C4N C4R C4T C4T C4T C4T C4T C4T C4T C4T C4T C4T	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB HYPOGLYCENICS, TZD HYPOGLYCENICS, TCP HYPOGLYCENICS, TZD HYPOGLYCENICS, TCP HYPOGLYCENICS, TZD HYPOGLYCENICS, TYD HYPOGLYCENICS, TYD HYPOGLYCENIC	3 4 5 6 7 7 0 1 2 3 3 4 5 0 1 1 0 1 1 2 2 2 3 0 1 1 1.5 2 3 3	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	DAPAGUFLOZIV/SAXAGLIPTIN HCL TABLETS EMPAGUFLOZ/LINAGUIP/METFORMIN 10-5-1,000 MG TAE EMPAGUFLOZ/LINAGUIP/METFORMIN 12-5-1,000 MG TA EMPAGUFLOZ/LINAGUIP/METFORMIN 25-5-1,000 MG TA EMPAGUFLOZ/LINAGUIP/METFORMIN 5-2.5-1,000 MG TA HYPOGUTZADINE HCL/METFORMIN 5-2.5-1,000 MG TA HYPOGUTZADNE HCL/METFORMIN 5-2.5-1,000 MG TA PIOGUTAZONE HCL/METFORMIN 15-2.5-1,000 MG TA PIOGUTAZONE HCL/METFORMIN HCL 15- and 30-1000MM PIOGUTAZONE HCL/METFORMIN HCL 15- 3000 and -3550 ROSIGUTAZONE HCL/METFORMIN HCL 15- 3000 and -3550 ROSIGUTAZONE HCL/METFORMIN HCL 15- 3000 AND DIMOUNODUATORS, ATOPIC DERMATTIS TACROLIMUS 0.03 and 0.1% OINTMENT 100GRAMS IMMUNOMODULATORS, TOPICAL & GENITAL WARTS AG IMMUNOD CREAM PUMPS IMIQUIMOD 3.75% CREAM 25MG PACKETS IMMUNOSUPPRESSIVES, ORAL BELUMOSUDIL MESYLATE 200 MG TABLET EVEROLUIMUS 1MG CAPSULE WYCOPHENOLATE 200 MG/ML SUSPENSION VOCLOSPORIN 7.9 MG CAPSULE INTRANASAL RHINITIS AGENTS AZELASTINE HCL 0.1% 137MCG NASAL SPRAY 30ML	DAPAGUFLOZIN/SAXAGUPTIN HCI JONG-SMG TAB EMPAGUFLOZ/UNAGUP/METFORMIN 10.5-1,000 H EMPAGUFLOZ/UNAGUP/METFORMIN 12.5-5-1,000 EMPAGUFLOZ/UNAGUP/METFORMIN 25.5-1,000 H EMPAGUFLOZ/UNAGUP/METFORMIN 25.5-1,000 H PHOGUTRACINE HCL/GLIMEPIRIDE 30-2MG TABLET PIOGUTAZONE HCL/GLIMEPIRIDE 30-2MG TABLET PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-000MG ROSIGUTAZONE HCL/METFORMIN HCL 15-000MG ROSIGUTAZONE HCL/METFORMIN HCL 15-000MG INGUINAZONE HCL/METFORMIN HCL 15-000MG INGUINAZONE HCL/METFORMIN HCL 15-000MG INGUINADO HALEATE 2MG TABLET IMMUNOMODULATORS, TOPICA & GENTAL WAI IMIQUIMOD 2.5% CREAM PUMP IMIQUIMOD 3.75% CREAM DIMP IMIQUIMOD 3.75% CREAM DIMP IMIQUIMOD 3.75% CREAM DIMP IMIQUIMOD 3.75% CREAM DIMP IMIQUIMOSUDIL MESYLATE 200 MG TABLET EVEROLUIMUS IMIG TABELT WCOPHENOLATE 200 MG/ML SUSPENSION VOCOPSORIN 7.9 MG CAPSULE INTRANASAL RHINTIS AGENTS AZELASTINE HCL 0.1% 137MGC NASAL SPRAY 30M	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND ACTOS DUETACT ACTOPLUS MET XR ACTOPLUS MET XR ACTOPLUS MET AVANDIA BRAND PROTOPIC BRAND ZYCLARA ZYCLARA ZYCLARA ZYCLARA ZYCLARA CZORARS CZORTRESS CELLCEPT LUPKYNIS BRAND GENERIC ONLY	Units 100 Units 7.5 28 12 Units 450 Units 30	Until Refill 30 Until Refill 28 28 30 Until Refill 30 Until Refill 30	1 2 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Max Days Max Days 14 14 Max Days	Refills 1 1 Refills	Pkg Bill Y Pkg Bill Y Y Pkg Bill	Updated Updated Updated 1/1/2022
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555 555 555 577 577 578 588 588 588 589 599 599 599 599 599 611 611	080710 55 042943 06389 066367 059685 042661 57 047346 58 069755 066038 031099 59 082532 066345 041845 041845 041845 041845 041845 041845 041845 04185 041	С4Y С4Y С4Y НIC3 С4N С4R С4T С4T С4T С4T С4T С4T С4T С4T С4T С4T	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB, BIGUANIDE CB MTHMPERGLY-SGLT-2 INHIB,DPP-4 INHIB, BIGUANIDE CB HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TZD	3 4 5 6 7 0 1 2 3 4 4 5 0 1 1 2 3 0 1 1 2 3 0 1 1,5 2 3 0 0 1 1 2 3 0 0 1 1 2 3 3 0 0 1 2 3 3 0 0 1 2 3 3 0 0 1 1 2 3 3 1 2 3 3 3 1 2 3 3 3 3 1 3 1 3	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	DAPAGUFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGLIFLOZ/LINAGLIP/METFORMIN 10.5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 12.5-5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 25.5-1,000 MG TA EMPAGLIFLOZ/LINAGLIP/METFORMIN 5-2.5-1,000 MG TA HYPOGLYCEMICS, TZDS PIOGLITAZONE HCL TABLETS PIOGLITAZONE HCL/GLIMEPIRIDE TABLETS PIOGLITAZONE HCL/METFORMIN HCL 15- and 30-1000MC PIOGLITAZONE HCL/METFORMIN HCL 15- and 30-1000MC PIOGLITAZONE HCL/METFORMIN HCL 15- 5000 and -8500 ROSIGLITAZONE HCL/METFORMIN HCL 15-5000 AND -8500 IMIQUIMOD CREAM PUMPS IMIQUIMOD S.03 and 0.3% OINTMENT 100GRAMS IMIQUIMOD SON AND A 25MC REAM ELUMOSUDILATORS, TOPICAL & GENITAL WARTS AG IMIQUIMOD SON AND A 25MC REAM ELUMOSUDIL MESYLATE 200 MG TABLET EVEROLINUS JIMG TABELT MYCOPHENOLATE 200 MG/ML SUSPENSION VOCLOSPORIN 7.9 MG CAPSULE IMITRANASAL RHINITIS AGENITS AZELASTINE HCL 0.15% NASAL SPRAY 30ML AZELASTINE FLCL 0.15% NASAL SPRAY 30ML AZELASTINE FLCL 0.15% NASAL SPRAY 23GRAMS	DAPAGUFLOZIIV/SAXAGUPTIN HCI 10MG-SMG TAB EMPAGUFLOZ/UNAGUP/METFORMIN 10.5-1,000 N EMPAGUFLOZ/UNAGUP/METFORMIN 12.5-5-1,000 EMPAGUFLOZ/UNAGUP/METFORMIN 25-5-1,000 N EMPAGUFLOZ/UNAGUP/METFORMIN 25-5-1,000 N POGUTAZONE HCL/METFORMIN 5-2.5-1,000 N POGUTAZONE HCL/METFORMIN 5-2.5-1,000 N PIOGUTAZONE HCL/METFORMIN 5-2.5-1,000 N PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-000MG ROSIGUTAZONE HCL/METFORMIN HCL 15-000MG ROSIGUTAZONE HCL/METFORMIN HCL 15-000MG MINUOMODULATORS, JATOPIC DERMATITIS IMMUNOMODULATORS, ATOPIC DERMATTIS IMMUNOMODULATORS, DATOPIC DERMATTIS IMMUNOSUPITASI SIMO FABLET EVENCIJIMUS IMG TABLET EVENCIJIMUS IMG TABLET IMMUNOSUPIN T.3 MG CAPSULE INTRANASAL RHINTIS AGENTS AZELASTINE HCL 0.15% NASAL SPRAY 30ML AZELASTINE HCL 0.15% NASAL SPRAY 30ML	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR TRIJARDY XR TRIJARDY XR DUETACT ACTOS DUETACT ACTOPLUS MET XR ACTOPLUS MET XR ACTOPLUS MET AVANDIA BRAND ZYCLARA ZYCLARA ALDARA BRAND REZUROCK ZYCLARA GENERIC ONLY ASTEPRO DVMISTA	Units 100 Units 7.5 28 12 Units 450 Units 30 30 23	Until Refill 30 Until Refill 28 30 Until Refill 30 Until Refill 30 30 30	1 2 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Max Days Max Days 14 14 Max Days	Refills 1 1 Refills	Pkg Bill Y Pkg Bill Y Pkg Bill Pkg Bill Y Y Y	Updated Updated Updated 1/1/2022
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555 555 555 555 577 577 578 578 578 578	080710 55 042943 066367 059685 042661 57 047346 58 069755 066038 031099 59 082532 066345 041845 041845 041845 041863 61 029893 029893 065577 069144 008078 073274	С4Y С4Y С4Y НIC3 С4R С4R С4R С4R С4T С4T С4T С4T С4T С4T С4T С4T С4T С4T	ANTIHYPERCLY-SCLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERCLY-SCLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERCLY-SCLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB HYPOCLYCEMICS, T2D INHPOCLYCEMICS, T2D HYPOCLYCEMICS, T2D HYPOCLYCEMICS, T2D HYPOCLYCEMICS, T2D HYPOCLYCEMICS, T2D HYPOCLYCEMICS, T2D INHUNONODULATORS, ATOPIC DERNATITIS THERAPEUTIC CLASS INHUNONODULATORS, TOPICAL & GENITAL WARTS ACENTS INHUNONODULATORS, TOPICAL & GENITAL WARTS ACENTS INHUNOSUPPRESSIVE INHUNOSUPPRESSIVE INHUNOSUPPRESSIVE INTRANASAL RHINITIS AGENTS INTRANASAL RHINITIS AGENTS INTRANASAL RHINITIS GENITS INTRANASAL RHINITIS GENITS	3 4 5 6 7 0 1 2 3 3 4 5 5 0 1 1 2 3 0 1 1 .5 2 3 0 0 1 1 .5 2 3 0 0 1 1 2 3 3 0 0 1 1 5 5 5 5 5 5 5 5 5 5 5 6 6 7 7 0 7 0 7 0 7 0 7 0 7 0 7 0 7 0 7	Y Y	DAPAGUFLOZIN/SAXAGUPTIN HCL TABLETS EMPAGUFLOZ/LINAGUP/METFORMIN 10-5-1,000 MG TAE EMPAGUFLOZ/LINAGUP/METFORMIN 12-5-1,000 MG TAE EMPAGUFLOZ/LINAGUP/METFORMIN 25-5-1,000 MG TA EMPAGUFLOZ/LINAGUP/METFORMIN 5-2.5-1,000 MG TA HYPOGIVZCHINAGUP/METFORMIN 5-2.5-1,000 MG TA EMPAGUFLOZ/LINAGUP/METFORMIN 5-2.5-1,000 MG TA HYPOGIVZCHINAGUP/METFORMIN 5-2.5-1,000 MG TA HYPOGIVZCHINAGUP/METFORMIN 5-2.5-1,000 MG TA HYPOGIVZCHINAGUP/METFORMIN 15-2.5-1,000 MG TA HYPOGIVZCHINAGUP/METFORMIN HCL 15- PIOGITAZONE HCL/METFORMIN HCL 15- and 30-1000MC PIOGITAZONE HCL/METFORMIN HCL 15-5000 and -8500 ROSIGUTAZONE MALEATE TABLETS IMMUNOMODULATORS, TOPICAL & GENTAL WARTS AG IMIQUIMOD S% CREAM 25MG PACKETS IMMUNOSUPRESSVES, ORAL BELUMOSUDI MESYLATE 200 MG TABLET EVEROLUINUS 1MG TABELT VOCLOSPORIN 7-9 MG CAPSULE INTRANASAL RHINITIS AGENTS AZELASTINE HCL 0.15% NASAL SPRAY 30ML AZELASTINE HCL 0.15% NASAL SPRAY 30ML	DAPAGUFLOZIV/SAXAGUPTIN HCI JONG-SMG TAB EMPAGUFLOZ/UNAGUP/METFORMIN 10-5-1,000 HPMAGUFLOZ/UNAGUP/METFORMIN 12-5-1,000 EMPAGUFLOZ/UNAGUP/METFORMIN 25-5-1,000 EMPAGUFLOZ/UNAGUP/METFORMIN 5-2-5-1,000 PMPAGUFLOZ/UNAGUP/METFORMIN 5-2-5-1,000 PMPAGUFLOZ/UNAGUP/METFORMIN 5-2-5-1,000 PMPAGUFLOZ/UNAGUP/METFORMIN 5-2-5-1,000 PMPAGUFLOZ/UNAGUP/METFORMIN 5-2-5-1,000 PMOGUTAZONE HCL/SMETFORMIN 5-2-2-5-0,000 PMOGUTAZONE HCL/SMETFORMIN 5-2-2-5-0,000 PMOGUTAZONE HCL/METFORMIN HCL 15-1000MG PMOGUTAZONE HCL/METFORMIN HCL 15-1000MG PMOGUTAZONE HCL/METFORMIN HCL 15-5000MG ROSIGUTAZONE MALEATE ZWAG TABLET IMMUNOMODULATORS, DTOPIC DERMATITIS TACROLINUS 0.03% OINTMENT 100GRAMS IMMUNOMODULATORS, DTOPICAL & GENTAL WAI INIQUIMOD 2-5% CREAM PUMP IMIQUIMOD 25% CREAM 25MG PACKETS IMMUNOSUPPRESSIVES, ORAL BELUMOSUDIL MESYLATE 200 MG TABLET EVEROLUMUS 1MG TABLET EVEROLUMUS 1MG TABLET INYCOPHENOLATE 200 MG/ML SUSPENSION VOCLOSPORIN 2-9 MG CAPSULE INTRANASAL RHINITIS AGENTS AZELASTINE HCL 0.15% NASAL SPRAY 330ML AZELASTINE HCL 0.15% NASAL SPRAY 23GRAMS BECLOMETHASONE DIPROPIONATE 0.042% SPRAY	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND UUETACT ACTOS UUETACT ACTOPLUS MET XR ACTOPLUS MET AVANDIA BRAND ZYCLARA ZYCLARA ZYCLARA ZYCLARA LDARA BRAND REZUROCK ZORTRESS CELLCEPT ULPKYNIS BRAND GENERIC ONLY ASTEPRO DYMISTA BECONASE AQ QNASL CHILDREN	Units 100 Units 7.5 28 12 Units 450 Units 30 30 23 23 25 6.8	Until Refiil 30 Until Refiil 28 30 Until Refiil 30 30 30 30 30 30 30	1 2 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Max Days Max Days 14 14 Max Days	Refills 1 1 Refills	Pkg Bill Y Pkg Bill Y Pkg Bill Pkg Bill Y Y Y	Updated Updated Updated 1/1/2022
555 555 555 577 577 588 588 588 588 588	080710 55 042943 061389 066367 059685 042661 57 047346 58 069755 066038 031099 59 082522 066345 041845 041845 041845 041845 069344 069744	С4Y С4Y С4Y HIC3 С4N С4R С4R С4T С4T С4T С4T С4T С4T С4T С4T С4T 22G 226 226 226 226 226 226 226 226 226	ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB MTHMPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TYD HYPOGLYCEMICS, TZD HYPOGLYCEMICS, TYD HYPOGLYCEMICS, TH HYPOGLYCEMICS, TH HYPOGLYCEMICS, TH HYPOGLYCEMICS, TH HYPOGLYCEMICS, TH HYPOGLYCEMICS, TH HYPOGLYCEMICS, TH HYPOGLYC	3 4 5 6 7 0 1 2 3 4 5 0 1 1 2 5 0 0 1 1 2 3 0 1 1 5 2 3 0 0 1 1 2 3 0 0 1 1 2 3 0 0 1 1 2 3 4 4 5 5 6 6 7 0 1 2 5 6 7 0 1 2 7 6 7 0 1 2 7 7 0 1 2 7 7 0 1 2 7 7 7 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	DAPAGUFLOZIN/SAXAGLIPTIN HCL TABLETS EMPAGLIFLOZ/LINAGLIP/METFORMIN 10.5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 12.5-5-1,000 MG TAE EMPAGLIFLOZ/LINAGLIP/METFORMIN 25.5-1,000 MG TA EMPAGLIFLOZ/LINAGLIP/METFORMIN 25.5-1,000 MG TA HYPOGLYCEMICS, TZDS PIOGLITAZONE HCL TABLETS PIOGLITAZONE HCL TABLETS PIOGLITAZONE HCL/METFORMIN HCL 15- and 30-1000MC PIOGLITAZONE HCL/METFORMIN HCL 15- and 30-1000MC PIOGLITAZONE HCL/METFORMIN HCL 15- and 30-1000MC PIOGLITAZONE HCL/METFORMIN HCL 15- 5000 and -8500 ROSIGLITAZONE HCL/METFORMIN HCL 15-5000 and -8500 ROSIGLING DI - 375% CREAM IMIQUIMOD 3.75% CREAM ZIMME A CONTRAL REST IMIQUIMOD SOULATORS, TOPICAL & GENITAL WARTS AG IMIQUIMOD SIG SCREAM ZIMME A CONTRAL REST IMIQUIMOD SIG SCREAM ZIMME A CONTRAL REST AZELASTINE HCL 0.15% NASAL SPRAY 300H AZELASTINE HCL 0.15% NASAL SPRAY 300H AZELASTINE HCL 0.15% NASAL SPRAY 300H AZELASTINE FICL 0.15% NASAL SPRAY 230RAMS BECLOMETHASONE DIPROPIONATE 0.042% SPRAY BECLOMETHASONE DIPROPIONATE 80MCG SPRAY BECLOMETHASONE DIPROPIONATE 80MCG SPRAY BECLOMETHASONE DIPROPIONATE 80MCG SPRAY	DAPAGUFLOZIV/SAXAGUPTIN HCI JONG-SMG TAB EMPAGUFLOZ/UNAGUP/METFORMIN 10-5-1,000 N EMPAGUFLOZ/UNAGUP/METFORMIN 12-5-1,000 N EMPAGUFLOZ/UNAGUP/METFORMIN 25-5-1,000 N EMPAGUFLOZ/UNAGUP/METFORMIN 5-2.5-1,000 N POGUTAZONE HCL/METFORMIN 5-2.5-1,000 N POGUTAZONE HCL/METFORMIN 5-2.5-1,000 N PIOGUTAZONE HCL/METFORMIN 5-2.5-1,000 N PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG PIOGUTAZONE HCL/METFORMIN HCL 15-1000MG NOSIGUTAZONE HCL/METFORMIN HCL 15-1000MG INMUNOMODULATORS, DATOPIC DERMATITIS TACROLINUS 0.3% ONTMENT 100GRAMS IMMUNOMDULATORS, DATOPIC DERMATTIS IMMUNOMODULATORS, DATOPIC DERMATTIS IMMUNOMODULATORS, DATOPIC DERMATTIS IMMUNOMODULATORS, DATOPIC DERMATTIS IMMUNOMODULATORS, DATOPIC DERMATTIS IMMUNOMDULATORS, DATOPICAL & GENITAL WAR INIQUIMO D 3.7% CREAM 25MG PACKETS IMMUNOSUPPRESSIVES, ORAL BELUMOSUDI MESYLATE 200 MG TABLET EVENDUIMUS JMG TABELT IMYCOPHENOLATE 200 MG/ML SUSPENSION VOCLOSPORIN 7.9 MG CAPSULE INTRANASAL RHINTIS AGENTS AZELASTINE HCL 0.15% NASAL SPRAY 30ML AZELASTINE HCL 0.15% NASAL SPRAY 30ML	QTERN TRIJARDY XR TRIJARDY XR TRIJARDY XR TRIJARDY XR BRAND UUETACT ACTOS UUETACT ACTOPLUS MET XR ACTOPLUS MET AVANDIA BRAND ZYCLARA ZYCLARA ZYCLARA ZYCLARA LDARA BRAND REZUROCK ZORTRESS CELLCEPT ULPKYNIS BRAND GENERIC ONLY ASTEPRO DYMISTA BECONASE AQ QNASL CHILDREN	Units 100 Units 7.5 28 12 Units 450 Units 30 30 23 25	Until Refill 30 Until Refill 28 30 Until Refill 30 Until Refill 30 30 30	1 2 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Max Days Max Days 14 14 Max Days	Refills 1 1 Refills	Pkg Bill Y Pkg Bill Y Pkg Bill Pkg Bill Y Y Y	Updated Updated Updated 1/1/2022

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61 061667	Q7P	INTRANASAL RHINITIS AGENTS INTRANASAL RHINITIS AGENTS	9	Y	CICLESONIDE 50MCG NASAL SPRAY 12.5GRAMS		OMNARIS	12.5	30	ļ'			Y	
61 018368	Q7P 07P	INTRANASAL RHINI IIS AGENTS	10	Y	FLUTICASONE PROPIONATE 0.05% NASAL SPRAY	FLUTICASONE PROPIONATE 0.05% NASAL SPRAY	FLONASE	16 16	30	'			Y	
61 077749		INTRANASAL RHINITIS AGENTS		Ŷ						 '				
61 031186	Q7P		12	Ŷ		MOMETASONE FUROATE 50MCG NASAL SPRAY 170		17	30				Y	
61.5 61.5	HIC3	THERAPEUTIC CLASS	0	Y	IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROM			Units 60	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
61.5 074654 61.5 069922	D6L D6G	IBS/SBS/GI AGENTS	2	Y	ELUXADOLINE TABLETS	ELUXADOLINE 75 MG TABLET LINACLOTIDE 145 MCG CAPSULE	VIBERZI	60	30	2			v	1/1/2022
	D6G D6G	IBS/SBS/GLAGENTS	2	Y			TRULANCE			1				
		ANTIDIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR			PLECANATIDE 3 MG TABLET	PLECANATIDE 3 MG TABLET							ł	
61.5 077178	D40		4	Y	TELOTRISTAT ETIPRATE 250MG TABLET	TELOTRISTAT ETIPRATE 250MG TABLET	XERMELO	84		<u> </u>				
61.75 61.75 61.8 061457	HIC3	THERAPEUTIC CLASS	0	Y	LAXATIVES AND CATHARTICS PED3350/SQD SUI /NACL/KCL/ASB/C PACK	LAXATIVES AND CATHARTICS	BRAND MOVIPREP	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
	D6S	LAXATIVES AND CATHARTICS	1	Y		PED3350/SOD SUL/NACL/KCL/ASB/C PACK		1		<u> </u>				
61.8 034313	D6S	LAXATIVES AND CATHARTICS	2	Y	POLYETHYLENE GLYCOL 3350 17GRAM POWDER PACKET		MIRALAX			1			<u> </u>	
61.8 041843	D6S	LAXATIVES AND CATHARTICS	3	Ŷ	POLYETHYLENE GLYCOL 3350 17GRAM POWDER DOSEPAG					36			Y	
61.8 059931	D6S		4	Y	SODIUM CHLORIDE/NaHCOO/KCI/PEG SOLUTION		PEG 3350-ELECTROLYTE SOLUTI			 '			ł	
61.8 081680	D6S	LAXATIVES AND CATHARTICS	5	Y	SOD SULF/POT CHLORIDE/MAG SULF 1.479-0.225-01.88 (SUTAB	24		 '				
62 62	HIC3	THERAPEUTIC CLASS	0	Y	LEUKOTRIENE MODIFIERS	LEUKOTRIENE MODIFIERS	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
62 051512	Z4B	LEUKOTRIENE MODIFIERS	1	Y	MONTELUKAST SODIUM GRANULES and TABLETS	MONTELUKAST SODIUM 4MG GRANULES	SINGULAIR			1			,	
62 043557	Z4B	LEUKOTRIENE MODIFIERS	2	Y	ZAFIRLUKAST TABLETS	ZAFIRLUKAST 10MG TABLET	ACCOLATE			2				
62 029803	Z4E		3	Y	ZILEUTON 600MG FILMTAB	ZILEUTON 600MG FILMTAB	ZYFLO			4				
63 63	HIC3	THERAPEUTIC CLASS	0	Y	LIPOTROPICS, OTHER (Non-statins)	LIPOTROPICS, OTHER (Non-statins)	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
63 080782	M4V	ANTIHYPERLIPIDEMIC - ATP CITRATE LYASE INHIBITOR	1	Y	BEMPEDOIC ACID 180 MG TABLET	BEMPEDOIC ACID 180 MG TABLET	NEXLETOL		1	1		I – I		
63 080790	M4W	ANTIHYPERLIPIDEMIC-ATP CITRATE LYASE ABSORPTION INHIBITOR	1.2	Y	BEMPEDOIC ACID/EZETIMIBE 180-10 MG TABLET		NEXLIZET			1				
63 051214	M4E	LIPOTROPICS, OTHER (Non-statins)	1.9	Y	EZETIMIBE 10MG TABLET	EZETIMIBE 10MG TABLET	ZETIA			1				
63 063693	M4E	LIPOTROPICS, OTHER (Non-statins)	2	Y	FENOFIBRATE TABLETS	FENOFIBRATE 40MG TABLET	FENOGLIDE			1				
63 061199	M4E	LIPOTROPICS, OTHER (Non-statins)	3	Y	FENOFIBRATE NANOCRYSTALLIZED TABLETS ALL STRENGT		TRICOR			1			 	
63 064676	M4E	LIPOTROPICS, OTHER (Non-statins)	4	Y	FENOFIBRIC ACID (CHOLINE) 45 and 135MG CAPSULE	FENOFIBRIC ACID (CHOLINE) 45MG CAPSULE	TRILIPIX DR			1				
63 065479	M4E	LIPOTROPICS, OTHER (Non-statins)	5	Y	FENOFIBRIC ACID 35 and 105MG TABLET	FENOFIBRIC ACID 35MG TABLET	FIBRICOR			1			<u> </u>	
63 058486	M4E	LIPOTROPICS, OTHER	6	Y	OMEGA-3 ACID ETHYL ESTERS 1MG CAPSULE	OMEGA-3 ACID ETHYL ESTERS 1MG CAPSULE	LOVAZA			4				
64 64	HIC3	THERAPEUTIC CLASS	0	Y	LIPOTROPICS, STATINS	LIPOTROPICS, STATINS	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
64 058432	M4I	LIPOTROPICS, STATINS	1	Y	AMLOPIDINE-ATORVASTATIN TABLETS ALL STRENGTHS	AMLODIPINE-ATORVASTATIN 2.5MG - 10MG TABLE				1			T	
64 029967	M4D	LIPOTROPICS, STATINS	2	Y	ATORVASTATIN CALCIUM TABLETS ALL STRENGTHS	ATORVASTATIN CALCIUM 10MG TABLETS	LIPITOR			1				
64 057859	M4M	LIPOTROPICS, STATINS	3	Y	EZETIMIBE/SIMVASTATIN TABLETS ALL STRENGTHS	EZETIMIBE/SIMVASTATIN 10-10MG TABLET	VYTORIN			1				
64 021694	M4D	LIPOTROPICS, STATINS	4	Y	FLUVASTATIN SODIUM CAPSULES ALL STRENGTHS	FLUVASTATIN SODIUM 20MG CAPSULES	LESCOL / LESCOL XL			1				
64 016310	M4D	LIPOTROPICS, STATINS	5	Y	LOVASTATIN 10, 20 MG TABLET	LOVASTATIN 10 MG TABLET	ALTOPREV			1				
64 006461	M4D	LIPOTROPICS, STATINS	6	Y	LOVASTATIN 40 MG TABLET	LOVASTATIN 40 MG TABLET	GENERIC ONLY			2				
64 050557	M4D	LIPOTROPICS, STATINS	7	Y	LOVASTATIN ER 40, 60 MG TABLET	LOVASTATIN 40 MG TABLET	ALTOPREV			1				
64 066349	M4D	LIPOTROPICS, STATINS	8	Y	PITAVASTATIN CALCIUM TABLETS ALL STRENGTHS	PITAVASTATIN CALCIUM 1MG TABLET	LIVALO			1				
64 016366	M4D	LIPOTROPICS, STATINS	9	Y	PRAVASTATIN SODIUM TABLETS ALL STRENGTHS	PRAVASTATIN SODIUM 10MG TABLET	PRAVACHOL			1				
64 052944	M4D	LIPOTROPICS, STATINS	10	Y	ROSUVASTATIN CALCIUM TABLETS ALL STRENGTHS	ROSUVASTATIN CALCIUM 5MG TABLET	CRESTOR / EZALLOR SPRINKLE			1				
64 016576	M4D	LIPOTROPICS, STATINS	11	Ý	SIMVASTATIN TABLETS ALL STRENGTHS	SIMVASTATIN 5MG TABLET	ZOCOR			1				
64 075976	M4D	LIPOTROPICS, STATINS	12	Y	SIMVASTATIN ORAL SUSPENSION	SIMVASTATIN 20 MG/5 ML ORAL SUSPENSION	FLOLIPID			5			t	
65 65	HIC3	THERAPEUTIC CLASS	0	v	MACROLIDES/KETOLIDES (Oral)	MACROLIDES/KETOLIDES (Oral)	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
65 018544	W1D	MACROLIDES	1	Y	AZITHROMYCIN SUSPENSIONS	AZITHROMYCIN 200 MG/5 ML SUSP	ZITHROMAX	30	14		14	1	Y	opulleu
65 026721	W1D	MACROLIDES	3	Y	AZITHROMYCIN 250 MG TABLET	AZITHROMYCIN 250 MG TABLET	ZITHROMAX	6	14		14	1	<u> </u>	
65 022624	W1D	MACROLIDES	4	Ý	AZITHROMYCIN 500 MG TABLET	AZITHROMYCIN 500 MG TABLET	ZITHROMAX	3	14	l	14	1	-+	
65 027252	W1D W1D	MACBOLIDES	5	Y	AZITHROMYCIN 600 MG TABLET	AZITHROMYCIN 600 MG TABLET	ZITHROMAX	5	14		14	1	<u> </u>	
65 023789	W1D W1D	MACROLIDES	6	Ŷ	AZITHROMYCIN 1 GM PWD PACKET	AZITHROMYCIN 1 GM PWD PACKET	ZITHROMAX				14	1	+	
65 009258	W1D W1D	MACROLIDES	7	Ý	ERYTHROMYCIN ALL STRENGHTS, ALL FORMULATIONS	ERYTHROMYCIN DR 250 MG CAP	FRY-TAB				14	1	+	
65 009245	W1D	MACROLIDES	8	Ý	ERYTHROMYCIN ETHYLSUCCINATE	ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	E.E.S. 400 / ERYPED				14	1	+	
65 009255	W1D W1D	MACROLIDES	9	Ý	ERYTHROMYCIN STEARATE FILMTABS	ERYTHROMYCIN STEARATE 250 MG TABLET	GENERIC ONLY				14	1	+	
65 009255 65 048564	W1D W1D	MACROLIDES	10	Y	ERYTHROMYCIN/SULFISOX SUSP	ERYTHROMYCIN/SULFISOX SUSP	PEDIAZOLE				14	1	\rightarrow	
65 067471	W1D W1D	MACROLIDES	10	Y	FIDAXOMICIN 200 MG TABLET	FIDAXOMICIN 200 MG TABLET	DIFICID			<u> </u>	14	1	+	
65 087471 65 080794	W1D W1D	MACROLIDES	11	Y	FIDAXOMICIN 200 MG IABLET	FIDAXOMICIN 200 MG TABLET FIDAXOMICIN 40 MG/ML SUSPENSION	DIFICID			10	14	-	+	
66 66	HIC3	THERAPEUTIC CLASS	0	Y	MULTIPLE SCLEROSIS AGENTS	MULTIPLE SCLEROSIS AGENTS	BRAND	Units	Until Refill	Daily Dose	Max Davs	Refills	Pkg Bill	Updated
66 066227	HOF	MULTIPLE SCLEROSIS AGENTS	1	Y	AMIFAMPRIDINE PHOSPHATE 10MG TABLET	AMIFAMPRIDINE PHOSPHATE 10MG TABLET	FIRDAPSE	0	onu nemi	2 2	Days			opulied
66 078079		MULTIPLE SCIEROSIS AGENTS		1 1		CLADRIBINE 10MG X 4, 5, 6, 7, 8, 9 or 10TABLET PK		10		2		1	+	
	HOF	MULTIPLE SCLEROSIS AGENTS	2	v	ICLADRIBINE 10MG X 4, 5, 6, 7 8 9 or 10TABLET PK					2		<u> </u>	+	
66 066066	HOE	MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS	2	Y	CLADRIBINE 10MG X 4, 5, 6, 7, 8, 9 or 10TABLET PK	DAI FAMPRIDINE 10MG TABI FT	AMPYRA						t	
	HOF	MULTIPLE SCLEROSIS AGENTS	3	Y	DALFAMPRIDINE 10MG TABLET	DALFAMPRIDINE 10MG TABLET								
66 080393	H0F H0E			Y Y	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE	VUMERITY			4			└──┼	
66 080393 66 066709	HOF HOE HOE	MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS	3 4 5	Y Y Y	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL CAPSULES	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL 0.5MG CAPSULE	VUMERITY GILENYA		30					
66 080393 66 066709 66 071942	HOF HOE HOE HOE	MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS	3	Y Y Y Y	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL CAPSULES GLATIRAMER ACETATE 40MG/ML SYRINGE	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL 0.5MG CAPSULE GLATIRAMER ACETATE 40MG/ML SYRINGE	VUMERITY GILENYA COPAXONE	12	30	4			Y	
66 080393 66 066709 66 071942 66 067628	HOF HOE HOE HOE HOE	MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS	3 4 5 6 7	Y Y Y Y Y	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL CAPSULES GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-1A 30MG/0.5ML	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL 0.5MG CAPSULE GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-1A 30MG/0.5ML KIT	VUMERITY GILENYA COPAXONE AVONEX PEN	12 1	30	4				
66 080393 66 066709 66 071942 66 067628 66 052882	HOF HOE HOE HOE HOE HOE	MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS	3 4 5 6 7 8	Y Y Y Y Y Y	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL CAPSULES GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-1A 30MG/0.5ML INTERFERON BETA-1A PREFILED 30MCG/0.5ML SYRINGE	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINODIMOD HCL 0.5MG CAPSULE GLATIRAMER ACETATE 40MG/ML.SYRINGE INTERFERON BETA-1A 30MG/0.5ML KIT NITERFERON BETA-1A PREFILLED 30MCG/0.5ML SY	VUMERITY GILENYA COPAXONE AVONEX PEN AVONEX	12 1 1	30 30	4			Ŷ	
66 080393 66 066709 66 071942 66 067628 66 052882 66 050035	HOF HOE HOE HOE HOE HOE HOE	MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS	3 4 5 6 7 8 9	Y Y Y Y Y Y Y	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL CAPSULES GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-1A 30MG/0.5ML INTERFERON BETA-1A PREFILLED 30MCG/0.5ML SYRINGE INTERFERON BETA-1A/ALBUMIN SYRINGES	DALFAMPRIDINE 10MG TABLET DIROXIMUEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD ELG. OSMG CAPSULE GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-1A 30MG/O.SML KIT INTERFERON BETA-1A PREFILED 30MCG/0.SML SY INTERFERON BETA-1A/ALBUMIN 22MCG/0.SML SY	VUMERITY GILENYA COPAXONE AVONEX PEN AVONEX REBIF / REBIF REBIDOSE	12 1 1 6	30 30 30	4				
66 080393 66 066709 66 071942 66 067628 66 052882 66 050035 66 049812	HOF HOE HOE HOE HOE HOE HOE HOE	MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS	3 4 5 6 7 8 9 10	Y Y Y Y Y Y Y Y	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL CAPSULES GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-1A 30MG/0.5ML INTERFERON BETA-1/ALBUMIN SYRINGES INTERFERON BETA-1/ALBUMIN SYRINGES	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL 0.5MG CAPSULE GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-1A 30MG/0.5ML KIT INTERFERON BETA-12A REFILLED 30MCG/0.5ML SY INTERFERON BETA-12A/BLUMIN 122MCG/0.5ML SY INTERFERON BETA-12A/ALBUMIN 32MCG/0.5ML SY	VUMERITY GILENYA COPAXONE AVONEX PEN AVONEX REBIF / REBIF REBIDOSE AVONEX	12 1 1 6 4	30 30 30 30	4			Y Y Y	
66 080393 66 066709 66 071942 66 067628 66 052882 66 050035 66 049812 66 070586	H0F H0E H0E H0E H0E H0E H0E H0E H0E	MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS	3 4 5 6 7 8 9 10 11	Y Y Y Y Y Y Y Y	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL CAPSULES GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-1A 30MG/0.5ML INTERFERON BETA-1A/ALBUMIN SYRINGES INTERFERON BETA-1A/ALBUMIN 30MCG VIAL INTERFERON BETA-1A/ALBUMIN 30MCG VIAL INTERFERON BETA-1A/ALBUMIN TRITATION PACKS	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINOQLIMOD HCL 0.5MG CAPSULE GLATIRAMER ACETATE 40MG/ML.SYRINGE INTERFERON BETA-1A 30MG/0.5ML KIT NITERFERON BETA-1A/ALBUMIN 22MCG/0.5ML SY INTERFERON BETA-1A/ALBUMIN 20MCG VIAL INTERFERON BETA-1A/ALBUMIN TATIATION PACK 4	VUMERITY GIEINVA COPAXONE AVONEX PEN AVONEX REBIF / REBIF REBIDOSE AVONEX REBIF / REBIF REBIDOSE PACK	12 1 1 6 4 4.2	30 30 30 30 365	4			Y Y Y Y Y	
66 080393 66 066709 66 071942 66 067628 66 052882 66 05035 66 049812 66 070586 66 070586 66 062602	H0F H0E H0E H0E H0E H0E H0E H0E H0E H0E	MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS	3 4 5 6 7 8 9 10 11 12	Y Y Y Y Y Y Y Y Y	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL CAPSULES GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-1A 20MG/0.5ML INTERFERON BETA-12 APRILLED 30MCG/0.5ML SYRINGE INTERFERON BETA-14/ALBUMIN SYRINGES INTERFERON BETA-14/ALBUMIN SYRINGES INTERFERON BETA-14/ALBUMIN TRITATION PACKS INTERFERON BETA-18-0.3MG KIT	DALFAMPRIDINE 10MG TABLET DIROXIMCL FUMARATE DR 231 MG CAPSULE FINGOLIMOD ELC 0.5MG CAPSULE GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-12 APREILED 30MCG/0.5ML KIT INTERFERON BETA-12 APREILED 30MCG/0.5ML SY INTERFERON BETA-12/ALBUMIN 30MCG VIAL INTERFERON BETA-12/ALBUMIN 1010 PACK 4 INTERFERON BETA-12/B.0.3MG KIT	VUMERITY GILENVA COPAXONE AVONEX PEN AVONEX PEN REBIF / REBIF REBIDOSE AVONEX REBIF / REBIF REBIDOSE PACK BETASERON / EXTAVIA	12 1 1 6 4	30 30 30 30	4 1			Y Y Y	
66 080393 66 066709 66 071942 66 067628 66 052882 66 050035 66 049812 66 070586 66 062602 66 081120	H0F H0E H0E H0E H0E H0E H0E H0E H0E H0E	MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS	3 4 5 6 7 8 9 10 11 12 13	Y Y Y Y Y Y Y Y Y Y	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL CAPSULES GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-13 0MG/0.5ML INTERFERON BETA-14A PREFILED 30MCG/0.5ML SYRINGES INTERFERON BETA-1/A/LBUMIN SYRINGES INTERFERON BETA-1/A/LBUMIN 30MCG VIAL INTERFERON BETA-1/A/LBUMIN TRITATION PACKS INTERFERON BETA-1/A/LBUMIN TRITATION PACKS INTERFERON BETA-10.3MG KIT MONOMETHYL FUMARATE 95 MG CAPSULE	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOO HCL 0.5MG CAPSULE GLATIRAMER ACETATE 40MG/ML.SYRINGE INTERFERON BETA-13 A0MG/0.5ML KIT INTERFERON BETA-14 APREFILED 30MCG/0.5ML SY INTERFERON BETA-14/ALBUMIN 22MCG/0.5ML SY INTERFERON BETA-14/ALBUMIN 20MCG VILL INTERFERON BETA-14/ALBUMIN TRITATION PACK 4 NOROMETHYL FUMARATE 95 MG CAPSULE	VUMERITY GILENVA COPAXONE AVONEX PEN AVONEX REBIF / REBIF REBIDOSE AVONEX REBIF / REBIF REBIDOSE PACK BETASERON / EXTAVIA BAFIERTAM DR	12 1 1 6 4 4.2	30 30 30 30 365	4	7		Y Y Y Y Y	
66 080393 66 066709 66 071942 66 067628 66 052882 66 05035 66 049812 66 062662 66 062602 66 081120 66 080878	H0F H0E H0E H0E H0E H0E H0E H0E H0E H0E H0E	MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS	3 4 5 6 7 8 9 10 11 12 13 14	Y Y Y Y Y Y Y Y Y Y	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL CAPSULES GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-1A 30MG/0.5ML INTERFERON BETA-1A PREFILLED 30MCG/0.5ML SYRINGE INTERFERON BETA-1A/ALBUMIN SYRINGES INTERFERON BETA-1A/ALBUMIN SOMGG VIAL INTERFERON BETA-1A/ALBUMIN SOMGG VIAL INTERFERON BETA-1A/ALBUMIN TRITATION PACKS INTERFERON BETA-1B 0.3MG KIT MONOMETHYL FUMARATE 95 MG CAPSULE OZANIMOD HYDROCHLORIDE 0.23-0.46 MG STARTER PAC	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL 0.5MG CAPSULE GLATIRAMER ACETATE 40MG/ML.SYRINGE INTERFERON BETA-1A 30MG/0.5ML SY INTERFERON BETA-1A/ALBUMIN 22MCG/0.5ML SY INTERFERON BETA-1A/ALBUMIN 20MCG/0.5ML SY INTERFERON BETA-1A/ALBUMIN 12MCG/0.5ML INTERFERON BETA-1A/ALBUMIN 12MCG/0.5ML INTERFERON BETA-1A/ALBUMIN TRITATION PACK 4 MOTOMETHYL FUMARATE 95 MG CAPSULE 02ANIMOD HYDROCHLORIDE 0.23-0.46 MG START	VUMERITY GILENVA COPAXONE AVONEX PEN AVONEX REBIF / REBIF REBIDOSE AVONEX REBIF / REBIF REBIDOSE PACK BETASERON / EXTAVIA BAFIERTAM DR ZEPOSIA	12 1 1 6 4 4.2	30 30 30 30 365	4 1	7	0	Y Y Y Y Y	
66 080393 66 066709 66 071942 66 052882 66 052882 66 052035 66 049812 66 070586 66 062602 66 081120 66 080878 66 080879	HOF HOE HOE HOE HOE HOE HOE HOE HOE HOE HOE	MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS	3 4 5 6 7 8 9 10 11 12 13 14 15	Y Y Y Y Y Y Y Y Y	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL CAPSULES GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-14 20MG/ML SYRINGES INTERFERON BETA-14 20MG/ML SYRINGES INTERFERON BETA-14/ALBUMIN SYRING	DALFAMPRIDINE 10MG TABLET DIROXIMCL FUMARATE DR 231 MG CAPSULE FINODIMOD CIL 0.5MG CAPSULE GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-13 A0MG/0.5ML KIT INTERFERON BETA-13 APREIHLED 30MCG/0.5ML SY INTERFERON BETA-13/ALBUMIN 30MCG VIAL INTERFERON BETA-13/ALBUMIN 30MCG VIAL INTERFERON BETA-13/ALBUMIN 30MCG VIAL INTERFERON BETA-13/ALBUMIN TRITATION PACK 4 INTERFERON BETA-13/ALBUMIN TRITATION PACK 4 INTERFERON BETA-13/B 0.3MG KIT MONOMETHYL FUMARATE 95 MG CAPSULE 02ANIMOD HYDROCHLORIDE 0.23-0.46-0.92 MG 5	VUMERITY GILENVA COPAXONE AVONEX PEN AVONEX PEN REBIF / REBIF REBIDOSE AVONEX REBIF / REBIF REBIDOSE PACK BETASERON / EXTAVIA BAFIERTAM DR ZEPOSIA ZEPOSIA	12 1 1 6 4 4.2	30 30 30 30 365	4 1 	7 37	0	Y Y Y Y Y	
66 080393 66 066709 66 071942 66 067628 66 05282 66 05035 66 049812 66 062602 66 080878 66 080879 66 080879	HOF HOE HOE HOE HOE HOE HOE HOE HOE HOE HOE	MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS	3 4 5 6 7 8 9 10 11 12 13 14 15 16	Y Y Y Y Y Y Y Y Y Y	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL CAPSULES GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-1A 30MG/0.5ML INTERFERON BETA-1A AREFILLED 30MCG/0.5ML SYRINGE INTERFERON BETA-1A/ALBUMIN SYRINGES INTERFERON BETA-14/ALBUMIN SYRINGES UNTERFERON BETA-14/ALBUMIN TRITATION PACKS INTERFERON BETA-14/ALBUMIN TRITATION PACKS INTERFERON BETA-14/ALBUMIN TRITATION PACKS INTERFERON BETA-14/ALBUMIN TRITATION PACKS INTERFERON BETA-14/ALBUMIN TRITATION PACKS OZANIMOD HYDROCHLORIDE 0.23-0.46 MG STARTE PAC OZANIMOD HYDROCHLORIDE 0.23-0.46-0.92 MG STARTE OZANIMOD HYDROCHLORIDE 0.23-0.46-0.92 MG STARTE	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL 0.5MG CAPSULE GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-1A 30MG/0.5ML KIT INTERFERON BETA-1A PREFILLED 30MCG/0.5ML SY INTERFERON BETA-1A/ALBUMIN 22MCG/0.5ML SY INTERFERON BETA-1A/ALBUMIN 20MCG VIAL INTERFERON BETA-1A/ALBUMIN TRITATION PACK 4 INTERFERON BETA-1A/ALBUMIN TRITATION PACK 4 INTERFERON BETA-1A/ALBUMIN TRITATION PACK 4 INTERFERON BETA-1A/ALBUMIN TRITATION PACK 4 MONOMETHYL FUMARATE SF MG CAPSULE 0ZANIMOD HYDROCHLORIDE 0.23-0.46 MG START 0ZANIMOD HYDROCHLORIDE 0.23-0.46 O.92 MG S	VUMERITY GILENVA COPAXONE AVONEX PEN AVONEX REBIF / REBIF REBIDOSE AVONEX REBIF / REBIF REBIDOSE PACK BETASERON / EXTAVIA BAFIERTAM DR ZEPOSIA ZEPOSIA ZEPOSIA	12 1 1 6 4 4.2 15	30 30 30 30 365 30	4	7 37	~	Y Y Y Y Y	
66 080393 66 066709 66 071942 66 072942 66 052882 66 05035 66 070586 66 070586 66 080873 66 080879 66 080879 66 080879 66 080879 66 080879 66 080879 66 080879 66 081976	HOF HOE HOE HOE HOE HOE HOE HOE HOE HOE HOE	MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Y Y Y Y Y Y Y Y Y Y Y Y	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL CAPSULES GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-1A PREILED 30MCG/0.5ML INTERFERON BETA-1A PREILED 30MCG/0.5ML SYRINGES INTERFERON BETA-1A/ALBUMIN SYRINGES INTERFERON BETA-14/ALBUMIN SWRINGES INTERFERON BETA-14/ALBUMIN SWRINGES INTERFERON BETA-14/ALBUMIN TRITATION PACKS INTERFERON BETA-14/ALBUMIN TRITATION PACKS INTERFERON BETA-14/ALBUMIN TRITATION PACKS INTERFERON BETA-14/ALBUMIN SWRINGES MONOMETHYL FUMARATE 95 MG CAPSULE OZANIMOD HYDROCHLORIDE 0.23-0.46 MG STARTER PAC OZANIMOD HYDROCHLORIDE 0.32MG CAPSULE OZANIMOD HYDROCHLORIDE 0.32MG CAPSULE PGINTERFERON BETA-14 125 MCG/0.5 ML SYRINGE	DALFAMPRIDINE 10MG TABLET DIROXIMUEL FUMARATE DR 231 MG CAPSULE FINOQIMOD LOL 0.5MG CAPSULE GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-1A 30MG/0.5ML KYI INTERFERON BETA-1A 7REFILLED 30MGG/0.5ML SY INTERFERON BETA-1A/ALBUMIN 23MGG/0.5ML SY INTERFERON BETA-1A/ALBUMIN 30MGG VIAL INTERFERON BETA-1A/ALBUMIN 30MGG VIAL	VUMERITY GILENVA COPAXONE AVONEX PEN AVONEX REBIF / REBIF REBIDOSE AVONEX REBIF / REBIF REBIDOSE PACK BETASERON / EXTAVIA BAFIERTAM DR ZEPOSIA ZEPOSIA ZEPOSIA ZEPOSIA	12 1 1 6 4 4.2 15 2	30 30 30 30 365	4 1 4 1 1 1 1		~	Y Y Y Y Y	
66 080393 66 066709 66 071942 66 067628 66 052882 66 05035 66 05035 66 070586 66 062602 66 080878 66 080877 66 081203 66 082093	HOF HOE HOE HOE HOE HOE HOE HOE HOE HOE HOE	MULTIPLE SCLEROSIS AGENTS MULTIPLE SCLEROSIS AGENTS	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Y Y Y Y Y Y Y Y Y Y Y Y Y	DALFAMPRIDINE 10MG TABLET DIROXIMEL FUMARATE DR 231 MG CAPSULE FINGOLIMOD HCL CAPSULES GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-14 PREILED 30MCG/0.5ML SYRINGE INTERFERON BETA-14/ALBUMIN SYRINGES INTERFERON BETA-14/ALBUMIN SYRINGE OZANIMOD HYDROCHLORIDE 0.23-0.46-0.92 MG STARTER OZANIMOD HYDROCHLORIDE 0.92 MG STARTER OXANIMOD HYDROCHLORIDE 0.23-0.46-0.92 MG STARTER OXANIMOD HYDROCHLORIDE 0.92 MG STARTER OXANIMOD HYDROCHLORIDE 0.92 MG STARTER OXANIMOD HYDROCHLORIDE 0.92 MG STARTER OXANIMO HYDROCHLORIDE 0.92 MG STARTER OXANIMO HYDROCHLORIDE 0.92 MG STARTER OXANIMO HYDROCHLORIDE 0.92 MG STARTER OX	DALFAMPRIDINE 10MG TABLET DIROXIMCL FUMARATE DR 231 MG CAPSULE FINODIMOD PICL 0.5MG CAPSULE GLATIRAMER ACETATE 40MG/ML SYRINGE INTERFERON BETA-13 A0MG/0.5ML KIT INTERFERON BETA-13A/ALBUMIN 22MCG/0.5ML SY INTERFERON BETA-13A/ALBUMIN 30MCG VIAL INTERFERON BETA-13A/ALBUMIN 30MCG VI	VUMERITY GILENVA COPAXONE AVONEX PEN AVONEX PEN REBIF / REBIF REBIDOSE AVONEX REBIF / REBIF REBIDOSE PACK BETASERON / EXTAVIA BAFIERTAM DR ZEPOSIA ZEPOSIA ZEPOSIA ZEPOSIA PLEGRIDY PONVORY	12 1 1 6 4 4.2 15	30 30 30 30 365 30	4 1 4 1 1 1 1	7 37 14	~	Y Y Y Y Y	
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67 065086 HOG NEUROPATHIC PAIN 67 065091 HOG NEUROPATHIC PAIN 67 057799 H48 NEUROPATHIC PAIN 67 05799 H48 NEUROPATHIC PAIN 67 059401 H48 NEUROPATHIC PAIN 67 059401 H48 NEUROPATHIC PAIN 67 059339 H48 NEUROPATHIC PAIN 67 074071 H48 NEUROPATHIC PAIN 67 074071 H48 NEUROPATHIC PAIN 68 68 HC3 THERAPEUTIC CLASS 68 041285 S2L NSAID5 68 050832 S2L NSAID5 68 071910 QSE NSAID5 68 071922 T01 TOPICAL ANTI-INFLAMATORY NSAID-LOCAL ANESTHETIC 68 079702 T01 TOPICAL ANTI-INFLAMATORY NSAID-LOCAL ANESTHETIC 68 079702 NSAID5 S2B NSAID5 68 081070 S2B NSAID5 S6B<	11/ 11/ 11/ 12/ 23 0 0 1 1 2 3 4 5 6 6 6 6 7 7 7, 8 8 8 9 9 11/ 12/ 12/ 12/ 12/ 12/ 12/ 12/	Y Y Y Y Y S Y Y Y Y Y Y Y Y Y Y Y Y Y Y	MILNACIPRAN HCL TABLETS MILNACIPRAN HCL TABLETS MILNACIPRAN HCL TRITATION PACK (SS TABLETS) PREGABALIN 225, 307, 5100, 150 and 200MG CAPSULE PREGABALIN 225 and 300MG CAPSULE PREGABALIN 20MG/ML ORAL SOLUTION LEVETIRACETAM 1,000 MG TABLET LEVETIRACETAM 1,000 MG TABLET CELECOXIB 50, 100, 200MG CAPSULE CELECOXIB 50, 100, 200MG CAPSULE CELECOXIB 400 MG CAPSULE DICLOFENAC SPOLUMINE 1.3% PATCH DICLOFENAC SODIUM 3% SPUMP DICLOFENAC SODIUM 1:5% SOLUTION DICLOFENAC JUDOJ/MS-SAJ/CAMPHOR KIT IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET	MILNACIPRAN HCL 12.5MG TABLET MILNACIPRAN HCL TITATION PACK (S5 TABLETS) PREGABALIN 25MG CAPSULE PREGABALIN 25MG CAPSULE PREGABALIN 20MG/ML ORAL SOLUTION LEVETIRACETAM 1,000 MG TABLET LEVETIRACETAM 1,000 MG TABLET LEVETIRACETAM 1,000 MG TABLET LEVETIRACETAM 1,000 MG TABLET CELECOXIB 100 MG CAPSULE CELECOXIB 100 MG CAPSULE CELECOXIB 100 MG CAPSULE DICLOFENAC SODIUM 13% PATCH DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1% SOLUTION DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET	SAVELLA SAVELLA UYRICA UYRICA UYRICA ELPSIA ELEPSIA BRAND CELEBREX CELEBREX CELEBREX PENNSAID VOLTAREN PENNSAID	55 Units 224 100	365 Until Refill 30 30	3 2 30 3 2 Daily Dose	Max Days		Y	Updated
67 065091 H0G NEUROPATHIC PAIN 67 057799 H4B NEUROPATHIC PAIN 67 059301 H4B NEUROPATHIC PAIN 67 059339 H4B NEUROPATHIC PAIN 67 059339 H4B NEUROPATHIC PAIN 67 074071 H4B NEUROPATHIC PAIN 67 074072 H4B NEUROPATHIC PAIN 68 68 HIC3 THERAPEUTIC CLASS 68 041285 S2L NSAID5 68 062176 QSE NSAID5 68 062176 QSE NSAID5 68 051971 QSE NSAID5 68 051971 QSE NSAID5 68 051970 S2X NSAID5 NSAID5 68 062176 S28 NSAID5 NSAID5 68 063070 S28 NSAID5 NSAID5 68 081643 S28 NSAID5 NSAID5 68	11 11 12 12 23 0 0 1 2 3 4 4 5 6 6 6 7 7 7 7 8 8 8 8 8 9 9 11 12 12 12 12 12 12 12 12 12	A A A A A A A A A A A A A A A A A A A	MILNACIPRAN HCL TRITATION PACK (S5 TABLETS) PREGABALIN 25, 50, 75, 100, 150 and 200MG CAPSULE PREGABALIN 25 and 300MG CAPSULE PREGABALIN 20MG/ML ORAL SOLUTION LEVETIRACETAM 1,500 MG TABLET LEVETIRACETAM 1,500 MG TABLET IEVETIRACETAM 1,500 MG TABLET NSAIDS CELECOXIB 50, 100, 200MG CAPSULE CICLOFENAC SODIUM 2% PUMP DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1% GEL	MILNACIPRAN HCL TRITATION PACK (55 TABLETS) PREGABALIN 25MG CAPSULE PREGABALIN 25MG CAPSULE PREGABALIN 25MG CAPSULE PREGABALIN 20MG/ML ORAL SOLUTION LEVETIRACETAM 1,500 MG TABLET LEVETIRACETAM 1,500 MG TABLET ELEVETIRACETAM 1,500 MG CAPSULE CELECOXIB 100 MG CAPSULE CELECOXIB 400 MG CAPSULE DICLOFENAC SODIUM 13% PATCH DICLOFENAC SODIUM 15% FATCH DICLOFENAC SODIUM 15% SOLUTION DICLOFENAC SODIUM 15% SOLUTION DICLOFENAC SODIUM 15% SOLUTION DICLOFENAC SODIUM 15% SOLUTION	SAVELLA LYRICA LYRICA LYRICA ELEPSIA ELEPSIA ELEPSIA CELEBREX CELEBREX FLECTOR FENTSAID VOLTAREN PENNSAID	Units 224 100	Until Refill 30 30	3 2 30 3 2 Daily Dose	Max Days		Y Pkg Bill	Updated
67 057799 H4B NULKOPATHIC PAIN 67 059401 H4B NEUROPATHIC PAIN 67 059401 H4B NEUROPATHIC PAIN 67 074072 H4B NEUROPATHIC PAIN 67 074071 H4B NEUROPATHIC PAIN 67 074072 H4B NEUROPATHIC PAIN 68 68 HIC3 THERAPEUTIC CLASS 68 68 HIC3 THERAPEUTIC CLASS 68 062176 QSE NSAIDs 68 05232 S2L NSAIDs 68 062176 QSE NSAIDs 68 051971 QSE NSAIDS 68 06170 S2B NSAIDS 68 081643 S2B NSAIDS 68 <td>11 11 12 23 0 1 22 3 4 5 6 6 6 6 6 7 7 7, 8 8 8 9 11 12 12 12 12 12 12 12 12 12</td> <td>Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y</td> <td>PREGABALIN 25, 50, 75, 100, 150 and 200MG CAPSULE PREGABALIN 225 and 300MG CAPSULE PREGABALIN 225 and 300MG CAPSULE PREGABALIN 225 and 300MG CAPSULE LEVETIRACETAM 1,000 MG TABLET LEVETIRACETAM 1,500 MG TABLET CELECOXIB 50, 100, 200MG CAPSULE CELECOXIB 50, 100, 200MG CAPSULE DICLOFENAC EPOLAMINE 1.3% PATCH DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENACACIDIO/ME-SAL/CAMPHOR KIT IBUPROFEN/FAMOTIOINE 800-26.6 MG TABLET</td> <td>PREGABALIN 25MG CAPSULE PREGABALIN 225MG CAPSULE PREGABALIN 225MG CAPSULE PREGABALIN 200MG/NL ORAL SOLUTION LEVETIRACETAM 1,000 MG TABLET LEVETIRACETAM 1,500 MG TABLET CELECOXIB 100 MG CAPSULE CELECOXIB 400 MG CAPSULE DICLOFENAC SODIUM 13% SOLUTION DICLOFENAC SODIUM 13% SOLUTION DICLOFENAC SODIUM 15% SOLUTION</td> <td>LYRICA LYRICA LYRICA LYRICA ELEPSIA ELEPSIA CELEBREX CELEBREX FLECTOR PENNSAID VOLTAREN PENNSAID</td> <td>Units 224 100</td> <td>Until Refill 30 30</td> <td>2 30 3 2 Daily Dose</td> <td>Max Days</td> <td></td> <td>Y Pkg Bill</td> <td>Updated</td>	11 11 12 23 0 1 22 3 4 5 6 6 6 6 6 7 7 7, 8 8 8 9 11 12 12 12 12 12 12 12 12 12	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	PREGABALIN 25, 50, 75, 100, 150 and 200MG CAPSULE PREGABALIN 225 and 300MG CAPSULE PREGABALIN 225 and 300MG CAPSULE PREGABALIN 225 and 300MG CAPSULE LEVETIRACETAM 1,000 MG TABLET LEVETIRACETAM 1,500 MG TABLET CELECOXIB 50, 100, 200MG CAPSULE CELECOXIB 50, 100, 200MG CAPSULE DICLOFENAC EPOLAMINE 1.3% PATCH DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENACACIDIO/ME-SAL/CAMPHOR KIT IBUPROFEN/FAMOTIOINE 800-26.6 MG TABLET	PREGABALIN 25MG CAPSULE PREGABALIN 225MG CAPSULE PREGABALIN 225MG CAPSULE PREGABALIN 200MG/NL ORAL SOLUTION LEVETIRACETAM 1,000 MG TABLET LEVETIRACETAM 1,500 MG TABLET CELECOXIB 100 MG CAPSULE CELECOXIB 400 MG CAPSULE DICLOFENAC SODIUM 13% SOLUTION DICLOFENAC SODIUM 13% SOLUTION DICLOFENAC SODIUM 15% SOLUTION	LYRICA LYRICA LYRICA LYRICA ELEPSIA ELEPSIA CELEBREX CELEBREX FLECTOR PENNSAID VOLTAREN PENNSAID	Units 224 100	Until Refill 30 30	2 30 3 2 Daily Dose	Max Days		Y Pkg Bill	Updated
67 059401 H4B NEUROPATHIC PAIN 67 059339 H4B NEUROPATHIC PAIN 67 074071 H4B NEUROPATHIC PAIN 67 074071 H4B NEUROPATHIC PAIN 67 074071 H4B NEUROPATHIC PAIN 68 041285 S2L NSAIDS 68 041285 S2L NSAIDS 68 050832 S2L NSAIDS 68 051271 Q5E NSAIDS 68 051971 Q5E NSAIDS 68 079702 T0J TOPICAL ANTI-INFLAMMATORY NSAID-LOCAL ANESTHETIC 68 079701 S2E NSAIDS 68 081643 S2E NSAIDS 68 081643 S2B NSAIDS 68 081643 S2B NSAIDS 68 081633 S2B NSAIDS 68 081204 S2B NSAIDS 68 081208 S2P NSAIDS	11 11 12 23 23 0 0 1 2 3 4 4 5 6 6 6 6 7 7 7 7 8 8 8 9 9 11 1 1 1 1 1 1 1 1 1 1 1 1	Y Y Y Y Y Y Y Y Y Y Y Y Y Y	PREGABALIN 225 and 300MG CAPSULE PREGABALIN 220MG/ML ORAL SOLUTION LEVTIRACETAM 1,000 MG TABLET LEVETIRACETAM 1,000 MG TABLET CELECOXIB 50, 100, 200MG CAPSULE CELECOXIB 400 MG CAPSULE DICLOFENAC SPOLUMINE 1.3% PATCH DICLOFENAC SODIUM 3% PUMP DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET	PREGABALIN 225MG CAPSULE PREGABALIN 20MG/ML ORAL SOLUTION LEVETIRACETAM 1,000 MG TABLET LEVETIRACETAM 1,000 MG TABLET LEVETIRACETAM 1,500 MG TABLET CELECONIB 100 MG CAPSULE CELECONIB 100 MG CAPSULE DICLOFENAC SODIUM 25 PATCH DICLOFENAC SODIUM 25 PATCH DICLOFENAC SODIUM 15% SOLUTION DICLOFENAC SODIUM 15% SOLUTION DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT BUPROFEN/FAMOTIDINE 800-26.6 MG TABLET	LYRICA LYRICA ELEPSIA ELEPSIA BRAND CELEBREX CELEBREX CELEBREX FLECTOR PENNSAID VOLTAREN PENNSAID	224 100	30 30	2 30 3 2 Daily Dose	Max Days	Refills	Pkg Bill	Updated
0 02503 Hill NEUROPATHIC PAIN 67 069339 Hill NEUROPATHIC PAIN 67 074071 Hill NEUROPATHIC PAIN 67 074072 Hill NEUROPATHIC PAIN 68 68 HIC3 THERAPEUTIC CLASS 68 041265 S2L NSAIDs 68 062176 QSE NSAIDs 68 062176 QSE NSAIDs 68 051971 QSE NSAIDs 68 051971 QSE NSAIDs 68 051971 QSE NSAID AND HISTAMINE H2 RECEPTOR ANTAGONIST COMB 68 051971 QSE NSAID S CHADAND HISTAMINE H2 RECEPTOR ANTAGONIST COMB 68 067301 S2R NSAIDS CHADANSE INHIBITOR - TYPE ANALGESICS 68 061720 S2R NSAIDS CHADANSE 68 061720 S2R NSAIDS CHADANSE 68 0617204 S2R NSAIDS CHADANSE 69	11 2 23 0 0 1 2 3 3 4 4 5 6 6 6 6 6 7 7 7 7 7 7 8 8 8 8 8 8 8 9 9 11 1	Y Y	PREGABALIN 20MG/ML ORAL SOLUTION LEVETIRACETAM 1,500 MG TABLET LEVETIRACETAM 1,500 MG TABLET NSAIDS CELECOXIB 50, 100, 200MG CAPSULE CELECOXIB 400 MG CAPSULE DICLOFENAC POOLAMINE 1.3% PATCH DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC SODIUM 1.5% SOLUTION	PREGABALIN 20MG/ML ORAL SOLUTION LEVETIRACETAM 1,000 MG TABLET LEVETIRACETAM 1,500 MG TABLET NSAIDS CELECOXIB 100 MG CAPSULE CELECOXIB 100 MG CAPSULE DICLOFENAC SODIUM 13% PATCH DICLOFENAC SODIUM 13% SOLUTION DICLOFENAC SODIUM 13% SOLUTION DICLOFENAC SODIUM 13% SOLUTION DICLOFENAC SODIUM 13% SOLUTION DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT IBUROFEN/FAMOTIDINE 800-26.6 MG TABLET	LYRICA ELEPSIA ELEPSIA BRAND CELEBREX CELEBREX FLECTOR PENNSAID VOLTAREN PENNSAID	224 100	30 30	30 3 2 Daily Dose	Max Days	Refills	Pkg Bill	Updated
67 074071 H4B NEUROPATHIC PAIN 67 074072 H4B NEUROPATHIC PAIN 68 68 HIC3 THERAPEUTIC CLASS 68 061225 S21 NSAIDs 68 062176 QSE NSAIDs 68 050832 S21 NSAIDs 68 05176 QSE NSAIDs 68 051971 QSE NSAIDS 68 061290 S2X NSAIDS 68 081643 S28 NSAIDS 68 041308 S28 NSAIDS 68 041308 S28 NSAIDS 69 69 HIC3 THERAPEUTIC CLASS 69 69 HIC3	2: 233 0 1 2 3 4 5 5 6 6 6 6 7 7 7, 7, 8 8 8 8 8 9 9 11	5 Y Y Y Y Y Y Y Y Y Y Y Y	LEVETIRACETAM 1,000 MG TABLET LEVETIRACETAM 1,500 MG TABLET NSAIDS CELECOXIB 50, 100, 200MG CAPSULE CELECOXIB 50, 100, 200MG CAPSULE DICLOFENAC SODIUM 2% PUMP DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1% SOLUTION DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC SOLUTION	LEVETIRACETAM 1,000 MG TABLET LEVETIRACETAM 1,500 MG TABLET NSAIDS CELECOXIB 100 MG CAPSULE CELECOXIB 100 MG CAPSULE DICLOFENAC EPOLAMINE 1.3% PATCH DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1% SGL DICLOFENAC/LIOD/ME-SAL/CAMPHOR NT IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET	ELEPSIA ELEPSIA BRAND CELEBREX CELEBREX FLECTOR PENNSAID VOLTAREN PENNSAID	224 100	30 30	3 2 Daily Dose	Max Days	Refills	Pkg Bill	Updated
07 074071 Hab NEUROPATHIC PAIN 67 074072 H4B NEUROPATHIC PAIN 68 668 HIC3 THERAPEUTIC CLASS 68 041285 S2L NSAIDs 68 05032 S2L NSAIDs 68 051276 QSE NSAIDs 68 07170 QSE NSAIDs 68 071910 QSE NSAIDs 68 071971 QSE NSAIDs 68 07902 TOI TOPICAL ANTI-INFLAMMATORY NSAID-LOCAL ANESTHETIC 68 07901 S2X NSAIDS, CYCLOXYGENASE INHIBITOR - TYPE ANALGESICS 68 069700 S28 NSAIDS 68 060770 S28 NSAIDS 68 061283 S2P NSAIDS 68 06238 S2P NSAIDS 69 69 HIC3 THERAPEUTIC CLASS 69 69 HIC3 THERAPEUTIC CLASS 69 800571 QGR <	23 0 1 2 3 4 5 6 6 7 7 7 7 7 8 8 8 8 9 9 11 1 1 1 1 1 1 1 1 1 1 1 1	5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y	LEVETIRACETAM 1,500 MG TABLET NSAIDS CELECOXIB 50, 100, 200MG CAPSULE CELECOXIB 400 MG CAPSULE DICLOFENAC EPOLAMINE 1.3% PATCH DICLOFENAC SODIUM 2% PUMP DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET	LEVETIRACETAM 1,500 MG TABLET NSAIDS CELECOXIB 100 MG CAPSULE CELECOXIB 400 MG CAPSULE DICLOFENAC EPOLAMINE 1.3% PATCH DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1% SOLUTION DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET	ELEPSIA BRAND CELEBREX CELEBREX FLECTOR PENNSAID VOLTAREN PENNSAID	224 100	30 30	2 Daily Dose	Max Days	Refills	Pkg Bill	Updated
Display Display Theory Therapeutic class 68 68 H1C3 THERAPEUTIC CLASS 68 041285 S2L NSAIDs 68 052176 QSE NSAIDs 68 052176 QSE NSAIDs 68 052176 QSE NSAIDs 68 052176 QSE NSAIDs 68 051971 QSE NSAIDS 68 081643 S28 NSAIDS 68 041308 S28 NSAIDS 68 041204 S28 NSAIDS 69 69 HIC3 THERAPEUTIC CLASS 69 0800701 <t< td=""><td>0 1 2 3 3 4 5 6 6 6 6 7 7 7, 8 8 8 8 8 9 9 11/1</td><td>Y Y Y Y Y Y Y Y Y Y Y Y Y Y</td><td>NSAIDS CELECOXIB 50, 100, 200MG CAPSULE CELECOXIB 400 MG CAPSULE DICLOFENAC EPOLAMINE 1.3% PATCH DICLOFENAC SODIUM 1.5% SOLUMP DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC/LIDO/ME-SAI/CAMPHOR KIT IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET</td><td>NSADDS CELECOXIB 400 MG CAPSULE CELECOXIB 400 MG CAPSULE DICLOFENAC EPOLAMINE 1.3% PATCH DICLOFENAC SODIUM 1% PUMP DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1% SOLUTION DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT IBUROFEN/FAMOTIDINE 800-26.6 MG TABLET</td><td>BRAND CELEBREX CELEBREX FLECTOR PENNSAID VOLTAREN PENNSAID</td><td>224 100</td><td>30 30</td><td>Daily Dose</td><td>Max Days</td><td>Refills</td><td>Pkg Bill</td><td>Updated</td></t<>	0 1 2 3 3 4 5 6 6 6 6 7 7 7, 8 8 8 8 8 9 9 11/1	Y Y Y Y Y Y Y Y Y Y Y Y Y Y	NSAIDS CELECOXIB 50, 100, 200MG CAPSULE CELECOXIB 400 MG CAPSULE DICLOFENAC EPOLAMINE 1.3% PATCH DICLOFENAC SODIUM 1.5% SOLUMP DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC/LIDO/ME-SAI/CAMPHOR KIT IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET	NSADDS CELECOXIB 400 MG CAPSULE CELECOXIB 400 MG CAPSULE DICLOFENAC EPOLAMINE 1.3% PATCH DICLOFENAC SODIUM 1% PUMP DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1% SOLUTION DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT IBUROFEN/FAMOTIDINE 800-26.6 MG TABLET	BRAND CELEBREX CELEBREX FLECTOR PENNSAID VOLTAREN PENNSAID	224 100	30 30	Daily Dose	Max Days	Refills	Pkg Bill	Updated
68 041285 S2L NSAIDs 68 050832 S2L NSAIDs 68 052176 QSE NSAIDs 68 052176 QSE NSAIDs 68 018293 QSE NSAIDs 68 01970 QSE NSAIDS 68 081643 S28 NSAIDS CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS 68 081643 S28 NSAIDS C CLOOXYGENASE INHIBITOR - TYPE ANALGESICS 68 041308 S28 NSAIDS C CLOOXYGENASE INHIBITOR - TYPE ANALGESICS 69 0690577 S28 NSAIDS C CLOOXYGENASE INHIBITOR - TYPE ANALGESICS 69 080057 QGR CPF ANTIBIOTIC AND GLUCCORTICOID AND MSAID COMB C 70 080057 QGR	1 2 3 4 5 6 6 6 7 7 7, 7, 8 8 8 8 8 9 9	Y Y Y Y Y Y Y Y Y Y Y Y	CELECOXIB 50, 100, 200MG CAPSULE CELECOXIB 400 MG CAPSULE DICLOFENAC EPOLAMINE 1.3% PATCH DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET	CELECOXIB 100 MG CAPSULE CELECOXIB 400 MG CAPSULE DICLOFENAC EPOLAMINE 1.3% PATCH DICLOFENAC SODIUM 2% PUMP DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET	CELEBREX CELEBREX FLECTOR PENNSAID VOLTAREN PENNSAID	224 100	30 30	1	Max Days	Refills	Pkg Bill	Updated
68 050832 S2L NSAIDs 68 062176 Q5E NSAIDs 68 071910 Q5E NSAIDs 68 071910 Q5E NSAIDs 68 018293 Q5E NSAIDs 68 018293 Q5E NSAIDs 68 018293 Q5E NSAIDs 68 051971 Q5E NSAIDs 68 059702 TOJI TOPICAL ANTI-INFLAMMATORY NSAID-LOCAL ANESTHETIC 68 067901 S2X NSAIDS, CYCLOXYGENASE INHIBITOR - TYPE ANALGESICS 68 061525 S2B NSAIDS 68 080770 S2B NSAIDS 68 064328 S2B NSAIDS 68 066328 S2B NSAIDS 69 080057 Q5R VEXATTIBIOTIC AND GLICOCORTICOLD COMBINATIONS 70 080057 Q6R EVE ANTIBIOTIC, GLICOCORTICOLD AND NALD COMB 70 080062 Q2Q EVE ANTIBIOTIC, GLICOCORTICOLD AND NALD COMB <tr< td=""><td>2 3 4 5 6 6 7 7 7 7 8 8 8 8 9 9 11</td><td>Y Y Y Y Y Y Y Y Y Y Y</td><td>CELECOXIB 400 MG CAPSULE DICLOFENAC SOLUMINE 1.3% PATCH DICLOFENAC SODIUM 2% PUMP DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET</td><td>CELECOXIB 400 MG CAPSULE DICLOFENAC EPOLAMINE 1.3% PATCH DICLOFENAC SODIUM 2% PUMP DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET</td><td>CELEBREX FLECTOR PENNSAID VOLTAREN PENNSAID</td><td>100</td><td>30</td><td>2 1 2</td><td></td><td></td><td></td><td></td></tr<>	2 3 4 5 6 6 7 7 7 7 8 8 8 8 9 9 11	Y Y Y Y Y Y Y Y Y Y Y	CELECOXIB 400 MG CAPSULE DICLOFENAC SOLUMINE 1.3% PATCH DICLOFENAC SODIUM 2% PUMP DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET	CELECOXIB 400 MG CAPSULE DICLOFENAC EPOLAMINE 1.3% PATCH DICLOFENAC SODIUM 2% PUMP DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1.5% SOLUTION DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET	CELEBREX FLECTOR PENNSAID VOLTAREN PENNSAID	100	30	2 1 2				
X 200002 2021 68 062176 QSE NSAIDS 68 071910 QSE NSAIDS 68 01823 QSE NSAIDS 68 051971 QSE NSAIDS 68 051971 QSE NSAIDS 68 051971 QSE NSAIDS 68 079702 TOJ TOPICAL ANT-INFLAMMATORY NSAID-LOCAL ANESTHETIC 68 081643 S28 NSAIDS VCLOOXYGENASE INHIBITOR - TYPE ANALGESICS 68 080770 S28 NSAIDS S28 S28 68 041308 S28 NSAIDS S68 G66328 S2P 69 69 HIC3 NSAIDS S48 S69 S69 G80770 Q28 NSAIDS 69 69 HIC3 NSAIDS S48 S69 S69 S69 G80771 Q66 EVE ANTIBIOTICS G69 S69 G90071 Q68 EVE ANTIBIOTIC AND GLUCCORTICOID AND NSAID COMB	3 4 5 6 6 7 7 7, 8 8 8 8 9 9 11	Y Y Y Y Y Y Y Y	DICLOFENAC EPOLAMINE 1.3% PATCH DICLOFENAC SODIUM 2% PUMP DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1.5% SOLITION DICLOFENAC SODIUM 1.5% SOLITION DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET	DICLOFENAC EPOLAMINE 1.3% PATCH DICLOFENAC SODIUM 1% PUMP DICLOFENAC SODIUM 1% GEL DICLOFENAC SODIUM 1% GEL DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT IBUROFEN/FAMOTIDINE 800-26.6 MG TABLET	FLECTOR PENNSAID VOLTAREN PENNSAID	100	30	1 2		$\left \right $		
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001971 Cycl. TOPICAL ANTI-INFLAMMATORY INSAID-LOCAL ANESTHETIC 68 079702 TOJ TOPICAL ANTI-INFLAMMATORY INSAID-LOCAL ANESTHETIC 68 067901 52X INSAID AND HISTAMINE H2 RECEPTOR ANTAGONIST COMB 68 081643 52B INSAIDS CVELOXYGENASE INHIBITOR - TYPE ANALGESICS 68 029156 52B INSAIDS 68 041308 52B 68 040308 52B INSAIDS 68 041308 52B 68 046328 52B INSAIDS 68 041308 52B 69 69 HC3 THERAPEUTIC CLASS 69 69 69 69 HC3 THERAPEUTIC CLASS 69 080057 QGK CPHTHALMIC ANTIBIOTICS 69 0800571 QGK EVE ANTIBIOTIC AND GLUCCORTICOID AND INSAID COMB 70 030652 Q2Q EVE ANTIBIOTIC, GLUCCOCRTICOID AND INSAID COMB 70 079043 Q2Q EVE ANTIBIOTIC, GLUCCOCRTICOID AND INSAID COMB 71 1HC3 THERAPEUTIC CLASS 71 <td< td=""><td>6. 77 7. 8 8. 9 11</td><td>Y Y Y Y Y Y</td><td>DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET</td><td>DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET</td><td></td><td>150</td><td></td><td>1</td><td></td><td>$\downarrow \downarrow$</td><td>Y</td><td></td></td<>	6. 77 7. 8 8. 9 11	Y Y Y Y Y Y	DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET	DICLOFENAC/LIDO/ME-SAL/CAMPHOR KIT IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET		150		1		$ \downarrow \downarrow$	Y	
Instruction Instruction Instruction 68 067901 52X NSAID AND HISTAMINE H2 RECEPTOR ANTAGONIST COMB 68 081643 528 NSAIDS, CYCLODXYGENASE INHIBITOR - TYPE ANALGESICS 68 080770 528 NSAIDS 68 080770 528 NSAIDS 68 041308 528 NSAIDS 68 046328 52P NSAIDS 68 047204 528 NSAIDS 69 69 HIC3 THERAPEUTIC CLASS 69 69 HIC3 THERAPEUTIC CLASS 69 080057 QGR EVE ANTIBIOTIC AND GLUCOCORTICOLD COMBINATIONS 70 080052 QQQ EVE ANTIBIOTIC, GLUCOCORTICOLD AND NAD COMB 70 079043 QQQ EVE ANTIBIOTIC, GLUCOCORTICOLD AND NAD COMB 71 1HC3 THERAPEUTIC CLASS 71 080594 QGR	7 7. 8 8. 9 9 11	Y Y Y Y Y	IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET	IBUPROFEN/FAMOTIDINE 800-26.6 MG TABLET			30	l		$ \downarrow \downarrow$		
Construct Construct <thconstruct< th=""> <thconstruct< th=""> <thc< td=""><td>7. 78 88. 99 11</td><td>Y Y Y Y</td><td></td><td></td><td>DICLOVIX</td><td>1</td><td></td><td></td><td> </td><td>↓</td><td></td><td></td></thc<></thconstruct<></thconstruct<>	7. 78 88. 99 11	Y Y Y Y			DICLOVIX	1				↓		
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68 080770 S2B NSAIDS 68 041308 S2B NSAIDS 60 06528 S2P NSAIDS 68 017204 S2B NSAIDS 69 69 HIC3 THERAPEUTIC CLASS 69 80057 QGR OPHTHALMIC ANTIBIOTICS 69 980057 QGR EVE ANTIBIOTIC AND GLUCOCORTICOID COMBINATIONS 70 079114 QGI EVE ANTIBIOTIC, GLUCOCORTICOID AND NSAID COMB 70 079043 Q2Q EVE ANTIBIOTIC, GLUCOCORTICOID AND NSAID COMB 71 1HC3 THERAPEUTIC CLASS 71 HIC3 OHTHALMIC ALLERGIC CONJUNCTIVITIS	8. 9 11 1:	Y Y	·	IBUPROFEN/GLYCERIN KIT	IBUPAN	1	L					
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00 044303 0420 68 066328 522 NSAIDS 68 066328 522 NSAIDS 69 69 1623 THERAPEUTIC CLASS 69 69 163 THERAPEUTIC CLASS 69 080791 QGR EVE ANTIHISTANINE 70 079114 QGI EVE ANTIBIOTIC AND GULCOCONTICOID COMBINATIONS 70 080652 Q2Q EVE ANTIBIOTIC, GLUCCOCONTICOID AND NSAID COMB 70 080652 Q2Q EVE ANTIBIOTIC, GLUCCOCONTICOID AND NSAID COMB 71 166954 Q2R OPHTHALMIC ALLERGIC CONJUNCTIVITS	10	_	MELOXICAM 30 MG / ML VIAL	MELOXICAM 30 MG / ML VIAL	ANJESO		└──	1				
Construct Sec. Sec. 68 017204 S2B NSAIDS 69 69 HIC3 THERAPEUTIC CLASS 69 08057 OGW OHTHALMIC ANTIBIOTICS 69 080791 Q6R EVE ANTIBIOTIC AND GLUCOCORTICOLD COMBINATIONS 70 079114 Q6I EVE ANTIBIOTIC, GLUCOCORTICOLD AND NSAID COMB 70 079003 Q2Q EVE ANTIBIOTIC, GLUCOCORTICOLD AND NSAID COMB 71 71 HIC3 THERAPEUTIC CLASS	1:		NABUMETONE DS 1,000 MG TABLET	NABUMETONE DS 1,000 MG TABLET	RELAFEN		└──	2				
00 041001 DBC THERAPEUTIC CLASS 69 69 HC3 THERAPEUTIC CLASS 69 080057 Q6W OPHTHALMIC ANTIBIOTICS 69 080791 Q6R EVE ANTIHISTAMINE 70 079114 Q6I EVE ANTIHISTAMINE 70 080062 Q2Q EVE ANTIHISTOTIC, AND GLUCCOCRTICOID AND NSAID COMB 70 079043 Q2Q EVE ANTIBIOTIC, GLUCCOCRTICOID AND NSAID COMB 71 71 HIC3 THERAPEUTIC CLASS 71 06954 Q6R OPHTHALMIC ALLERGIC CONJUNCTIVITIS			NAPROXEN/ESOMEPRAZOLE MAG TABLETS	NAPROXEN/ESOMEPRAZOLE MAG 500-20MG TABL			<u> </u>	2				
69 080057 Q6W OPHTHALMIC ANTIBIOTICS 69 080791 Q6R EVE ANTIHISTANINE 70 079114 Q6I EVE ANTIHISTANINE 70 06062 Q2Q EVE ANTIBIOTIC AND GLUCCORTICOID COMBINATIONS 70 080662 Q2Q EVE ANTIBIOTIC, GLUCCORTICOID AND NSAID COMB 70 090043 Q2Q EVE ANTIBIOTIC, GLUCCORTICOID AND NSAID COMB 71 71 HIC3 THERAPEUTIC CLASS 71 06954 Q6R OPHTHALMIC ALLERGIC CONJUNCTINTITS	0		OXAPROZIN 600 MG TABLET	OXAPROZIN 600 MG TABLET	DAYPRO		└──	2				
69 080791 Q6R EVE ANTIHISTANINE 70 079114 Q6I EVE ANTIHISTALINE 70 080052 Q2Q EVE ANTIHISTIC, AND GLUCCORTICOID AND MSAID COMB 70 0790043 Q2Q EVE ANTIHISTIC, GLUCCOCRTICOID AND MSAID COMB 71 71 HIC3 THERAPEUTIC CLASS 71 069594 Q6R OPHTHALMIC ALLERGIC CONJUNCTIVITIS		Y	OPHTHALMIC ANTIBIOTICS	OPHTHALMIC ANTIBIOTICS		Units		Daily Dose	Max Days	Refills	Pkg Bill	Updated
09 030/31 Quint Vert ANTIBIOTIC AND GLUCOCORTICOID COMBINATIONS 70 07914 QGI EVE ANTIBIOTIC, ADD GLUCOCORTICOID COMBINATIONS 70 080062 Q2Q EVE ANTIBIOTIC, GLUCOCORTICOID AND NSAID COMB 70 079043 Q2Q EVE ANTIBIOTIC, GLUCOCORTICOID AND NSAID COMB 71 71 HIC3 THERAPEUTIC CLASS 71 066954 QGR OPHTHALMIC ALLERGIC CONJUNCTIVITIS	1	Y	AZITHROMYCIN/CHONDROITIN/PF 1%	AZITHROMYCIN/CHONDROITIN/PF 1%		3.5	30					
70 080062 Q2Q EVE ANTIBIOTIC, GLUCOCORTICOID AND NSAID COMB 70 079043 Q2Q EVE ANTIBIOTIC, GLUCOCORTICOID AND NSAID COMB 71 71 HIC3 THERAPEUTIC CLASS 71 066954 Q6R OPHTHALMIC ALLERGIC CONJUNCTIVITIS	5	Y	CETIRIZINE HCL 0.24% EYE DROPS PREDNISOLONE PHOSHATE GATIFLOXACIN 1%-0.5%	CETIRIZINE HCL 0.24% EYE DROPS PREDNISOLONE PHOSHATE GATIFLOXACIN 1%-0.59		30	├───				~	
70 079043 Q2Q EVE ANTIBIOTIC, GLUCOCORTICOID AND NSAID COMB 71 71 HIC3 THERAPEUTIC CLASS 71 066954 Q6R OPHTHALMIC ALLERGIC CONJUNCTIVITIS	3					3.5 8	- 20				Y	
71 71 HIC3 THERAPEUTIC CLASS 71 066954 Q6R OPHTHALMIC ALLERGIC CONJUNCTIVITIS	4	Y	PREDNISOLN SP/MOXIFLOX/BROMFEN 1-0.5-0.075% PREDNISOLONE PHOS-GATIFLO-BROM 1-0.5-0.075%	PREDNISOLN SP/MOXIFLOX/BROMFEN 1-0.5-0.075 PREDNISOLONE PHOS-GATIFLO-BROM 1-0.5-0.075		3.5	30				v	
71 066954 Q6R OPHTHALMIC ALLERGIC CONJUNCTIVITIS	0	v	OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS		J.J Units	Until Refill	Daily Dose	Max Days	Refills	r Pkg Bill	Updated
	1	Y	ALCAFTADINE 0.25% EYE DROPS 3ML	ALCAFTADINE 0.25% EYE DROPS 3ML	LASTACAFT	3	30	Dally Dose	IVIAX Days	Reillis	V V	opuateu
71 040646 Q6R OPHTHALMIC ALLERGIC CONJUNCTIVITIS	2	- v	AZELASTINE HCL 0.05% DROPS 6ML	AZELASTINE HCL 0.05% DROPS 6MI	OPTIVAR	6	30				v	
71 044694 Q6U OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	3	Y	CROMOLYN SODIUM 4% EYE DROPS 10ML P/PACKAGE	CROMOLYN SODIUM 4% EYE DROPS 10ML P/PACKA		10	30				v	
71 038434 Q6R OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	4	- ·	EMEDASTINE DIFUMARATE 0.05% EYE DROPS 5ML	EMEDASTINE DIFUMARATE 0.05% EYE DROPS 5ML		5	30				v	
71 053473 Q6R OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	5	Y	EPINASTINE HCL 0.05% EYE DROPS 5ML	EPINASTINE HCL 0.05% EYE DROPS 5ML	ELESTAT	5	30				Y	
71 044695 OGU OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	6	Y	LODOXAMIDE TROMETHAMINE 0.1% EYE DROPS 10ML			10	30				Y	
71 023551 Q6U OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	7	Y	NEDOCROMIL SODIUM 2% EYE DROPS 5ML	NEDOCROMIL SODIUM 2% EYE DROPS 5ML	ALOCRI	5	30				Y	
71 030796 Q6R OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	8	Y	OLOPATADINE HCL 0.1% EYE DROPS 5ML	OLOPATADINE HCL 0.1% EYE DROPS 5ML	PATANOL	5	30	1			Y	
71 062065 QGR OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	9	Y	OLOPATADINE HCL 0.2% EYE DROPS 2.5 ML	OLOPATADINE HCL 0.2% EYE DROPS 2.5 ML		2.5	30				Y	
71 063890 Q6R OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	10	Y	OLOPATADINE HCL 0.6% 665MCG NASAL SPRAY 30.5 GRA			30.5	30	1	İ		Y	
72 72 HIC3 THERAPEUTIC CLASS	0	Y	OPHTHALMIC ANTI-INFLAMMATORIES	OPHTHALMIC ANTI-INFLAMMATORIES-IMUNOMO	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
72 080077 Q6P OPHTHALMIC ANTI-INFLAMMATORIES	2	Y	BETAMETHASONE/CHONDROITIN/PF 0.1%	BETAMETHASONE/CHONDROITIN/PF 0.1%	KLARITY-B	5.5	30					
72 070835 Q6P OPHTHALMIC ANTI-INFLAMMATORIES	3	Y	BROMFENAC SODIUM 0.07% EYE DROPS 1.6 or 3ML	BROMFENAC SODIUM 0.07% EYE DROPS 1.6 or 3M	PROLENSA	3	30				Y	
72 080273 Q2F OPHTH. VEGF-A RECEPTOR ANTAG. RCMB MC ANTIBODY	3.	Y	BROLUCIZUMAB-DBLL 6 MG/0.05 ML VIAL	BROLUCIZUMAB-DBLL 6 MG/0.05 ML VIAL	BEOVU	0.05	30					
72 051820 Q2C OPHTHALMIC ANTI-INFLAMMATORIES-IMUNOMODULATORS	4	Y	CYCLOSPORINE 0.05% EYE EMULSION	CYCLOSPORINE 0.05% EYE EMULSION	RESTASIS	60	30				Y	
72 064354 Q6P OPHTHALMIC ANTI-INFLAMMATORIES	5	Y	DIFLUPREDNATE 0.05% EYE DROPS 5ML	DIFLUPREDNATE 0.05% EYE DROPS 5ML	DUREZOL	5	30				Y	
72 079287 Q2S OPHTHALMIC HUMAN NERVE GROWTH FACTOR (HNGF)	5.	Y	CENEGERMIN-BKBJ 0.002% EYE DROP	CENEGERMIN-BKBJ 0.002% EYE DROP	OXERVATE	14	14					
72 075383 Q2L OPHTHALMIC CYSTINE DEPLETING AGENTS	5.	Y	CYSTADROPS 0.37% EYE DROPS	CYSTEAMINE 0.37% EYE DROPS	CYSTADROPS	5						
72 052960 Q6P OPHTHALMIC ANTI-INFLAMMATORIES	6	Y	KETOROLAC TROMETHAMINE 0.4% OPTH SOLUTION 5M		ACULAR LS	5	30				Y	
72 065413 Q6P OPHTHALMIC ANTI-INFLAMMATORIES	7	Y	KETOROLAC TROMETHAMINE/PF 0.45% OPHTHALMIC S	KETOROLAC TROMETHAMINE/PF 0.45% OPHTHAL	ACUVAIL	30	30				Y	
72 016404 Q6P OPHTHALMIC ANTI-INFLAMMATORIES	8	Y	KETOROLAC TROMETHAMINE 10 MG TABLET	KETOROLAC TROMETHAMINE 10 MG TABLET	GENERIC ONLY	20	30	4	5			
72 022518 Q6P OPHTHALMIC ANTI-INFLAMMATORIES	9	Y	KETOROLAC TROMETHAMINE CARPUJECTS, SYRINGES A	KETOROLAC TROMETHAMINE 30 MG/ML CARPUJE	GENERIC ONLY	4	30				Y	
72 043118 Q6R OPHTHALMIC ANTI-INFLAMMATORIES	9	Y	KETOTIFEN FUMARATE 0.025% EYE DROPS 10ML	KETOTIFEN FUMARATE 0.025% EYE DROPS 10ML	ZADITOR / ALAWAY	10	30				Y	
72 079545 Q6P OPHTHALMIC ANTI-INFLAMMATORIES	1	_	LOTEPREDNOL ETABONATE 0.38% OPHTH GEL	LOTEPREDNOL ETABONATE 0.38% OPHTH GEL	LOTEMAX SM	5						
72 080003 Q6P OPHTHALMIC ANTI-INFLAMMATORIES	1:		LOTEPREDNOL/CHONDROITIN/PF 0.2% & 0.5%	LOTEPREDNOL/CHONDROITIN/PF 0.2%	KLARITY-L	5	30					
72 081650 Q6P OPHTHALMIC ANTI-INFLAMMATORIES	11		LOTEPREDNOL ETABONATE 0.25% EYE DROPS	LOTEPREDNOL ETABONATE 0.25% EYE DROPS	EYSUVIS	8.3			14		Y	
72 077576 Q6P OPHTHALMIC ANTI-INFLAMMATORIES	12		PREDNISOLONE 1%-NEPAFENAC 0.1%			3.5	<u> </u>		28		Y	
72 077587 Q6P OPHTHALMIC ANTI-INFLAMMATORIES	1		PREDNISOLONE 1%-GATIFLOXACIN 0.5% SUSPENSION			3.5	L		28		Y	
72 079060 Q6P OPHTHALMIC ANTI-INFLAMMATORIES			PREDNISOLONE PHOSHATE BROMFENAC 1%-0.075%			3.5	L	L			Y	
73 73 HIC3 THERAPEUTIC CLASS	14	Y	OPHTHALMICS, GLAUCOMA AGENTS	OPHTHALMICS, GLAUCOMA AGENTS		Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
73 027370 Q6G OPHTHALMICS, GLAUCOMA AGENTS			LATANOPROST 0.005% EYE DROPS	LATANOPROST 0.005% EYE DROPS		2.5	30	1		1	Y	
73 077915 Q6G OPHTHALMICS, GLAUCOMA AGENTS	14 0 1	Y	LATANOPROSTENE BUNOD 0.024% OPHTH SOLUTION	LATANOPROSTENE BUNOD 0.024% OPHTH SOLUTION		5						
73 079572 Q6G OPHTHALMICS, GLAUCOMA AGENTS	14 0 1 2	Y				-			28		Ŷ	
73 065587 Q6G OPHTHALMICS, GLAUCOMA AGENTS	14 0 1	_	NETARSUDIL MESYLAT/LATANOPROST 0.02%-0.005% EYE TAFLUPROST/PF 0.0015% EYE DROPS	NETARSUDIL MESYLAT/LATANOPROST 0.02%-0.005 TAFLUPROST/PF 0.0015% EYE DROPS	ROCKLATAN ZIOPTAN	2.5 30	30		28		Y	

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74	74	HIC3	THERAPEUTIC CLASS	0	Y	OPIATE DEPENDENCE TREATMENTS	OPIATE DEPENDENCE TREATMENTS	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
	072449	H3W	OPIATE DEPENDENCE TREATMENTS	1	Y	BUNAVAIL / BUPRENORPHINE HCL/ NALOXONE HCL FILM					2				
	070262	H3W	OPIATE DEPENDENCE TREATMENTS	2	Y	SUBXONE / BUPRENORPHINE HCL/NALOXONE HCL 12MG			30		1	30			
	051640	H3W	OPIATE DEPENDENCE TREATMENTS	3	Y	SUBXONE / BUPRENORPHINE HCL/NALOXONE HCL ALL O			60		2	30			1/1/2022
	071189	H3W	OPIATE DEPENDENCE TREATMENTS	4	Y	BUPRENORPHINE HCL / NALOXONE HCL TABLETS	BUPRENORPHINE HCL / NALOXONE HCL 1.4-0.36 N				2				
	019113	H33	OPIATE DEPENDENCE TREATMENTS	5	Y	LOXEFIDINE HCL 0.18MG TABLET	LOXEFIDINE HCL 0.18MG TABLET	LUCEMYRA			16	14			
	004514	H3T	OPIATE DEPENDENCE TREATMENTS OPIATE DEPENDENCE TREATMENTS	7	Y	NALOXONE HCL 1MG/ML SYRINGE 2ML	NALOXONE HCL 1MG/ML SYRINGE 2ML	GENERIC ONLY	4					Y	1/1/2022
	075222	H3T	ANTI-ALCOHOLIC PREPARATIONS	8		NALOXONE HCL 4MG NASAL SPRAY	NALOXONE HCL 4MG NASAL SPRAY	NARCAN	2	30				Y	
	060935	COD HIC3	THERAPEUTIC CLASS	9	Y Y	NALTREXONE MICROSPHERES	VIVITROL 380 MG VIAL-DILUENT	VIVITROL	1	28	Dollar David		D.C	Y	Undeted
75	75 052911	ORF	OTIC ANTIBIOTICS	1	Y	CIPROFLOXACIN HCL/DEXAMETH SUSPENSION 7.5ML	OTIC ANTIBIOTICS CIPROFLOXACIN HCL/DEXAMETH SUSPENSION 7.5		Units 7.5	Until Refill 30	Daily Dose	Max Days	Refills	Pkg Bill	Updated
78	78	HIC3	THERAPEUTIC CLASS	0	Y	PAG AGENTS – PDE5s	PAG AGENTS - PDE5s	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
78	059211	B1D	PAH AGENTS - PDE5s	1	Y	SILDENAFIL CITRATE 20MG TABLET	SILDENAFIL CITRATE 20MG TABLET	REVATIO	onics	onen nerni	3	max buys		1 116 5111	opuateu
	065368	B1D	PAH AGENTS - PDE5s	2	Ý	TADALAFIL 20MG TABLET	TADALAFIL 20MG TABLET	ADCIRCA	1	-	2			-	
79	79	HIC3	THERAPEUTIC CLASS	0	Y	PAG AGENTS – PROSTACYCLINS	PAG AGENTS – PROSTACYCLINS	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
	065502	B1C	PAG AGENTS - PROSTACYCLINS	1	Y	TREPROSTINIL 1.74MG/2.9ML SOLUTION	TREPROSTINIL 1.74MG/2.9ML SOLUTION	TYVASO			2.9				
81	078657	P1N	LHRH(GNRH) ANTAGONIST, PITUITARY SUPPRESSANT AGENTS	1	Y	ELAGOLIX SODIUM 150 MG TABLET	ELAGOLIX SODIUM 150 MG TABLET	ORILISSA			1				
81	078659	P1N	LHRH(GNRH) ANTAGONIST, PITUITARY SUPPRESSANT AGENTS	2	Y	ELAGOLIX SODIUM 200 MG TABLET	ELAGOLIX SODIUM 200 MG TABLET	ORILISSA			2				
	081122	P1R	LHRH (GNRH) ANTAGONIST, ESTROGEN AND PROGESTIN COMB	3	Y	ELAGOLIX/ESTRADIOL/NORETHINDRN300-1-0.5MG / 300	ELAGOLIX/ESTRADIOL/NORETHINDRN300-1-0.5MG	ORIAHNN			2	28			
	044967	V10	ANTINEOPLASTIC LHRH(GNRH) AGONIST, PITUITARY SUPPRESSANT	4	Y	LEUPROLIDE ACETATE 1MG/0.2ML 2 WEEK KIT	LEUPROLIDE ACETATE 1MG/0.2ML 2 WEEK KIT	LUPRON DEPOT	1	14				Y	
	044964	V10	ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPRESSANT	5	Y	LEUPROLIDE ACETATE 3 MONTH KITS	LEUPROLIDE ACETATE 22.5MG 3 MONTH KIT	LUPRON DEPOT	1	90		90		Y	
	045017	V10	ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPRESSANT ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPRESSANT	6	Y	LEUPROLIDE ACETATE 3.75MG KIT	LEUPROLIDE ACETATE 3.75MG KIT	LUPRON DEPOT	1	30	I		$ \rightarrow $	Y	
	044968	V10	ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPRESSANT LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY	7	Y	LEUPROLIDE ACETATE 30MG 4 MONTH KIT	LEUPROLIDE ACETATE 30MG 4 MONTH KIT	LUPRON DEPOT	1	120		120		Y	
	081002	P1P	LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPRESSANT	8	Y	LEUPROLIDE ACETATE 45 MG SYRINGE	LEUPROLIDE ACETATE 45 MG SYRINGE	FENSOLVI	1	180	<u> </u>	180	┥ ┥		
	067506 081783	V10 V1V	ANTINEOPLASTIC LITKII (GINKII) AGUNIST, PITUTAKT SUPPRESSANT ANTINEOPLASTIC LITKII (GINKII) ANTAGONIST, PITUTAKT SUPPRESANTS	9 10	Y Y	LEUPROLIDE ACETATE 45MG 6MONTH KIT RELUGOLIX 120 MG TABLET	LEUPROLIDE ACETATE 45MG 6MONTH KIT RELUGOLIX 120 MG TABLET	LUPRON DEPOT ORGOVYX	1	180	1.1	180			
81	081/83	V1V P1R	LHRH (GNRH) ANTAGONIST,ESTROGEN AND PROGESTIN COMB	10	Y	RELUGOLIX 120 MG TABLET RELUGOLIX/ESTRADIOL/NORETHINDR 40 MG-1 MG-0.5 N			+		1.1				1/1/2022
	077557	P1R P1P	LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY	11	Y Y	TRIPTORELIN PAMOATE 22.5MG VIAL KIT	TRIPTORELIN PAMOATE 22.5MG VIAL KIT	TRIPTADOUR	1		1				1/1/2022
	070480	P1P P10	PROGESTATIONAL AGENT	3A	Y	LEUPROLIDE/NORETHINDRONE ACETAM 11.25-5MG KIT			1	90		90		- v	
	070480	P10	PROGESTATIONAL AGENT	3A 3A	Y	LEUPROLIDE/NORETHINDRONE ACETAM 11.25-5MG KIT	LEUPROLIDE/NORETHINDRONE ACETAM 11:25-5M		1	30		50		- Y	
82	82	HIC3	THERAPEUTIC CLASS	0	Y	PLATELET AGGREGATION INHIBITORS	PLATELET AGGREGATION INHIBITORS	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
	040303	M9P	PLATELET AGGREGATION INHIBITORS	1	Y	ASPIRIN/DIPYRIDAMOLE 25MG-200MG CAPSULE		AGGRENOX	1		2			<u> </u>	
	038164	M9P	PLATELET AGGREGATION INHIBITORS	2	Y	CLOPIDOGREL BISULFATE 75MG TABLET	CLOPIDOGREL BISULFATE 75MG TABLET	PLAVIX			1				
	063544	M9P	PLATELET AGGREGATION INHIBITORS	3	Y	CLOPIDOGREL BISULFATE 300MG TABLET	CLOPIDOGREL BISULFATE 300MG TABLET	PLAVIX	1	30					
82	064901	M9P	PLATELET AGGREGATION INHIBITORS	4	Y	PRASUGREL HCL TABLETS	PRASUGREL HCL 5MG TABLET	EFFIENT			1				
82	066950	M9P	PLATELET AGGREGATION INHIBITORS	5	Y	TICAGRELOR TABLETS	TICAGRELOR 90MG TABLET	BRILINTA			2				
84	84	HIC3	THERAPEUTIC CLASS	0	Y	PROTON PUMP INHIBITORS	PROTON PUMP INHIBITORS	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
	064793	D4J	PROTON PUMP INHIBITORS	1	Y	DEXLANSOPRAZOLE CAPSULES	DEXLANSOPRAZOLE 30MG CAPSULE	DEXILANT			1				
	069882	D4J	PROTON PUMP INHIBITORS	2	Y	ESOMEPRAZOLE MAGNESIUM CAPSULES or PACKETS	ESOMEPRAZOLE MAGNESIUM 2.5MG PACKET	NEXIUM			1				
	078266	D4J	PROTON PUMP INHIBITORS	3	Y	ESOMEPRAZOLE MAG/GLYCERIN KIT	ESOMEPRAZOLE MAG/GLYCERIN KIT	ESOMEP-EZS	1						
	030106	D4J	PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS	4	Y	LANSOPRAZOLE DR CAPSULES, SOLUTABS AND TABLETS	LANSOPRAZOLE DR 15 MG CAPSULE	PREVACID	-		1				
	043136	D4J D4J	PROTON PUMP INHIBITORS	5	Y	OMEPRAZOLE CAPSULES	OMEPRAZOLE 10MG CAPSULE	PRILOSEC	-		1				
	039545	D4J D4J	PROTON PUMP INHIBITORS	6	Y	OMEPRAZOLE/SODIUM BICARBONATE CAPSULES	OMEPRAZOLE/SODIUM BICARBONATE 20-1,100 CA				1				
	039545			-		DANITODDATOUS CODULA TADUSTS					2				
	040941			7	Y	PANTOPRAZOLE SODIUM TABLETS	PANTOPRAZOLE SODIUM 20MG TABLET	PROTONIX			2				
85		D4J	PROTON PUMP INHIBITORS	8	Ŷ	PANTOPRAZOLE SODIUM 40MG SUSPENSION	PANTOPRAZOLE SODIUM 40MG SUSPENSION	PROTONIX			2 1 1				
		D4J D4J	PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS	8	Y Y	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET	PROTONIX ACIPHEX	Units	Until Refill	1	May Davs	Refills	Pkg Bill	Undated
	85 003773	D4J	PROTON PUMP INHIBITORS	8	Ŷ	PANTOPRAZOLE SODIUM 40MG SUSPENSION	PANTOPRAZOLE SODIUM 40MG SUSPENSION	PROTONIX	Units 90	Until Refill		Max Days	Refills	Pkg Bill	Updated
	85	D4J D4J HIC3	PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS THERAPEUTIC CLASS	8 9 0	Y Y Y	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATIVE HYPNOTICS	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATIVE HYPNOTICS	PROTONIX ACIPHEX BRAND			1 1 Daily Dose	Max Days	Refills	Pkg Bill	Updated
	85 003773	D4J D4J HIC3 H20	PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS THERAPEUTIC CLASS ANTI ANXIETY - BENZO	8 9 0 1	Ү Ү Ү	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATIVE HYPNOTICS ALPRAZOLAM TABLETS	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATIVE HYPNOTICS ALPRAZOLAM 0.25 MG TABLET	PROTONIX ACIPHEX BRAND XANAX	90	30	1 1 Daily Dose	Max Days	Refills	Pkg Bill	Updated
	85 003773 021523 050399 058847	D4J D4J HIC3 H20 H20	PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS THERAPEUTIC CLASS ANTI ANXIETY - BENZO	8 9 0 1	Ү Ү Ү	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATIVE HYPNOTICS ALPRAZOLAM TABLETS ALPRAZOLAM CONCENTRATES	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATIVE HYPNOTICS ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 1 MG/ML ORAL CONC	PROTONIX ACIPHEX BRAND XANAX GENERIC ONLY	90 90	30 30	1 1 Daily Dose	Max Days	Refills	Pkg Bill	Updated
85	85 003773 021523 050399 058847 058850	D4J D4J HIC3 H20 H20 H20 H20 H20 H20 H20	PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS THERAPEUTIC CLASS ANTI ANXIETY - BENZO	8 9 0 1 2 3 4 5	Ү Ү Ү	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATIVE HYPNOTICS ALPRAZOLAM TABLETS ALPRAZOLAM CONCENTRATES ALPRAZOLAM CONCENTRATES ALPRAZOLAM 0.25, 0.5, 1MG ODT TABLETS ALPRAZOLAM 0.DT 2 MG TAB	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATIVE HYPNOTICS ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 1 MG/ML ORAL CONC ALPRAZOLAM 1 MG/ML ORAL CONC ALPRAZOLAM 0DT 0.25 MG TAB ALPRAZOLAM 0DT 2 MG TAB	PROTONIX ACIPHEX BRAND XANAX GENERIC ONLY XANAX XR GENERIC ONLY GENERIC ONLY	90 90 30 90 30	30 30 30 30 30 30	1 1 Daily Dose 3 3 1	Max Days	Refills	Pkg Bill	Updated
85 85	85 003773 021523 050399 058847 058850 066591	D4J D4J HIC3 H20 H20 H20 H20 H20 H20 H20 H22	PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS ANTI ANXIETY - BENZO ANTI ANXIETY - BENZO ANTI ANXIETY - BENZO ANTI ANXIETY - BENZO ANTI ANXIETY - BENZO SENATUE HYPOTICS SEDATUE HYPOTICS	8 9 0 1 2 3 4 5 6	Y Y Y Y Y Y Y	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATUE HYPNOTICS ALPRAZOLAM TABLETS ALPRAZOLAM CONCENTRATES ALPRAZOLAM ER TABLETS ALPRAZOLAM 0.25, 0.5, 1MG ODT TABLETS ALPRAZOLAM 0.25, 0.5, 1MG ODT TABLETS ALPRAZOLAM 0.27 MG TAB DOXEPIN HCL TABLETS	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATVE HYPROTICS ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM DDT 0.25 MG TABLET ALPRAZOLAM DDT 0.25 MG TAB ALPRAZOLAM DDT 2 MG TAB DOXEPIN HCL3MG TABLET	PROTONIX ACIPHEX BRAND XANAX GENERIC ONLY XANAX XR GENERIC ONLY GENERIC ONLY GENERIC ONLY SILENOR	90 90 30 90 30 15	30 30 30 30 30 30 30 30	2 1 Daily Dose 3 3 1 3 1 1 1 1	Max Days	Refills	Pkg Bill	Updated
85 85 85	85 003773 021523 050399 058847 058850 066591 015603	D4J D4J HIC3 H20 H20 H20 H20 H20 H20 H20 H22 H21	PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS THERAPEUTIC CLASS ANTI ANXIETY - BENZO SEDATURE HYPNOTICS SEDATURE HYPNOTICS SEDATISE HYPNOTICS	8 9 0 1 2 3 4 5 6 7	Y Y Y Y Y Y Y Y Y	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATVE HYPROTICS ALPRAZOLAM TABLETS ALPRAZOLAM CONCENTRATES ALPRAZOLAM ER TABLETS ALPRAZOLAM 0.25, 0.5, 1MG ODT TABLETS ALPRAZOLAM 0.07 2 MG TAB DOXEPIN HCL TABLETS ESTAZOLAM TABLETS ESTAZOLAM TABLETS	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATURE HYPOTICS ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 1 MG/ML ORAL CONC ALPRAZOLAM E 0.5 MG TABLET ALPRAZOLAM ODT 0.25 MG TAB ALPRAZOLAM ODT 2.MG TAB DOKEPIN HCL 3MG TABLET ESTAZOLAM 1MG TABLET	PROTONIX ACIPHEX BRAND XANAX GENERIC ONLY GENERIC ONLY GENERIC ONLY SILENOR GENERIC ONLY	90 90 30 90 30 15 15	30 30 30 30 30 30 30 30 30	1 1 Daily Dose 3 3 1 3 1 1 1 1	Max Days	Refills	Pkg Bill	Updated
85 85 85 85	85 003773 021523 0 050399 0 058847 0 066591 0 015603 0 058484 0	D4J D4J HIC3 H20 H20 H20 H20 H20 H20 H22 H21 H2E	PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS THERAPEUTIC CLASS ANTI ANXIETY - BENZO SEDATITA INVERTY - BENZO SEDATITA INVERVOTICS SEDATITIC HYPNOTICS SEDATITIC HYPNOTICS SEDATITIC HYPNOTICS	8 9 0 1 2 3 4 5 6 7 8	Y Y Y Y Y Y Y Y Y Y	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATVE HYPNOTICS ALPRAZOLAM TABLETS ALPRAZOLAM CONCENTRATES ALPRAZOLAM CONCENTRATES ALPRAZOLAM 0.25, 0.5, 1MG ODT TABLETS ALPRAZOLAM 0.72, 0.5, 1MG ODT TABLETS ALPRAZOLAM 0.72 MG TAB DOXEPIN HCL TABLETS ESTAZOLAM TABLETS ESCAPICLONE TABLETS	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATVE HYPNOTICS ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 1MG/ML ORAL CONC ALPRAZOLAM 0DT 2.05 MG TAB ALPRAZOLAM 0DT 2.05 MG TAB DOXEPIN HCL 3MG TABLET ESTAZOLAM 1MG TABLET ESTAZOLAM 1MG TABLET	PROTONIX ACIPHEX BRAND XANAX GENERIC ONLY XANAX XR GENERIC ONLY GENERIC ONLY SILENOR GENERIC ONLY LUNESTA	90 90 30 90 30 15 15 15	30 30 30 30 30 30 30 30 30 30	1 1 Daily Dose 3 3 1 3 1 1 1 1 1	Max Days	Refills	Pkg Bill	Updated
85 85 85 85 85	85 003773 021523 0 050399 0 058847 0 066591 0 015603 0 058484 0 003691 0	D4J D4J HIC3 H20 H20 H20 H20 H20 H20 H22 H21 H21 H22 H21	PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS THERAPEUTIC CLASS ANTI ANXIETY - BENZO SEDATIZE HYPNOTICS SEDATIZE HYPNOTICS SEDATIZE HYPNOTICS SEDATIZE HYPNOTICS SEDATIZE HYPNOTICS	8 9 0 1 2 3 4 5 6 7 7 8 9	Y Y Y Y Y Y Y Y Y Y	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATVE HYPROTICS ALPRAZOLAM TABLETS ALPRAZOLAM CONCENTRATES ALPRAZOLAM ET TABLETS ALPRAZOLAM ET TABLETS ALPRAZOLAM ODT 2 MG TAB DOXEPIN HCL TABLETS ESTAZOLAM TABLETS ESTAZOLAM TABLETS ESTAZOLAM TABLETS ESZOPICLONE TABLETS FULDAZEPAM CAPSULES	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATVE HYPOTICS ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 0DT 0.25 MG TAB ALPRAZOLAM 0DT 0.25 MG TAB DOXEPIN HCL 3MG TABLET ESTAZOLAM 10MG TABLET ESTAZOLAM 10MG TABLET ESZOPICLONE 1MG TABLET FLURAZEPAM 15 MG CAPSULE	PROTONIX ACIPHEX BRAND XANAX GENERIC ONLY XANAX XR GENERIC ONLY GENERIC ONLY GENERIC ONLY LUNESTA GENERIC ONLY	90 90 30 90 30 15 15	30 30 30 30 30 30 30 30 30	1 1 Daily Dose 3 3 1 3 1 1 1 1 1 1 1	Max Days	Refills	Pkg Bill	Updated
85 85 85 85 85 85	85 003773 021523 050399 058847 058850 066591 015603 058484 003691 080597	D4J D4J HIC3 H20 H20 H20 H20 H20 H22 H21 H2E H21 H2E H21 H2E H21 H2E	PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS THERAPEUTIC CLASS ANTI ANXIETY - BENZO SEDATIZE HYPNOTICS SEDATICE HYPNOTICS SEDATIZE HYPNOTICS SEDATIZE HYPNOTICS SEDATIZE HYPNOT	8 9 0 1 2 3 4 5 6 7 8 9 10	Y Y Y Y Y Y Y Y Y Y	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATVE HYPROTICS ALPRAZOLAM TABLETS ALPRAZOLAM CONCENTRATES ALPRAZOLAM ER TABLETS ALPRAZOLAM 0.25, 0.5, 1MG ODT TABLETS ALPRAZOLAM 0.72, 0.5, 1MG ODT TABLETS ALPRAZOLAM ODT 2 MG TAB DOXEPIN HCL TABLETS ESTAZOLAM TABLETS ESTAZOLAM TABLETS FLURAZEPAM CAPSULES LEMBOREXANT 1.25 MG GEL PACKET	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATURE HYPOTICS ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 1 MG/ML ORAL CONC ALPRAZOLAM E 0.5 MG TABLET ALPRAZOLAM ODT 0.25 MG TAB ALPRAZOLAM ODT 2.MG TAB STAZOLAM ODT 2.MG TABLET ESZOPICLOME 1 MG TABLET ESZOPICLOME 1 MG TABLET ESZOPICLOME 1 MG TABLET ELWAZEPAM 15 MG CAPSULE LEMBOREXANT 1.25 MG GEL PACKET	PROTONIX ACIPHEX BRAND XANAX GENERIC ONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY LUNESTA GENERIC ONLY LUNESTA GENERIC ONLY DAYVIGO	90 90 30 90 30 15 15 15	30 30 30 30 30 30 30 30 30 30	1 1 Daily Dose 3 3 1 1 1 1 1 1 1 1 1 1 1	Max Days	Refills	Pkg Bill	Updated
85 85 85 85 85 85 85 85	85 003773 021523 050399 058847 058850 066591 015603 058484 003691 080597 080590	D4J D4J HIC3 H20 H20 H20 H20 H20 H20 H20 H22 H21 H21 H2E H21 H2E H22 H22	PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS THERAPEUTIC CLASS ANTI ANCIETY - BENZO SEDATIVE HYPNOTICS	8 9 0 1 2 3 4 5 6 7 8 9 10 10	Y Y Y Y Y Y Y Y Y Y	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATUE HYPROTICS ALPRAZOLAM TABLETS ALPRAZOLAM CONCENTRATES ALPRAZOLAM CONCENTRATES ALPRAZOLAM 0.25, 0.5, 1MG ODT TABLETS ALPRAZOLAM 0.25, 0.5, 1MG ODT TABLETS ALPRAZOLAM 0.72, 0.5, 1MG ODT TABLETS BLOXEPIN HCL TABLETS ESTAZOLAM TABLETS ESTAZOLAM TABLETS ESTAZOLAM TABLETS FLURAZEPAM CAPSULES LEMBOREXANT TABLETS ELMBOREXANT TABLETS	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATVE HYPNOTICS ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 0.75 MG TABLET ALPRAZOLAM CDT 2.05 MG TAB ALPRAZOLAM 0DT 2.05 MG TAB DOXEPIN HCL 3MG TABLET ESTAZOLAM 10DT 2.05 MG ESOPICIONE IMG TABLET FLURAZEPAM 15 MG CAPSULE LEMBOREXANT 1.25 MG GEL PACKET LEMBOREXANT 5 MG TABLET	PROTONIX ACIPHEX BRAND SRAND GENERIC ONLY XANAX XR GENERIC ONLY SILENOR GENERIC ONLY ULINESTA GENERIC ONLY ULINESTA GENERIC ONLY DAYVIGO DAYVIGO	90 90 30 90 30 15 15 15 15 15	30 30 30 30 30 30 30 30 30 30	1 1 Daily Dose 3 3 1 3 1 1 1 1 1 1 1	Max Days	Refills	Pkg Bill	Updated
85 85 85 85 85 85 85 85	85 003773 021523 050399 058847 058850 066591 015603 058484 003691 080597	D4J D4J H20 H20 H20 H20 H20 H20 H20 H22 H21 H22 H21 H22 H21 H22 H22 H22 H22	PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS THERAPEUTIC CLASS ANTI ANXIETY - BENZO SEDATUE HYPNOTICS SEDAT	8 9 0 1 2 3 4 5 6 7 8 9 10 10 10 11	Y Y Y Y Y Y Y Y Y Y Y Y	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATVE HYPNOTICS ALPRAZOLAM TABLETS ALPRAZOLAM CONCENTRATES ALPRAZOLAM ET TABLETS ALPRAZOLAM ET TABLETS ALPRAZOLAM OZS, 0.5, 1MG ODT TABLETS ALPRAZOLAM OZ Y MG TAB DOXEPIN HCL TABLETS ESTADOLAM TABLETS ESZOPICLONE TABLETS FULNAZEPAM CAPSULES FULNAZEPAM CAPSULES LEMBOREXANT 1.25 MG GEL PACKET LEMBOREXANT TABLETS	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATVE HYPOTICS ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 0DT 0.25 MG TAB ALPRAZOLAM 0DT 2.MG TAB DOXEPIN HCL 3MG TABLET ESTAZOLAM 10MG TABLET ESTAZOLAM 10MG TABLET ESZOPICLONE 1MG TABLET ELURAZEPAM 15 MG GALP PACKET LEMBOREXANT 1.25 MG GALP ACKET LEMBOREXANT 5.MG TABLET	PROTONIX ACIPHEX BRAND XANAX GENERIC ONLY XANAX XR GENERIC ONLY GENERIC ONLY GENERIC ONLY LUNESTA GENERIC ONLY LUNESTA GENERIC ONLY DAYVIGO DAYVIGO DAYVIGO	90 90 30 90 30 15 15 15	30 30 30 30 30 30 30 30 30 30	1 1 Daily Dose 3 3 1 1 1 1 1 1 1 1 1 1 1	Max Days	Refills	Pkg Bill	
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85 85	85 003773 0021523 050399 05847 058850 06591 015603 058444 03691 080597 082632 082633 016363 024665 003757 082634 082632 073921 066755 003696 093599 003636 073260	D41 D43 HIC3 H20 H20 H20 H20 H20 H22 H21 H21 H22 H21 H22 H21 H22 H20 H20 H20 H20 H20 H20 H20 H20 H20	PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS THERAPEUTIC CLASS ANTI ANOLETY - BENZO ANTI ANOLETY - BENZO ANTI ANOLETY - BENZO ANTI ANOLETY - BENZO SEDATIVE HYPNOTICS SEDATIVE HYPNOTICS SEDATIVE HYPNOTICS SEDATIVE HYPNOTICS ANTI ANOLETY - BENZO EDITUE-HYPNOTICS SEDATIVE - HYPNOTICS SEDATIVE - HYPNOTICS SEDATIVE - HYPNOTICS SEDATIVE HYPNOTICS S	8 9 0 1 2 3 3 4 5 6 6 7 7 8 9 10 10 10 10 11 11.5 11.75 11.85 12 12.5 13 14 15 16 17 7 8 20 20	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATVE HYPNOTICS ALPRAZOLAM TABLETS ALPRAZOLAM CONCENTRATES ALPRAZOLAM CONCENTRATES ALPRAZOLAM CONCENTRATES ALPRAZOLAM O.25, 0.5, 1MG ODT TABLETS ALPRAZOLAM O.25, 0.5, 1MG ODT TABLETS ESTAZOLAM TABLETS ESTAZOLAM TABLETS ESTAZOLAM TABLETS ELGRAZEPAM CAPSULES LEMBOREXANT TABLETS LORAZEPAM 2 MG CAPSULE LORAZEPAM 2 MG CAPSULE LORAZEPAM 2 MG CAPSULE LORAZEPAM 3 MG CAPSULE LORAZEPAM 1 MCL SMG/S ML SYRUP MIDAZOLAM HCL 3 MG/SZ ML SYRUP OXAZEPAM S MG TABLET RAMELTEON 8MG TABLET SECONAL SODIUM 100 MG CAPSULE SUVOREXANT TABLETS	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATVE HYPNOTCS ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 0.07 MG TABLET ALPRAZOLAM 0DT 2.05 MG TAB DOXEPIN HCL 3MG TABLET ESTAZOLAM 10DT 2.05 MG TAB DOXEPIN HCL 3MG TABLET ESTAZOLAM 10DT 2.05 MG TAB DOXEPIN HCL 3MG GABLET ESTAZOLAM 10DT 2.05 MG TAB DOXEPIN HCL 3MG GABLET ESTAZOLAM 10DT 2.05 MG TAB LEMBOREXANT 1.25 MG GEL PACKET LEMBOREXANT 1.25 MG GEL PACKET LORAZEPAM 1.5 MG CAPSULE LORAZEPAM 2.5 MG CAPSULE LORAZEPAM 2.5 MG CAPSULE LORAZEPAM 2.5 MG/ML SYRUP MIDAZOLAM HCL 3 MG/S ML SYRUP MIDAZOLAM HCL 15 MG/S LM SYRUP MIDAZOLAM HCL 3 MG/S ML SYRUP MIDAZOLAM SMG TABLET SECONAL SODIUM 100 MG CAPSULE SUVOREXANT SMG TABLET SECONAL SODIUM 100 MG CAPSULE SUVOREXANT SMG TABLET	PROTONIX ACIPHEX BRAND SRAND SCHERE SCONLY XANAX GENERIC ONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY DAVVIGO DAVV	90 90 90 30 90 30 15 15 15 15 15 90 90 90 90 90 90 15 15 15 15 15 15 15 15	30 30 30 30 30 30 30 30 30 30	1 1 2 3 3 3 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1	Max Days	Refils Pkg Bill	1/1/2022 1/1/2022	
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85 85	85 003773 001523 0503973 058847 058847 058847 058847 058847 058847 058847 058847 058848 06591 015603 080597 080597 082632 082633 016363 024665 040822 003769 003696 059509 003630 072607 072007 081738	D4) D4) HIC3 H20 H20 H20 H20 H20 H22 H21 H22 H21 H22 H21 H22 H20 H20 H20 H20 H20 H20 H20 H20 H20	PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS THERAPEUTIC CLASS ANTI ANXIETY - BENZO ANTI ANXIETY - BENZO ANTI ANXIETY - BENZO ANTI ANXIETY - BENZO SEDATIVE HYPNOTICS SEDATIVE HYPN	8 9 0 1 2 3 4 5 6 7 8 9 10 10 10 11.15 12 12.15 13 14 15 16 17 18 19 20 21.5	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 40MG TABLET SEDATVE HYPNOTICS ALPRAZOLAM TABLETS ALPRAZOLAM TABLETS ALPRAZOLAM CONCENTRATES ALPRAZOLAM CONCENTRATES ALPRAZOLAM 0.25, 0.5, 1MG ODT TABLETS ALPRAZOLAM 0.25, 0.5, 1MG ODT TABLETS ALPRAZOLAM 0.25, 0.5, 1MG ODT TABLETS BESTARZOLAM TABLETS ESTAZOLAM TABLETS ESTAZOLAM TABLETS ESTAZOLAM TABLETS ESTAZOLAM TABLETS ELCHARZEPAM CAPSULES LEMBOREXANT TABLETS LORAZEPAM A MG CAPSULE LORAZEPAM 1 MG CAPSULE LORAZEPAM 2 MG CAPSULE LORAZEPAM 3 MG CAPSULE LORAZEPAM 3 MG CAPSULE LORAZEPAM 3 MG CAPSULE LORAZEPAM 3 MG CAPSULE LORAZEPAM 2 MG/ML SYRUP MIDAZOLAM HCL 2 MG/ML SYRUP MIDAZOLAM HCL 2 MG/ML SYRUP MIDAZOLAM HCL 2 MG/ML SYRUP MIDAZOLAM HCL 3 MG TABLET RAMELTEON 3 MG TABLET SUCONRESONIT TABLETS SUCONRESONIT MOB GAPSULE SUNOREXANT TABLETS SUNOREXANT TA	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATVE HYPNOTICS ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM GD 7.25 MG TAB ALPRAZOLAM 0DT 2.05 MG TAB DOXEPIN HCL 3MG TABLET ESTAZOLAM 10DT 2.05 MG TAB DOXEPIN HCL 3MG TABLET ESTAZOLAM 10DT 2.05 MG TAB DOXEPIN HCL 3MG TABLET ESTAZOLAM 10DT 2.05 MG TAB ESTAZOLAM 10DT 2.05 MG TAB DOXEPIN HCL 3MG TABLET ESTAZOLAM 1MG TABLET ESTAZOLAM 1MG TABLET ELMBOREXANT 5 MG TABLET LORAZEPAM 15 MG CAPSULE LORAZEPAM 1MG CAPSULE LORAZEPAM 1MG CAPSULE LORAZEPAM 2 MG CAPSULE UDRAZEPAM 3 MG CAPSULE UDRAZEPAM 10 MG CAPSULE UDRAZEPAM 10 MG CAPSULE QUAZEPAM 10 MG CAPSULE QUAZEPAM 15 MG TABLET SUVOREXANT 5 MG TABLET SUVOREXANT 5 MG TABLET TASIMELTEON 4 MG/ML SOULDION	PROTONIX ACIPHEX BRAND SERAND SEAND GENERIC ONLY XANAX XR GENERIC ONLY SILENOR GENERIC ONLY SILENOR GENERIC ONLY UNESTA GENERIC ONLY GENERIC ONLY DAYVIGO DAYVIGO DAYVIGO DAYVIGO DAYVIGO DAYVIGO DAYVIGO DAYVIGO DAYVIGO COLEV XR LOREEV XR LOREEV XR LOREEV XR LOREEV XR LOREEV XR CORECONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY BELSOMRA HETUOZ HETUOZ	90 90 90 30 90 30 90 30 15 15 15 15 90 90 90 90 150 75 150 90 915 15 15 15	30 30 30 30 30 30 30 30 30 30	1 1 Daily Dose 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1	Max Days	Refils Pkg Bill	1/1/2022 1/1/2022	
85 85	85 003773 0021523 050399 05847 058850 055847 058484 03691 080597 082632 082633 016363 024665 003757 082634 082632 073921 066755 003696 059509 003630 072690 072690 072690 072690 072690 072690 072690 072690 072690 072690 072690 072690 072690 072690 081738 019182	D41 D41 HIC3 H20 H20 H20 H20 H20 H22 H21 H21 H21 H21 H22 H21 H20 H20 H20 H20 H20 H20 H20 H20 H20 H20	PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS THERAPEUTIC CLASS ANTI ANXIETY - BENZO ANTI ANXIETY - BENZO ANTI ANXIETY - BENZO ANTI ANXIETY - BENZO SEDATIVE HYPNOTICS SEDATIVE HYPN	8 9 0 1 2 3 4 5 6 7 8 9 10 11 15 16 17 18 19 20 21 22	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATVE HYPROTICS ALPRAZOLAM TABLETS ALPRAZOLAM CONCENTRATES ALPRAZOLAM CONCENTRATES ALPRAZOLAM CONCENTRATES ALPRAZOLAM 0.25, 0.5, 1MG ODT TABLETS ALPRAZOLAM 0.25, 0.5, 1MG ODT TABLETS ALPRAZOLAM 0.25, 0.5, 1MG ODT TABLETS BOXEPIN HCL TABLETS ESTAZOLAM TABLETS ESTAZOLAM CAPSULES LEMBOREXANT 1.25 MG GEL PACKET LEMBOREXANT TABLETS LORAZEPAM 1 ANG CAPSULE LORAZEPAM 2 MG CAPSULE LORAZEPAM 2 MG CAPSULE LORAZEPAM 3 MG CAPSULE LORAZEPAM 3 MG CAPSULE LORAZEPAM 3 MG CAPSULE LORAZEPAM 3 MG CAPSULE LORAZEPAM 1 MC 1.5 MG/LS SM LSYRP MIDAZOLAM HCL 10 MG/S ML SYRUP MIDAZOLAM HCL 10 MG CAPSULE SECONAL SODIUM 100 MG CAPSULE SUVOREXANT TABLETS TASIMELTEON 20MG CAPSULE SUVOREXANT TABLETS TASIMELTEON 4 MG/ML SULUTION TEMAZEPAM CAPSULES	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATVE HYPNOTICS ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 0.07 MG TABLET ALPRAZOLAM 0DT 0.25 MG TAB ALPRAZOLAM 0DT 0.25 MG TAB DOXEPIN HCL 3MG TABLET ESTAZOLAM 10DT 0.25 MG TAB DOXEPIN HCL 3MG TABLET ESTAZOLAM 10DT 2.MG TABLET ESTAZOLAM 10DT 2.MG TABLET ESTAZOLAM 10DT 2.MG GL PACKET LEMBOREXANT 1.25 MG GL PACKET LEMBOREXANT 1.35 MG GL PACKET LORAZEPAM 15 MG CAPSULE LORAZEPAM 15 MG CAPSULE LORAZEPAM 2 MG CAPSULE LORAZEPAM 2 MG CAPSULE LORAZEPAM 2 MG CAPSULE LORAZEPAM 3 MG CAPSULE LORAZEPAM 3 MG CAPSULE LORAZEPAM 10 MG CAPSULE LORAZEPAM 10 MG CAPSULE MIDAZOLAM HCL 10 MG/S ML SYRUP MIDAZOLAM HCL 10 MG CAPSULE SECONAL SODIUM 100 MG CAPSULE SUVOREXANT SMG TABLET TASIMELTEON 4 MG/ML SCULTION TEMAZEPAM 7.5MG CAPSULE	PROTONIX ACIPHEX BRAND SERAND SEAND	90 90 90 30 30 15 15 15 15 15 15 15 15 15 15 90 90 15 15 15 15 15 15 15 15 15 15 15 15 15	30 30 30 30 30 30 30 30 30 30	1 1 1 2 3 3 3 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1	Max Days	Refils	Pkg Bill	1/1/2022 1/1/2022
85 85	85 003773 001523 0503973 058847 058847 058847 058847 058847 058847 058847 058847 058848 06591 015603 080597 080597 082632 082633 016363 024665 040822 003769 003696 059509 003630 072607 072007 081738	D4) D4) HIC3 H20 H20 H20 H20 H20 H22 H21 H22 H21 H22 H21 H22 H20 H20 H20 H20 H20 H20 H20 H20 H20	PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS PROTON PUMP INHIBITORS THERAPEUTIC CLASS ANTI ANXIETY - BENZO ANTI ANXIETY - BENZO ANTI ANXIETY - BENZO ANTI ANXIETY - BENZO SEDATIVE HYPNOTICS SEDATIVE HYPN	8 9 0 1 2 3 4 5 6 7 8 9 10 10 10 11.15 12 12.15 13 14 15 16 17 18 19 20 21.5	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 40MG TABLET SEDATVE HYPNOTICS ALPRAZOLAM TABLETS ALPRAZOLAM TABLETS ALPRAZOLAM CONCENTRATES ALPRAZOLAM CONCENTRATES ALPRAZOLAM 0.25, 0.5, 1MG ODT TABLETS ALPRAZOLAM 0.25, 0.5, 1MG ODT TABLETS ALPRAZOLAM 0.25, 0.5, 1MG ODT TABLETS BESTARZOLAM TABLETS ESTAZOLAM TABLETS ESTAZOLAM TABLETS ESTAZOLAM TABLETS ESTAZOLAM TABLETS ELCHARZEPAM CAPSULES LEMBOREXANT TABLETS LORAZEPAM A MG CAPSULE LORAZEPAM 1 MG CAPSULE LORAZEPAM 2 MG CAPSULE LORAZEPAM 3 MG CAPSULE LORAZEPAM 3 MG CAPSULE LORAZEPAM 3 MG CAPSULE LORAZEPAM 3 MG CAPSULE LORAZEPAM 2 MG/ML SYRUP MIDAZOLAM HCL 2 MG/ML SYRUP MIDAZOLAM HCL 2 MG/ML SYRUP MIDAZOLAM HCL 2 MG/ML SYRUP MIDAZOLAM HCL 3 MG TABLET RAMELTEON 3 MG TABLET SUCONRESONIT TABLETS SUCONRESONIT MOB GAPSULE SUNOREXANT TABLETS SUNOREXANT TA	PANTOPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 40MG SUSPENSION RABEPRAZOLE SODIUM 20MG TABLET SEDATVE HYPNOTICS ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM 0.25 MG TABLET ALPRAZOLAM GD 7.25 MG TAB ALPRAZOLAM 0DT 2.05 MG TAB DOXEPIN HCL 3MG TABLET ESTAZOLAM 10DT 2.05 MG TAB DOXEPIN HCL 3MG TABLET ESTAZOLAM 10DT 2.05 MG TAB DOXEPIN HCL 3MG TABLET ESTAZOLAM 10DT 2.05 MG TAB ESTAZOLAM 10DT 2.05 MG TAB DOXEPIN HCL 3MG TABLET ESTAZOLAM 1MG TABLET ESTAZOLAM 1MG TABLET ELMBOREXANT 5 MG TABLET LORAZEPAM 15 MG CAPSULE LORAZEPAM 1MG CAPSULE LORAZEPAM 1MG CAPSULE LORAZEPAM 2 MG CAPSULE UDRAZEPAM 3 MG CAPSULE UDRAZEPAM 10 MG CAPSULE UDRAZEPAM 10 MG CAPSULE QUAZEPAM 10 MG CAPSULE QUAZEPAM 15 MG TABLET SUVOREXANT 5 MG TABLET SUVOREXANT 5 MG TABLET TASIMELTEON 4 MG/ML SOULDION	PROTONIX ACIPHEX BRAND SERAND SEAND GENERIC ONLY XANAX XR GENERIC ONLY SILENOR GENERIC ONLY SILENOR GENERIC ONLY UNESTA GENERIC ONLY GENERIC ONLY DAYVIGO DAYVIGO DAYVIGO DAYVIGO DAYVIGO DAYVIGO DAYVIGO DAYVIGO DAYVIGO COLEV XR LOREEV XR LOREEV XR LOREEV XR LOREEV XR LOREEV XR CORECONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY BELSOMRA HETUOZ HETUOZ	90 90 90 30 90 30 90 30 15 15 15 15 90 90 90 90 150 75 150 90 915 15 15 15	30 30 30 30 30 30 30 30 30 30	1 1 Daily Dose 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1	Max Days	Refilis	Pkg Bill	1/1/2022 1/1/2022

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85 068726	H2E	SEDATIVE HYPNOTICS	25	Y	ZOLPIDEM TARTRATE SUBLINGUAL TABLETS	ZOLPIDEM TARTRATE 1.75MG SUBLINGUAL TABLET	EDULAR / INTERMF770	15	30	1			-	
85 019187	H2E	SEDATIVE HYPNOTICS	26	Y	ZOLPIDEM TARTRATE TABLETS	ZOLPIDEM TARTRATE 5MG TABLET		15	30	1				
86 86	HIC3	THERAPEUTIC CLASS	0	Y	SKELETAL MUSCLE RELAXANTS	SKELETAL MUSCLE RELAXANTS		Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
86 027229	H6H	SKELETAL MUSCLE RELAXANTS	1	Y	BACLOFEN 5 MG TABLET	BACLOFEN 5 MG TABLET	GENERIC ONLY			3				
86 004679	H6H	SKELETAL MUSCLE RELAXANTS SKELETAL MUSCLE RELAXANTS	2	Y	BACLOFEN 10 and 20MG TABLET	BACLOFEN 10MG TABLET	GENERIC ONLY			4				
86 017884 86 063097	H6H H6H	SKELETAL MUSCLE RELAXANTS SKELETAL MUSCLE RELAXANTS	3	Y	BACLOFEN 5 MG/5 ML SOLUTION	BACLOFEN 5 MG/5 ML SOLUTION CARISOPRODOL 250MG TABLET	OZOBAX SOMA			80				
86 063097 86 004661	H6H	SKELETAL MUSCLE RELAXANTS	4	Y			GENERIC ONLY			3				
86 004661 86 004660	Н6Н	SKELETAL MUSCLE RELAXANTS	6	Y V	CARISOPRODOL/ASPIRIN 200-325MG COMPOUND TABLE CHLORZOXAZONE 500MG TABLETS	CARISOPRODOL/ASPIRIN 200-325MG COMPOUND CHLORZOXAZONE 500MG TABLETS	PARAFON FORTE DSC			4	-			
86 048518	57G	SKELETAL MUSCLE RELAXANTS	7	Y	CODEINE/CARISOPRODOL/ASPIRIN 16-200-325 TAB	CODEINE/CARISOPRODOL/ASPIRIN 16-200-325 TAE		-		4				
86 047478	H6H	SKELETAL MUSCLE RELAXANTS	8	Ý	CYCLOBENZAPRINE HCL TABLETS	CYCLOBENZAPRINE HCL 5MG TABLET	AMRIX ER / FLEXERIL / FLEXMID	-		3				
86 081844	H6G	SKELETAL MUSCLE RELAXTOP. IRRITANT COUNTER-IRRIT	8.5	Y	CYCLOBENZAP/LIDO/PRILOC/GLYCER KIT	CYCLOBENZAP/LIDO/PRILOC/GLYCER KIT	CYCLOPAK	1						
86 004667	H6H	SKELETAL MUSCLE RELAXANTS	9	Y	DANTROLENE SODIUM CAPSULES	DANTROLENE SODIUM 25MG CAPSULE	DANTRIUM			4				
86 051112	H6H	SKELETAL MUSCLE RELAXANTS	10	Y	METAXALONE 800MG TABLET	METAXALONE 800MG TABLET	SKELAXIN	56	30					
86 004654	H6H	SKELETAL MUSCLE RELAXANTS	11	Y	METHOCARBAMOL 500MG TABLET	METHOCARBAMOL 500MG TABLET	ROBAXIN			9				
86 004655	H6H	SKELETAL MUSCLE RELAXANTS	12	Y	METHOCARBAMOL 750MG TABLET	METHOCARBAMOL 750MG TABLET	ROBAXIN			6				
86 004595	H6H	SKELETAL MUSCLE RELAXANTS	13	Y	ORPHENADRINE ER 100 MG TABLET	ORPHENADRINE ER 100 MG TABLET	GENERIC ONLY			2				
86 058904	H6H	SKELETAL MUSCLE RELAXANTS SKELETAL MUSCLE RELAXANTS	14	Y	TIZANIDINE HCL 2MG CAPSULES or TABLETS	TIZANIDINE HCL 2MG CAPSULE	ZANAFLEX			3				
86 058905	H6H	SKELETAL MUSCLE RELAXANTS SKELETAL MUSCLE RELAXANTS	15	Y	TIZANIDINE HCL 4MG CAPSULES or TABLETS	TIZANIDINE HCL 4MG CAPSULE	ZANAFLEX			6				
86 058906 87 87	H6H HIC3	THERAPEUTIC CLASS	16	Y	TIZANIDINE HCL 6MG CAPSULE STEROIDS, TOPICAL	TIZANIDINE HCL 6MG CAPSULE STEROIDS, TOPICAL	ZANAFLEX BRAND			4				
87 87 87 082234	OSP	STEROIDS, TOPICAL	1	Y Y				Units 1	Until Refill 150	Daily Dose	Max Days	Refills	Pkg Bill	Updated
87 082234 87 080288	Q5P Q5P	STEROIDS, TOPICAL	2	r v	CLOBETASOL/DESLORATADINE 0.05%-MG KIT CLOBETASOL/EMOLLIENT NO.65 0.05% FOAM KIT	CLOBETASOL/DESLORATADINE 0.05%-MG KIT CLOBETASOL/EMOLLIENT NO.65 0.05% FOAM KIT		355	120					
87 051810	Q3P	HEMORRHOIDAL PREP,ANTI-INFLAM STEROID/LOCAL ANESTH	3	Y	HYDROCORTISONE AC/LIDOCAINE 0.5-3% CREAM KIT 7GF			98						
87 050288	Q5P	STEROIDS, TOPICAL	4	Y	OLMESARTAN MEDOXOMIL 5 MG TABLET	OLMESARTAN MEDOXOMIL 5 MG TABLET	GENERIC ONLY			1				1/1/2022
87 070318	Q5P	STEROIDS, TOPICAL	5	Y	FLUOCINOLONE/EMOL CMB#65 0.025% CREAM KIT			375	30				Y	, _,
87 070319	Q5P	STEROIDS, TOPICAL	6	Y	FLUOCINOLONE/EMOL CMB#65 0.025% OINTMENT KIT	FLUOCINOLONE/EMOL CMB#65 0.025% OINTMEN	SYNALAR	375	30				Y	
87 007601	Q5P	STEROIDS, TOPICAL	7	Y	FLURANDRENOLIDE 4MCG/SQ CM TAPE	FLURANDRENOLIDE 4MCG/SQ CM TAPE	CORDRAN	1	30					
87 079262	Q5P	STEROIDS, TOPICAL	8	Y	HALOBETASOL PROPIONATE 0.01% LOTION	HALOBETASOL PROPIONATE 0.01% LOTION	BRYHALI			8				
87 079214	Q5P	STEROIDS, TOPICAL	9	Y	HALOBETASOL PROPIONATE 0.05% FOAM	HALOBETASOL PROPIONATE 0.05% FOAM		50						
87 079688	L5F	ANTIPSORIATICS AGENTS	10	Y	HALOBETASOL PROPIONATE/TAZAROTENE 0.01%-0.045%	HALOBETASOL PROPIONATE/TAZAROTENE 0.01%-0	DUOBRII			8			Y	
87 007599	Q5P	STEROIDS, TOPICAL	11	Y	TRIAMCINOLONE ACETONIDE 0.025% & 0.1% LOTION	TRIAMCINOLONE ACETONIDE 0.025% LOTION		60	30				Y	
87 007600	Q5P	STEROIDS, TOPICAL STEROIDS, TOPICAL	12	Y	TRIAMCINOLONE ACETONIDE 0.1% LOTION 60ML	TRIAMCINOLONE ACETONIDE 0.1% LOTION 60ML		60	30				Y	
87 002599 87 007598	Q5P	STEROIDS, TOPICAL STEROIDS, TOPICAL	13	Y Y	TRIAMCINOLONE ACETONIDE 0.1% PASTE 5GRAM TRIAMCINOLONE ACETONIDE 0.5% OINTMENT 15GRAM	TRIAMCINOLONE ACETONIDE 0.1% PASTE 5GRAM TRIAMCINOLONE ACETONIDE 0.5% OINTMENT 150		5	30 30				Y	
87 007598 87 080519	Q5P 05P	STEROIDS, TOPICAL	14	Y Y	TRIAMCINOLONE ACETONIDE 0.5% OINTMENT ISGRAM	TRIAMCINOLONE ACETONIDE 0.5% OINTMENT 150 TRIAMCINOLONE/GAUZE/SILICONE 0.1% KIT	SILA III	15	30				ř	
88 88	HIC3	THERAPEUTIC CLASS	0	Y		STIMULANTS AND RELATED AGENTS	5151111	⊥ Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
88 075544	J5B	STIMULANTS AND RELATED AGENTS	1	Y	AMPHETAMINE XR ODT TABLETS	AMPHETAMINE XR ODT 3.1 MG TABLET		30	30	1	IVIAX Days	Rellis	PKg Dill	opuateu
88 062820	H8Q	STIMULANTS AND RELATED AGENTS - NARCOLEPSY	2	Y	ARMODAFINIL TABLETS	ARMODAFINIL 50MG TABLET		30	30	1				
88 051489	H7Y	STIMULANTS AND RELATED AGENTS - ADHD	3	Y	ATOMOXETINE HCL 10, 18, 25, 40MG CAPSULES	ATOMOXETINE HCL 10MG CAPSULE	STRATTERA			2				
88 051493	H7Y	STIMULANTS AND RELATED AGENTS - ADHD	4	Y	ATOMOXETINE HCL 60, 80, 100MG CAPSULES	ATOMOXETINE HCL 60MG CAPSULE	STRATTERA			1				
88 066895	H8M	STIMULANTS AND RELATED AGENTS - ADHD	5	Y	CLONIDINE HCL 0.1MG TABLET	CLONIDINE HCL 0.1MG TABLET	KAPVAY ER			4				-
88 048982	H2V	STIMULANTS AND RELATED AGENTS - ADHD	6	Y	DEXMETHYLPHENIDATE HCL TABLETS	DEXMETHYLPHENIDATE HCL 2.5MG TABLET	FOCALIN			3				
88 072017	H7X	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	7	Y	ARMODAFINIL 200 MG TABLET	ARMODAFINIL 200 MG TABLET		30	30	1				
88 059190	H2V	STIMULANTS AND RELATED AGENTS - ADHD	7	Y	DEXMETHYLPHENIDATE HCL CAPSULES	DEXMETHYLPHENIDATE HCL 5MG CAPSULE	FOCALIN XR			1				
88 004999	J5B	STIMULANTS AND RELATED AGENTS - ADHD	8	Y	DEXTROAMPHETAMINE TABLETS	DEXTROAMPHETAMINE 5MG TABLET	ADDERALL			3				
88 005007	J5B	STIMULANTS AND RELATED AGENTS - ADHD STIMULANTS AND RELATED AGENTS - ADHD	9	Y	DEXTROAMPHETAMINE ER CAPSULES	DEXTROAMPHETAMINE ER 5MG CAPSULE	DEXEDRINE			2				
88 047131 88 050428	J5B J5B	STIMULANTS AND RELATED AGENTS - ADHD	10	Y Y	DEXTROAMPHETAMINE/AMPHETAMINE IR TABLETS DEXTROAMPHETAMINE/AMPHETAMINE XR CAPSULES ALL	DEXTROAMPHETAMINE/AMPHETAMINE 7.5MG TA DEXTROAMPHETAMINE/AMPHETAMINE 5MG CAP				3	-			
88 071048	15B	STIMULANTS AND RELATED AGENTS - ADHD	11	Y	DEXTROAMPHETAMINE/AMPHETAMINE XR CAPSOLES ALL	DEXTROAMPHETAMINE/AMPHETAMINE SMG CAP	ZENZEDI			4				
88 064090	JSB	STIMULANTS AND RELATED AGENTS - ADHD	13	Y	DEXTROAMPHETAMINE SULFATE 5MG/5ML ORAL SOLUTI	DEXTROAMPHETAMINE SOLFATE 2.5MG TABLET	PROCENTRA			60				
88 065570	H8M	STIMULANTS AND RELATED AGENTS - ADHD	14	· Y	GUANFACINE HCL ER TABLETS	GUANFACINE HCL 1MG TABLET	INTUNIV	-		1				
88 000364	A4B	STIMULANTS AND RELATED AGENTS - ADHD	15	Y	GUANFACINE HCL IR TABLETS	GUANFACINE HCL 1MG TABLET	TENEX	-+		4				
88 063645	J5B	STIMULANTS AND RELATED AGENTS - ADHD	16	Y			VYVANSE			1				
88 077083	J5B	STIMULANTS AND RELATED AGENTS - ADHD	17	Y	LISDEXAMFETAMINE DIMESYLATE 10 MG CHEWABLE TAB	LISDEXAMFETAMINE DIMESYLATE 10 MG CHEWAB				1				
88 005014	J5B	STIMULANTS AND RELATED AGENTS	18	Y	METHAMPHETAMINE HCL 5MG TABLET	METHAMPHETAMINE HCL 5MG TABLET	DESOXYN			5				
88 077494	H2V	STIMULANTS AND RELATED AGENTS	19	Y	METHYLPHENIDATE 8.6 MG TABLET	METHYLPHENIDATE 8.6 MG TABLET	COTEMPLA XR-ODT			1				
88 077495	H2V	STIMULANTS AND RELATED AGENTS	20	Y	METHYLPHENIDATE 17.3 AND 25.9 MG TABLET	METHYLPHENIDATE 17.3 MG TABLET	COTEMPLA XR-ODT			2				
88 078038	H2V	STIMULANTS AND RELATED AGENTS	21	Y	METHYLPHENIDATE HCL ER 72 MG TAB	METHYLPHENIDATE HCL ER 72 MG TAB	RELEXXII			1				
88 045981	H2V	STIMULANTS AND RELATED AGENTS STIMULANTS AND RELATED AGENTS	22	Y	METHYLPHENIDATE HCL TABLETS	METHYLPHENIDATE HCL 18MG TABLET	CONCERTA			1				
88 060615	H2V	STIMULANTS AND RELATED AGENTS STIMULANTS AND RELATED AGENTS	23	Y		METHYLPHENIDATE 10MG/9HR PATCH	DAYTRANA			1				
88 053056 88 060545	H2V	STIMULANTS AND RELATED AGENTS STIMULANTS AND RELATED AGENTS	24	Y			METADATE			1				
88 060545 88 054676	H2V H2V	STIMULANTS AND RELATED AGENTS	25	Y	METHYLPHENIDATE CD 40, 50, 60MG CAPSULE METHYLPHENIDATE HCL 2.5. 5MG CHEWABLE TABLET	METHYLPHENIDATE CD 40MG CAPSULE METHYLPHENIDATE HCL 2.5MG CHEWABLE TABLET	METADATE CD METHYLIN			3		\vdash		
88 054676 88 054678	H2V H2V	STIMULANTS AND RELATED AGENTS	26	Y	METHYLPHENIDATE HCL 2.5, SMG CHEWABLE TABLET METHYLPHENIDATE HCL 10MG CHEWABLE TABLET	METHYLPHENIDATE HCL 2.5MG CHEWABLE TABLET METHYLPHENIDATE HCL 10MG CHEWABLE TABLET		-+		6				
88 054680	H2V	STIMULANTS AND RELATED AGENTS	28	Y	METHYLPHENIDATE HCL 10MG/5ML SOLUTION	METHYLPHENIDATE HCL 10MG/5ML SOLUTION	METHYLIN			30				
88 054679	H2V	STIMULANTS AND RELATED AGENTS	28	Y	METHYLPHENIDATE HCL 10003/5ML 30L0110N		METHYLIN			60				
88 044072	H2V	STIMULANTS AND RELATED AGENTS	30	Y	METHYLPHENIDATE HCL 10MG TABLET	METHYLPHENIDATE HCL 10MG TABLET	METHYLIN ER	-		1				
88 004028	H2V	STIMULANTS AND RELATED AGENTS	31	Y	METHYLPHENIDATE 5, 10, 20MG TABLET	METHYLPHENIDATE 5MG TABLET	RITALIN			3				
88 053974	H2V	STIMULANTS AND RELATED AGENTS	32	Y	METHYLPHENIDATE HCL 10, 20, 40MG CAPSULE	METHYLPHENIDATE HCL 10MG CAPSULE	RITALIN LA			1				
88 053060	H2V	STIMULANTS AND RELATED AGENTS	33	Y	METHYLPHENIDATE HCL 30MG CAPSULE	METHYLPHENIDATE HCL 30MG CAPSULE	RITALIN LA			2				
88 072092	H2V	STIMULANTS AND RELATED AGENTS	34	Y		METHYLPHENIDATE HCL LA 60 MG CAP	RITALIN LA			1				
88 004029	H2V	STIMULANTS AND RELATED AGENTS	35	Y	METHYLPHENIDATE ER 20MG TABLET	METHYLPHENIDATE ER 20MG TABLET	RITALIN SR			3				
	1	STIMULANTS AND RELATED AGENTS	36	Y	METHYLPHENIDATE HCL XR CAPSULES	METHYLPHENIDATE HCL XR 25MG CAPSULE	ADHANSIA XR			1				
88 078094	H2V													
88 025848	H8Q	STIMULANTS AND RELATED AGENTS - NARCOLEPSY	37	Y	MODAFINIL TABLETS	MODAFINIL 100MG TABLET	PROVIGIL			1				
00 070034		STIMULANTS AND RELATED AGENTS - NARCOLEPSY NARCOLEPSY TX-H3-RECEPT.ANTAGONIST/INVERSE AGONIST STIMULANTS AND RELATED AGENTS	37 38 39	Y Y	PITOLISANT HCL TABLETS	MODAFINIL 100MG TABLET PITOLISANT HCL 17.8 MG TABLET SERDEXMETHYLPHEN/DEXMETHYLPHEN 26.1 MG-	WAKIX			1 2				

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88 082132	H7Y	STIMULANTS AND RELATED AGENTS - ADHD	40	Y	VILOXAZINE HCL 100 MG CAPSULE	VILOXAZINE HCL 100 MG CAPSULE	QELBREE ER			1		1		
88 082134	H7Y	STIMULANTS AND RELATED AGENTS - ADHD	41	Y	VILOXAZINE HCL 150 AND 200MG CAPSULES	VILOXAZINE HCL 150 MG CAPSULE	QELBREE ER			2				
89 89	HIC3	THERAPEUTIC CLASS	0	Y	TETRACYCLINES	TETRACYCLINES	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
89 060942	W1C	TETRACYCLINES	1	Y		DOXYCYCLINE MONOHYDRATE 40MG CAPSULE	ADOXA / ORACEA			1				
89 060730	W1C	TETRACYCLINES TETRACYCLINES	2	Y	MINOCYCLINE HCL ER TABLETS	MINOCYCLINE HCL ER 45MG TABLET	SOLODYN			1				
89 079079	W1C		3	Y	SARECYCLINE HCL TABLETS	SARECYCLINE HCL 100MG TABLET	SEYSARA			1				
90 90 90 064701	HIC3 D6F	THERAPEUTIC CLASS ULCERATIVE COLITIS AGENTS	0	Y		ULCERATIVE COLITIS AGENTS	BRAND APRISO	Units	Until Refill	Daily Dose 4	Max Days	Refills	Pkg Bill	Updated
90 064701 90 062058	D6F D6F	ULCERATIVE COLITIS AGENTS	2	Y Y		MESALAMINE 0.375GRAM CAPSULE MESALAMINE 1.2GM TABLET	LIALDA			4				
90 019863	D6F	ULCERATIVE COLITIS AGENTS	3	Y		MESALAMINE 1.20M TABLET MESALAMINE 250MG CAPSULE	PENTASA			4				
90 058091	D6F	ULCERATIVE COLITIS AGENTS	4	Y		MESALAMINE 500MG CAPSULE	PENTASA			8				
90 053882	D6F	ULCERATIVE COLITIS AGENTS	5	Ŷ		MESALAMINE DR 800MG TABLET	ASACOL			6				
90 004444	Q3E	ULCERATIVE COLITIS AGENTS	6	Ŷ	MESALAMINE 4GM/60ML ENEMA	MESALAMINE 4GM/60ML ENEMA	SFROWASA			60			Y	
90 064139	Q3E	ULCERATIVE COLITIS AGENTS	7	Y	MESALAMINE W/CLEANSING WIPES	MESALAMINE W/CLEANSING WIPES KIT	ROWASA	1	28					
90 076143	D6F	ULCERATIVE COLITIS AGENTS	8	Y	MESALAMINE 400 MG CAPSULE	MESALAMINE 400 MG CAPSULE	DELZICOL	180	30	6				
92 92	HIC3	THERAPEUTIC CLASS	0	Y	DIABETIC SUPPLIES	DIABETIC SUPPLIES	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
92 006373	M4A	DIABETIC SUPPLIES	1	Y	BLOOD SUGAR DIAGNOSTIC TEST STRIPS	BLOOD SUGAR DIAGNOSTIC TEST STRIPS	TEST STRIPS	153	30				Y	
92 049233	X2A	DIABETIC SUPPLIES	2	Y		NEEDLES, INSULIN DISPOSABLE 29GAUGE	NEEDLES	153	30				Y	
92 011186	Y3A	DIABETIC SUPPLIES	3	Y		LANCETS 100 or 200 PAK	LANCETA	153	30				Y	
92 080413	X2A	DIABETIC SUPPLIES	4	Y		PEN NEEDLE, DIABETIC 30GX3/16"	UNIFINE PENTIPS MAX	100	30					
92 081925	X2A	DIABETIC SUPPLIES	4	Y		PEN NEEDLE, DIABETIC 31G 6MM	PEN NEEDLE, DIABETIC 31G 6MI		30					
92 080274	X2B	DIABETIC SUPPLIES	4	Y	SYRINGE-NEEDLE, INSULIN, 0.5 ML 32GX5/16"	SYRINGE-NEEDLE, INSULIN, 0.5 ML 32GX5/16"	EASY COMFORT	100	30					
92 080415	X2B	DIABETIC SUPPLIES DIABETIC SUPPLIES	4	Y	SYRINGE-NEEDLE, INSULIN, 1 ML 32GX5/16"	SYRINGE-NEEDLE, INSULIN, 1 ML 32GX5/16"	EASY COMFORT	100	30					
92 068529	Y9A	DIABETIC SUPPLIES DIABETIC SUPPLIES	5	Y Y	SUB-Q INSULIN DEVICES	SUB-Q INSULIN DEVICE, 20 UNIT	VGO	30	30	1		<u> </u>	Y	
92 008321	R3W HIC3	THERAPEUTIC CLASS	6	Y Y		URINE ACETONE TEST STRIPS	KETOSTIX REAGENT STRIP	100	Until Refill	Dellu D	May Dov	Def:	Y Dive D'll	Updated
93 93 93 059079	W7Z	VACCINES	1	Y Y		DIPHTH,PERTUSS(ACELL),TET VAC	BRAND	Units 0.5	Until Refill 365	Daily Dose	Max Days	Refills	Pkg Bill	Updated
93 059079 93 063830	W72 W7Q	GRAM NEGATIVE COCCI VACCINES	2	Y Y	MENING VAC A.C.Y.W-135 dip/PF	MENING VAC A.C.Y.W-135 dip/PF	MENACTRA	0.5	202					
93 063830 93 071917	W7Q W7Q	GRAM NEGATIVE COCCI VACCINES	2	Y		MENING VAC A, C, Y, W-135 BID/PF MENINGOCOCCAL B VACCINE, 4-COMP	BEXSERO	0.5						
93 048548	W7L	VACCINES	4	Y	PNEUMOCOCCAL 23-VAL P-SAC VACCINE 25MCG/0.5ML		PNEUMOVAX	0.5	365					
93 066068	W7L	VACCINES	5	Y		PNEUMOC 13-VAL CONJ-DIP CRM/PF	GENERIC ONLY	0.5	999					
93 082386	W7L	VACCINES	6	Ý	PNEUMOC 20-VAL CONI-DIP CRM/PE SYRINGE	PNEUMOC 20-VAL CONJ-DIP CRM/PF SYRINGE	PREVNAR 20	0.5	999					1/1/2022
93 077849	W7B	VACCINES	7	Ŷ	VARICELLA-ZOSTER GE VAC, 2 OF 2 ANTIGEN COMPONENT	VARICELLA-ZOSTER GE VAC, 2 OF 2 ANTIGEN COMP	SHINGBIX GE	1						-, -,
93 077837	W7B	VACCINES	8	Ŷ	VARICELLA-ZOSTER Ge/AS01B/PF VIAL KIT	VARICELLA-ZOSTER Ge/AS01B/PF VIAL KIT	SHINGRIX VIAL KIT	1						
94 081748	ZOL	COVID-19 VACCINES	1	Y	ASTRAZENECA COVID-19 VACCINE	COVID-19 VAC,AZD1222(ASTRA)/PF	ASTRAZENECA COVID-19 VACCIN	NE		0.5	1			1/1/2022
94 081779	ZOL	COVID-19 VACCINES	2	Y	JANSSEN COVID-19 VACCINE	COVID-19 VAC,AD26(JANSSEN)/PF	JANSSEN COVID-19 VACCINE			0.5	1			1/1/2022
94 081647	ZOL	COVID-19 VACCINES	3	Y	MODERNA COVID-19 VACCINE	COVID-19 VACC,MRNA(MODERNA)/PF	MODERNA COVID-19 VACCINE			0.5	1			1/1/2022
94 081648	ZOL	COVID-19 VACCINES	4	Y	PFIZER COVID-19 VACCINE	COVID-19 VACC, MRNA(PFIZER)/PF	PFIZER COVID-19 VACCINE			0.3	1			1/1/2022
94 082920	WOL	ANTIVIRAL - RNA POLYMERASE INHIBITOR	5	Y		MOLNUPIRAVIR 200 MG CAP (EUA)	GENERIC ONLY	40		8	5			1/1/2022
94 082939	W0M	ANTIVIRAL - MAIN PROTEASE (MPRO) INHIBITOR	6	Y	NIRMATRELVIR/RITONAVIR PAXLOVID CO-PACK (EUA)	NIRMATRELVIR/RITONAVIR PAXLOVID CO-PACK (EL	PAXLOVID CO-PACK	30		6	5			1/1/2022
94 082671	ZOL	COVID-19 VACCINES	7	Y	PFIZER COVID (12Y UP) VAC-GRAY	PFIZER COVID (12Y UP) VAC-GRAY	GENERIC ONLY			0.3	1			1/1/2022
94 082650	ZOL	COVID-19 VACCINES	8	Y	PFIZER COVID (5-11Y) VAC-ORANG	PFIZER COVID (5-11Y) VAC-ORANG	GENERIC ONLY			0.2	1			1/1/2022
95 95	HIC3	THERAPEUTIC CLASS	0	Y	CONTRACEPTIVES	CONTRACEPTIVES	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
95 079800	G8A	CONTRACEPTIVES	1	Y		DROSPIRENONE 4MG TABLET	SLYND			1				
95 050464	G9B	CONTRACEPTIVES CONTRACEPTIVES	2	Y		ETONOGESTREL/ETHINYL ESTRADIOL VAGINAL RIN		1	28					
95 003314	G8A	CONTRACEPTIVES	3	Y	LEVONORGESTREL ESTRADIOL TABLETS	LEVONORGESTREL-ETH ESTRADIOL 0.15-0.3MG TA				1	91		Y	
95 070814 95 078077	G8A G8A	CONTRACEPTIVES	4	Y Y	LEVONORGEST/E.ESTRADIOL-E.EXTRAD LEVONORGEST/ETH.ESTRADIOL/IRON 0.1-0.2MG BLISTER	LEVONORGEST/E.ESTRADIOL-E.EXTRAD	RIVELSA	91		1	91		Y	
95 078077 95 017584	G8A G8C	CONTRACEPTIVES	6	Y	MEDROXYPROGESTERONE ACETATE 150 MG/ML VIAL AN			1	90	1	90			
95 058938	G8C	CONTRACEPTIVES	7	Y	MEDROXYPROGESTERONE ACETATE 130 MG/ME VIAL AN			0.65	90		90		Y	
95 038938 95 049828	G8F	CONTRACEPTIVES	8	Y	NORELGESTROMIN/ETHIN.ESTRADIOL PATCH	NORELGESTROMIN/ETHIN.ESTRADIOL PATCH	XULANE	3	30		50		<u> </u>	
95 078751	G9B	CONTRACEPTIVES	9	· Y	SEGESTERONE AC/ETHIN ESTRADIOL VAGINAL RINGS	SEGESTERONE AC/ETHIN ESTRADIOL VAGINAL RIN		1	365		365			
95 065578	GSA	CONTRACEPTIVES	10	Ý		ULIPRISTAL ACETATE 30MG TABLET	ELLA	1	505		505			
96 96	HIC3	THERAPEUTIC CLASS	0	Ŷ		ESTROGEN	BRAND	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
96 003202	G1A	ESTROGEN	1	Y	ESTRADIOL PATCH	ESTRADIOL 0.05 MG PATCH	COMBIPATCH / VIVELLE-DOT	8	30				Y	· ·
96 022472	G1A	ESTROGEN	2	Y	ESTRADIOL 2 MG VAGINAL RING	ESTRADIOL 2 MG VAGINAL RING	ESTRING				90		Y	
96 023471	G1A	ESTROGEN	3	Y		ESTRADIOL 0.1 MG/DAY PATCH	CLIMARA / MENOSTAR	4	30				Y	
96 062784	G1A	ESTROGEN	4	Y	ESTRADIOL GEL PACKETS	ESTRADIOL 0.25 MG GEL PACKET	DIVIGEL			1				
96 052093	Q4K	ESTROGEN	5	Y	ESTRADIOL ACETATE VAGINAL RINGS	ESTRADIOL ACETATE 0.05 MG/DAY VAGINAL RING		1	90		90		Y	
96 053383	G1A	ESTROGEN	6	Y	ESTRADIOL LEVONORGESTREL PATCH	ESTRADIOL LEVONORGESTREL PATCH	CLIMARA PRO	4	30				Y	
96 062960	G1A	ESTROGEN MENOPALISAL SYMPT SUPP-SEL ESTROGEN RECEP MODULATOR	7	Y	ESTRADIOL 1.53 MG/SPRAY	ESTRADIOL 1.53 MG/SPRAY	EVAMIST				56		Y	
96 070705	G1E	MENOPAUSAL SYMPT SUPP-SEL ESTROGEN RECEP MODULATOR ESTROGEN	8	Y		OSPEMIFENE 60MG TABLET	OSPHENA			1				
96 044337	G1A HIC3	THERAPEUTIC CLASS	9	Y	NORETHINDRONE AC-ETH ESTRADIOL1 MG-5 MCG TABLE					1				11-1-1
97 97		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	0	Y	ONCOLOGY CLASS ABEMACICLIB TABLETS	ONCOLOGY CLASS ABEMACICLIB 50MG TABLET	BRAND VERZENIO	Units	Until Refill	Daily Dose	Max Days	Refills	Pkg Bill	Updated
07 077770	V10		1	Y Y						2		\vdash		
97 077779 97 078461	V1Q			1 Y		ABIRATERONE ACET, SUBMICRONIZED 125MG TAB ABIRATERONE ACETATE 250MG TABLET	ZYTIGA			4		I		
97 078461	V1J	ANTINEOPLASTIC - ANTIANDROGENIC AGENTS ANTINEOPLASTIC - ANTIANDROGENIC AGENTS	2	v	ARIRATERONE ACETATE 250M/C TARLET		LINGA							
97 078461 97 067349	V1J V1J	ANTINEOPLASTIC - ANTIANDROGENIC AGENTS ANTINEOPLASTIC - ANTIANDROGENIC AGENTS	2 3 4	Y	ABIRATERONE ACETATE 250MG TABLET		ZYTIGA							
97 078461 97 067349 97 077249	V1J V1J V1J	ANTINEOPLASTIC - ANTIANDROGENIC AGENTS ANTINEOPLASTIC - ANTIANDROGENIC AGENTS ANTINEOPLASTIC - ANTIANDROGENIC AGENTS	4	Y	ABIRATERONE ACETATE 500MG TABLET	ABIRATERONE ACETATE 500MG TABLET	ZYTIGA			2				
97 078461 97 067349 97 077249 97 077883	V1J V1J V1J V1Q	ANTINEOPLASTIC - ANTIANDROGENIC AGENTS ANTINEOPLASTIC - ANTIANDROGENIC AGENTS	-	Y Y	ABIRATERONE ACETATE 500MG TABLET ACALABRUTINIB 100MG CAPSULE	ABIRATERONE ACETATE 500MG TABLET ACALABRUTINIB 100MG CAPSULE	CALQUENCE			2				
97 078461 97 067349 97 077249 97 077883 97 079314	V1J V1J V1J V1Q V3M	ANTINEOPLASTIC - ANTIANDROGENIC AGENTS ANTINEOPLASTIC - ANTIANDROGENIC AGENTS ANTINEOPLASTIC - ANTIANDROGENIC AGENTS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	4	Y	ABIRATERONE ACETATE 500MG TABLET ACALABRUTINIB 100MG CAPSULE GLASDEGIB MALEATE 100MG TABLET	ABIRATERONE ACETATE 500MG TABLET ACALABRUTINIB 100MG CAPSULE GLASDEGIB MALEATE 100MG TABLET	CALQUENCE DAURISMO			2 2 1				
97 078461 97 067349 97 077249 97 077883 97 079314 97 071229	V1J V1J V1J V1Q V3M V1Q	ANTINEOPLASTIC - ANTIANDROGENIC AGENTS ANTINEOPLASTIC - ANTIANDROGENIC AGENTS ANTINEOPLASTIC - ANTIANDROGENIC AGENTS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR	4	Y Y	ABIRATERONE ACETATE SOOMG TABLET ACALABRUTINIB 100MG CAPSULE GLASDEGIB MALEATE 100MG TABLET AFATINIB DIMALEATE TABLETS	ABIRATERONE ACETATE 500MG TABLET ACALABRUTINIB 100MG CAPSULE GLASDEGIB MALEATE 100MG TABLET AFATINIB DIMALEATE 20MG TABLET	CALQUENCE			2				
97 078461 97 067349 97 077249 97 077883 97 079314	V1J V1J V1J V1Q V3M	ANTINEOPLASTIC - ANTLANDROGENIC ACENTS ANTINEOPLASTIC - ANTLANDROGENIC ACENTS ANTINEOPLASTIC - ANTLANDROGENIC ACENTS ANTINEOPLASTIC - SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC - HEDGENOG PATHWAY INHIBITOR ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	4 5 5 6	Y Y Y Y	ABIRATERONE ACETATE 500MG TABLET ACALABRUTINIB 100MG CAPSULE GLASDEGIB MALEATE 100MG TABLET AFATINIB DIMALEATE TABLETS ALECTINIB 150 MG CAPSULE	ABIRATERONE ACETATE 500MG TABLET ACALABRUTINIB 100MG CAPSULE GLASDEGIB MALEATE 100MG TABLET	CALQUENCE DAURISMO GILOTRIF			2 2 1 1				
97 078461 97 067349 97 077249 97 077883 97 079314 97 071229 97 075271	V1J V1J V1J V1Q V3M V1Q V1Q V1Q	ANTINEOPLASTIC - ANTIANDROGENIC AGENTS ANTINEOPLASTIC - ANTIANDROGENIC AGENTS ANTINEOPLASTIC - ANTIANDROGENIC AGENTS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	4 5 5 6 7	Y Y Y Y Y	ABIRATERONE ACETATE 500MG TABLET ACALABRUTINIB 100MG CAPSULE GLASDEGIB MALEATE 100MG TABLET AFATINIB DIMALEATE TABLETS ALECTINIB 150 MG CAPSULE	ABIRATERONE ACETATE 500MG TABLET ACALABRUTINIB 100MG CAPSULE GLASDEGIB MALEATE 100MG TABLET AFATINIB DIMALEATE 20MG TABLET ALECTINIB 150 MG CAPSULE	CALQUENCE DAURISMO GILOTRIF ALECENSA			2 2 1 1 8				
97 078461 97 067349 97 077249 97 077883 97 079314 97 071229 97 075271 97 079791	V1J V1J V1J V1Q V3M V1Q V1Q V1Q V1Q	ANTINEOPLASTIC - ANTIANDROGENIC AGENTS ANTINEOPLASTIC - ANTIANDROGENIC AGENTS ANTINEOPLASTIC - ANTIANDROGENIC AGENTS ANTINEOPLASTIC - SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	4 5 5 6 7 8	Y Y Y Y Y Y	ABIRATERONE ACETATE 500MG TABLET ACALBRUTINIB 100MG CAPSULE GLASDEGIB MALEATE 100MG TABLET AFATINIB DIMALEATE TABLETS ALECTINIB 150 MG CAPSULE ALECTINIB 150 MG CAPSULE ALPELISIB 200MG DAILY DOSE	ABIRATERONE ACETATE SOOMG TABLET ACALABRUTINIB 100MG CAPSULE GLASDEGIB MALEATE 100MG TABLET AFATINIB DIMALEATE 20MG TABLET ALECTINIB 150 MG CAPSULE ALPELISIB 200MG DAILY DOSE	CALQUENCE DAURISMO GILOTRIF ALECENSA PIQRAY			2 2 1 1 8 1				
97 078461 97 067349 97 077249 97 077883 97 079314 97 075271 97 075271 97 079791 97 079790	V1J V1J V1Q V3M V1Q V1Q V1Q V1Q V1Q V1Q V1Q	ANTINEOPLASTIC - ANTIANDROGENIC ACENTS ANTINEOPLASTIC - ANTIANDROGENIC ACENTS ANTINEOPLASTIC - ANTIANDROGENIC ACENTS ANTINEOPLASTIC - STATUNE ONLIBUTORS ANTINEOPLASTIC - HEDGENOG PATHWAY INHIBITOR ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	4 5 5 6 7 8 9	Y Y Y Y Y Y	ABIRATERONE ACETATE SOOMG TABLET ACALABRUTINIB 100MG CAPSULE GLASDEGIB MALEATE 100MG TABLET AFATINIB DIMALEATE TABLETS ALECTINIB 150 MG CAPSULE ALPELISIB 200MG DAILY DOSE ALPELISIB 250MG , 300MG DAILY DOSE ANASTROZOLE 1 MG TABLET	ABIRATERONE ACETATE SOOMG TABLET ACALABRUTINIB 100MG CAPSULE GLASDEGIB MALEATE 100MG TABLET AFATINIB DIMALEATE 200MG TABLET ALECTINIB 150 MG CAPSULE ALPELISIB 200MG DAILY DOSE ALPELISIB 200MG DAILY DOSE	CALQUENCE DAURISMO GILOTRIF ALECENSA PIQRAY PIQRAY			2 2 1 1 8 1 2				

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97 0827	2784 V10	.ų	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	11.6	Y	ASCIMINIB HYDROCHLORIDE 40 MG TABLET	ASCIMINIB HYDROCHLORIDE 40 MG TABLET	SCEMBLIX			10				1/1/2022
97 0806			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	12	Y	AVAPRITINIB TABLETS	AVAPRITINIB 100 MG TABLET	AYVAKIT			1			\rightarrow	
97 0684			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	13	Y		AXITINIB 1 MG TABLET	INLYTA			2			\rightarrow	
97 0684			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	14	Y		AXITINIB 5 MG TABLET	INLYTA			4			\rightarrow	
97 0814			ANTINEOPLASTIC - ANTIMETABOLITES	15	Y		AZACITIDINE 200 MG TABLET	ONUREG	14	30	1	28		\rightarrow	
97 0825			ANTINEOPLASTIC-HYPOXIA INDUCIBLE FACTOR (HIF) INH	15.5	Y		BELZUTIFAN 40 MG TABLET	WELIREG			3		$ \rightarrow $	\rightarrow	1/1/2022
97 0241			ANTINEOPLASTIC - ANTIANDROGENIC AGENTS	16	Y	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE 50 MG TABLET	CASODEX			3			\rightarrow	
97 0785			ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS	17	Y		BINIMETINIB 15 MG TABLET	MEKTOVI			6			\rightarrow	
97 0773			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	18	Y	BRIGATINIB 30 MG TABLET	BRIGATINIB 30 MG TABLET	ALUNBRIG			2		$ \rightarrow $	\rightarrow	
97 0773		-	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	19	Y		BRIGATINIB 90 MG TABLET	ALUNBRIG			1				
97 0699			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	20	Y	BOSUTINIB 100MG TABLET	BOSUTINIB 100MG TABLET	BOSULIF			4				
97 0779			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	21	Y	BOSUTINIB 400 and 500MG TABLET	BOSUTINIB 400 MG TABLET	BOSULIF			1				
97 0759	-		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	22	Y		CABOZANTINIB S-MALATE 20 MG TABLET	CABOMETYX	30	30	1				
97 0703			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	23	Y	CABOZANTINIB S-MALATE 60 MG DAILY-DOSE PK	CABOZANTINIB S-MALATE 60 MG DAILY-DOSE PK	COMETRIQ	84		3			Y	
97 0703	387 V10	Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	24	Y	CABOZANTINIB S-MALATE 100 MG DAILY-DOSE PK	CABOZANTINIB S-MALATE 100 MG DAILY-DOSE PK	COMETRIQ	56		2			Y	
97 0703	386 V10	Q.	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	25	Y		CABOZANTINIB S-MALATE 140 MG DAILY DOSE PAO	COMETRIQ	112		4			Y	
97 0810	014 V10	Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	26	Y	CAPMATINIB HYDROCHLORIDE TABLETS	CAPMATINIB HYDROCHLORIDE 150 MG TABLET	TABRECTA			4				
97 0790	002 V3	R	ANTINEOPLASTIC, ANTI-PROGRAMMED DEATH-1 (PD-1) MAB	27	Y	CEMIPLIMAB-RWLC 350MG/7ML VIAL	CEMIPLIMAB-RWLC 350MG/7ML VIAL	LIBTAYO	7		0.34			Y	
97 0722	296 V10	Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	28	Y	CERITINIB 150 MG CAPSULE & TABLET	CERITINIB 150 MG CAPSULE	ZYKADIA			1				
97 0751	138 V3	U	ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS	29	Y	COBIMETINIB FUMARATE 20 MG TABLET	COBIMETINIB FUMARATE 20 MG TABLET	COTELLIC			3				
97 0678	'824 V10	Q.	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	30	Y	CRIZOTINIB CAPSULES	CRIZOTINIB 200MG CAPSULE	XALKORI			2				
97 0714	488 V1	A	ANTINEOPLASTIC - ALKYLATING AGENTS	31	Y	CYCLOPHOSPHAMIDE 25 MG CAPSULE & TABLET	CYCLOPHOSPHAMIDE 25 MG CAPSULE	GENERIC ONLY			1				
97 0710	033 V3	37	ANTINEOPLASTIC - BRAF KINASE INHIBITORS	32	Y		DABRAFENIB MESYLATE 50MG CAPSULE	TAFINLAR	120	30	4				1/1/2022
97 0789		Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	34	Y		DACOMITINIB 15MG TABLET	VIZIMPRO			1				
97 0611	100 V10	Q.	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	35	Y	DASATINIB 50,75,80,100,140MG TABLET	DASATINIB 50MG TABLET	SPRYCEL			1				
97 0610		Q.	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	36	Y	DASATINIB 20MG TABLET	DASATINIB 20MG TABLET	SPRYCEL			2				
97 0800			ANTINEOPLASTIC - ANTIANDROGENIC AGENTS	37	Ŷ		DAROLUTAMIDE 300 MG TABLET	NUBEQA			4				
97 0812			ANTINEOPLASTIC - ANTIMETABOLITES	38	Ŷ		DECITABINE/CEDAZURIDINE 35 MG-100 MG TABLE		5	30	1			-+	
97 0789			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	39	Ŷ	DUVELISIB CAPSULES	DUVELISIB 15MG CAPSULE	COPIKTRA			2			-+	
97 0776	629 V3	32	ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE INH	40	Ŷ	ENASIDENIB MESYLATE TABLETS	ENASIDENIB MESYLATE 50 MG TABLET	IDHIFA			1			-+	
97 0699			ANTINEOPLASTIC - ANTIANDROGENIC AGENTS	41	Ŷ	ENZALUTAMIDE 40MG CAPSULE / TABLET	ENZALUTAMIDE 40 MG CAPSULE	XTANDI			4			-+	
97 0785			ANTINEOPLASTIC - BRAF KINASE INHIBITORS	41	Ý		ENCORAFENIB 50 MG CAPSULE	BRAFTOVI			9			-+	
97 0785			ANTINEOPLASTIC - BRAF KINASE INHIBITORS	43	Y	ENCORAFENIB 75 MG CAPSULE	ENCORAFENIB 75 MG CAPSULE	BRAFTOVI			6				
97 0813			ANTINEOPLASTIC - ANTIANDROGENIC AGENTS	44	Y		ENCORAL END 75 MIG CALIFOLE	XTANDI			2			-+	
97 0801			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	45	Y		ENTRECTINIB 200 MG CAPSULE	ROZLYTREK			3			\rightarrow	
97 0796		-	ANTINEOPI ASTIC SYSTEMIC ENZYME INHIBITORS	46	Y		ERDAFITINIB 3MG TABLET	BALVERSA			2			\rightarrow	
97 0796			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	40	Y		ERDAFITINIB SMG TABLET	BALVERSA			2		+ +	\rightarrow	
97 0796			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	47	Y	ERDAFITINIB SMG TABLET	FRDAFITINIB SMG TABLET	BALVERSA			1			\rightarrow	
97 0796 97 0583			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	40	Y	FRI OTINIB HCL 25MG TABLET	FRI OTINIB HCL 25MG TABLET	TARCEVA			3				
97 0583 97 0583		-	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	49 50	Y	ERLOTINIB HCL 25MG TABLET ERLOTINIB HCL 100,150MG TABLET	ERLOTINIB HCL 25MG TABLET	TARCEVA			3			\rightarrow	
			ANTINEOPLASTIC - MTOR KINASE INHIBITORS		Y						1		+ +		
97 0709			ANTINEOPLASTIC - AROMATASE INHIBITORS	51	Y	EVEROLIMUS TABLETS and DISPERZ TABLETS	EVEROLIMUS 2 MG TABLET	AFINITOR DISPERZ			1			- Y	
97 0441			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	52	Y		EXEMESTANE 25 MG TABLET	AROMASIN			4			\rightarrow	
97 0801			ANTINEOPLASTIC STSTEPIC ENZYME INHIBITORS	53	Y		FEDRATINIB DIHYDROCHLORIDE 100 MG CAPSULE				4			\rightarrow	
97 0520		-	ANTINEOPLASTIC STSTEPIC ENZYME INHIBITORS	54	<u> </u>		GEFITINIB 250 MG TABLET	IRESSA			÷		+ +	\rightarrow	
97 0793		-	ANTINEOPLASTIC STSTEMIC ENZINE INHIBITORS	55	Y	GILTERITINIB FUMARATE 40MG TABLET	GILTERITINIB FUMARATE 40MG TABLET	XOSPATA			3			\rightarrow	
97 0793			ANTINEOPLASTIC - REDGEROG PATRWAY INFIDITOR ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	56	Y		GLASDEGIB MALEATE 25MG TABLET	DAURISMO			2				
97 0716			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	57	Y		IBRUTINIB 140 MG CAPSULE	IMBRUVICA			1				
97 0726		-		58	Y	IDELALISIB TABLETS	IDELALISIB 100MG TABLET	ZYDELIG			2				
97 0527			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	59	Y	IMATINIB MESYLATE 100MG TABLET	IMATINIB MESYLATE 100MG TABLET	GLEEVEC			3			\rightarrow	
97 0527			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	60	Y	IMATINIB MESYLATE 400MG TABLET	IMATINIB MESYLATE 400MG TABLET	GLEEVEC			2		⊢ −		
97 0823	2326 V10			60.5	Y		INFIGRATINIB PHOSPHATE 100 MG DAILY DOSE PAG		21	30			+	$ \rightarrow $	1/1/2022
97 0786			ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE INH	61	Y	IVOSIDENIB 250 MG TABLET	IVOSIDENIB 250 MG TABLET	TIBSOVO			2		┥ ┥		
97 0751		-	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	62	Y		IXAZOMIB CITRATE 2.3 MG CAPSULE	NINLARO	3	28	0.11		_ ↓	Y	
97 0623		-	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	63	Y	LAPATINIB DITOSYLATE 250MG TABLET	LAPATINIB DITOSYLATE 250MG TABLET	TYKERB			6		$ \downarrow \downarrow$		
97 0793		-	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	64	Y	LAROTRECTINIB SULFATE 100MG CAPSULE	LAROTRECTINIB SULFATE 100MG CAPSULE	VITRAKVI			2		┥ ┥	$ \rightarrow $	
97 0793			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	65	Y		LAROTRECTINIB SULFATE 20MG/ML SOLUTION	VITRAKVI			10		+	\longrightarrow	
97 0793			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	66	Y		LAROTRECTINIB SULFATE 25MG CAPSULE	VITRAKVI			6		$ \downarrow \downarrow$		
97 0689			ANTINEOPLASTIC IMMUNOMODULATOR AGENTS	67	Y	LENALIDOMIDE 2.5, 5, 10 ,15, 20MG CAPSULES	LENALIDOMIDE 2.5MG CAPSULE	REVLIMID			1				
97 0611			ANTINEOPLASTIC IMMUNOMODULATOR AGENTS	68	Y	LENALIDOMIDE 25MG CAPSULE	LENALIDOMIDE 25MG CAPSULE	REVLIMID	25	28	1	28			
97 0742			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	69	Y	LENVATINIB MESYLATE 4MG CAPSULE	LENVATINIB MESYLATE 4MG CAPSULE	LENVIMA			1				
97 0761		Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	70	Y		LENVATINIB MESYLATE 8MG DAILY DOSE	LENVIMA	60	30	2				
97 0734			ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	71	Y		LENVATINIB MESYLATE 10MG DAILY DOSE	LENVIMA	30	30	1				
97 0787		-	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	72	Y		LENVATINIB MESYLATE 12MG DAILY DOSE	LENVIMA			3				
97 0445			CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	73	Y	LEUCOVORIN CALCIUM 10, 15 AND 25 MG TAB	LEUCOVORIN CALCIUM 10 MG TAB	GENERIC ONLY			2				
97 0445			CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	74	Y		LEUCOVORIN CALCIUM 5 MG TAB	GENERIC ONLY			1				
97 0087	779 V1	A	ANTINEOPLASTIC - ALKYLATING AGENTS	80	Y	LOMUSTINE CAPSULES	LOMUSTINE 10 MG CAPSULE	GLEOSTINE	5						
	229 V10		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	81	Y	LORLATINIB 100MG TABLET	LORLATINIB 100MG TABLET	LORBRENA			1				
97 0792		0	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	82	Y	LORLATINIB 25MG TABLET	LORLATINIB 25MG TABLET	LORBRENA			3				
	228 V1	-		83	Y	MEGESTROL 20 MG TABLET	MEGESTROL 20 MG TABLET	GENERIC ONLY			1				
97 0792			ANTINEOPLASTIC - STEROID ANTINEOPLASTICS		Y	MIDOSTAURIN 25MG CAPSULE	MIDOSTAURIN 25MG CAPSULE	RYDAPT			8			_	
97 0792 97 0792	828 V1	LE	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	84	T										
97 0792 97 0792 97 0088 97 0773 97 0826	828 V1 344 V10 2673 V10	LE .Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	84 84.5	Y		MOBOCERTINIB SUCCINATE 40 MG CAPSULE	EXKIVITY			4				1/1/2022
97 0792 97 0792 97 0088 97 0773	828 V1 344 V10 2673 V10	LE .Q .Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS			MOBOCERTINIB SUCCINATE 40 MG CAPSULE	MOBOCERTINIB SUCCINATE 40 MG CAPSULE NERATINIB MALEATE 40MG TABLET	NERLYNX			4 6				1/1/2022
97 0792 97 0792 97 0088 97 0773 97 0826	828 V1 344 V10 2673 V10 566 V10	LE .Q .Q .Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	84.5	Y	MOBOCERTINIB SUCCINATE 40 MG CAPSULE NERATINIB MALEATE 40MG TABLET					4 6 4				1/1/2022
97 0792 97 0792 97 0088 97 073 97 0826 97 0755 97 0664	828 V1 344 V10 2673 V10 566 V10 453 V10	LE .Q .Q .Q .Q .Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	84.5 85	Y Y	MOBOCERTINIB SUCCINATE 40 MG CAPSULE NERATINIB MALEATE 40MG TABLET NILOTINIB HCL CAPSULES	NERATINIB MALEATE 40MG TABLET NILOTINIB HCL 150MG CAPSULE	NERLYNX TASIGNA			-				1/1/2022
97 0792 97 0792 97 0088 97 0773 97 0826 97 0775 97 0664 97 0247	828 V1 '344 V10 2673 V10 566 V10 '453 V10 '768 V1	LE Q Q Q Q U	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	84.5 85 86 87	Y Y Y	MOBOCERTINIB SUCCINATE 40 MG CAPSULE NERATINIB MALEATE 40MG TABLET NILOTINIB HCL CAPSULES NILUTAMIDE 150 MG TABLET	NERATINIB MALEATE 40MG TABLET NILOTINIB HCL 150MG CAPSULE NILUTAMIDE 150 MG TABLET	NERLYNX TASIGNA NILANDRON			4				1/1/2022
97 0792 97 0792 97 0088 97 0733 97 0826 97 0775 97 0664	828 V1 344 V10 2673 V10 566 V10 453 V10 768 V1 259 V10	LE .Q .Q .Q .Q .Q .U .Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC - ANTIANDROGENIC AGENTS	84.5 85 86	Y Y Y Y	MOBOCERTINIB SUCCINATE 40 MG CAPSULE NERATINIB MALEATE 40MG TABLET NILOTINIB HCL CAPSULES NILUTAMIDE 150 MG TABLET NIRAPARIB TOSYLATE 100MG CAPSULE	NERATINIB MALEATE 40MG TABLET NILOTINIB HCL 150MG CAPSULE	NERLYNX TASIGNA			4 2 3				1/1/2022
97 0792 97 0792 97 0088 97 0733 97 0826 97 0753 97 0664 97 0247 97 0272	828 V1 344 V10 2673 V10 566 V10 453 V10 768 V1 259 V10 234 V10		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	84.5 85 86 87 88	Y Y Y Y Y Y	MOBOCERTINIB SUCCINATE 40 MG CAPSULE NERATINIB MALEATE 40MG TABLET NILOTINIB HCL CAPSULES NILUTAMIDE 150 MG TABLET NIRAPARIB TOSYLATE 100MG CAPSULE	NERATINIB MALEATE 40MG TABLET NILOTINIB HCL 150MG CAPSULE NILUTAMIDE 150 MG TABLET NIRAPARIB TOSYLATE 100MG CAPSULE	NERLYNX TASIGNA NILANDRON ZEJULA			4				1/1/2022

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97 075146		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	91	Y	OSIMERTINIB MESYLATE 40MG TABLET	OSIMERTINIB MESYLATE 40MG TABLET	TAGRISSO	30	30	1				
97 075147		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	92	Y	OSIMERTINIB MESYLATE 80MG TABLET	OSIMERTINIB MESYLATE 80MG TABLET	TAGRISSO	60	30	2				
97 080427	V1Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	93	Y	PALBOCICLIB TABLETS	PALBOCICLIB 100 MG TABLET	IBRANCE	21	30					
97 073426		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	94	Y	PALBOCICLIB CAPSULES	PALBOCICLIB 75MG CAPSULE	IBRANCE			1				
97 073586		ANTINEOPLAST, HISTONE DEACETYLASE (HDAC) INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	95	Y	PANOBINOSTAT LACTATE CAPSULES		FARYDAK	6	21	1				
97 065777			96	Y	PAZOPANIB HCL 200MG TABLET	PAZOPANIB HCL 200MG TABLET	VOTRIENT	$ \downarrow \downarrow$		4				
97 080946		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	97	Y	PEMIGATINIB TABLETS		PEMAZYRE			1				
97 080075		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC IMMUNOMODULATOR AGENTS	98	Y	PEXIDARTINIB HYDROCHLORIDE 200 MG CAPSULE		TURALIO			4				
97 070569			99	Y	POMALIDOMIDE CAPSULES	POMALIDOMIDE 1MG CAPSULE	POMALYST	21	28	1				
97 081846		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	100	Y	PONTANIB HCL 10MG, 45MG AND 100MG TABLET	PONATINIB HCL 10 MG TABLET	ICLUSIG			1				
97 070360		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	101	Y	PONTANIB HCL 15MG TABLET	PONTANIB HCL 15MG TABLET	ICLUSIG			2				
97 070066		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	102	Y	REGORAFENIB 40MG TABLET	REGORAFENIB 40MG TABLET	STIVARGA	84	28	4	28			
97 077216		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	104	Y	RIBOCICLIB SUCCINATE 200MG DAILY DOSE	RIBOCICLIB SUCCINATE 200MG DAILY DOSE	KISQALI			1				
97 077220		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	105	Y	RIBOCICLIB SUCCINATE 400MG DAILY DOSE	RIBOCICLIB SUCCINATE 400MG DAILY DOSE	KISQALI			2				
97 077221		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	106	Y	RIBOCICLIB SUCCINATE 600MG DAILY DOSE		KISQALI			3				
97 077379		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	107	Y	RIBOCICLIB SUCCINATE/LETROZOLE 200MG CO PACK	RIBOCICLIB SUCCINATE/LETROZOLE 200MG CO PAG		49	30	2				
97 077381		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	108	Y	RIBOCICLIB SUCCINATE/LETROZOLE 400MG CO PACK	RIBOCICLIB SUCCINATE/LETROZOLE 400MG CO PAG		70	30	3				
97 077382		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	109	Y	RIBOCICLIB SUCCINATE/LETROZOLE 600MG CO PACK	RIBOCICLIB SUCCINATE/LETROZOLE 600MG CO PAG		91	30	4				
97 081060	V1Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	110	Y	RIPRETINIB 50 MG TABLET	RIPRETINIB 50 MG TABLET	QINLOCK			3				
97 076947		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	111	Y	RUCAPARIB CAMSYLATE 200 MG TABLET		RUBRACA			2				
97 077432		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	112	Y	RUCAPARIB CAMSYLATE 250 AND 300 MG TABLET	RUCAPARIB CAMSYLATE 250 MG TABLET	RUBRACA			4				
97 068168	8 V3L	ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS	113	Y	RUXOLITINIB PHOSPHATE TABLETS	RUXOLITINIB PHOSPHATE 10MG TABLET	JAKAFI			2				
97 081220	V10	ANTINEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE)	113.5	Y	SELINEXOR 40 MG WEEKLY DOSE	SELINEXOR 40 MG WEEKLY DOSE	XPOVIO	8			28			1/1/2022
97 082191	V10	ANTINEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE)	114	Y	SELINEXOR 40 MG ONCE WEEKLY DOSE	SELINEXOR 40 MG ONCE WEEKLY DOSE	XPOVIO	4	30		28			1/1/2022
97 082194		ANTINEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE)	115	Y	SELINEXOR 60 MG ONCE WEEKLY DOSE		XPOVIO	4	30		28			1/1/2022
97 082195		ANTINEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE)	116	Y	SELINEXOR 80 MG ONCE WEEKLY DOSE		XPOVIO	8	30		28			1/1/2022
97 082196	5 V10	ANTINEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE)	117	Y	SELINEXOR 100 MG ONCE WEEKLY DOSE	SELINEXOR 100 MG ONCE WEEKLY DOSE	XPOVIO	8	30		28			1/1/2022
97 082190		ANTINEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE)	118	Y	SELINEXOR 40 MG TWICE WEEKLY DOSE		XPOVIO	8	30		28			1/1/2022
97 081221		ANTINEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE)	119	Y	SELINEXOR 60 MG TWICE WEEKLY DOSE		XPOVIO	24			28			1/1/2022
97 079979	V10	ANTINEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE)	120	Y	SELINEXOR 80 MG TWICE WEEKLY DOSE		XPOVIO	32	30		28			1/1/2022
97 081025	V1Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	121	Y	SELPERCATINIB 40 MG CAPSULE	SELPERCATINIB 40 MG CAPSULE	RETEVMO			6			- 1	
97 081026	5 V1Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	122	Y	SELPERCATINIB 80 MG CAPSULE	SELPERCATINIB 80 MG CAPSULE	RETEVMO			4				
97 080921		ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS	123	Y	SELUMETINIB/VITAMIN E TPGS 10 MG CAPSULE	SELUMETINIB/VITAMIN E TPGS 10 MG CAPSULE	KOSELUGO			8				
97 080922		ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS	124	Y	SELUMETINIB/VITAMIN E TPGS 25 MG CAPSULE		KOSELUGO			4				
97 074547		ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR	125	Y	SONIDEGIB PHOSPHATE 200MG CAPSULE		ODOMZO			1				
97 060199		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	126	Y	SORAFENIB TOSYLATE 200MG TABLET		NEXAVAR			4				
97 082328	8 V5A	ANTINEOPLASTIC - KRAS PROTEIN INHIBITOR	126.5	Ŷ	SOTORASIB 120 MG TABLET	SOTORASIB 120 MG TABLET	LUMAKRAS			8				1/1/2022
97 060326	-	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	120.5	Y	SUNITINIB MALATE CAPSULES		SUTENT			1				1/1/2022
97 079147		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	128	Y Y	TALAZOPARIB TOSYLATE 0.25MG CAPSULE		TALZENNA			3				
97 079147		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	128	Y	TALAZOPARIB TOSTLATE 0.25MG CAPSOLE	TALAZOPARIB TOSTLATE 0.2510G CAPSULE	TALZENNA			1				
97 008832		ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)	129	v	TAMOXIFEN CITRATE 10MG TABLET	TAMOXIFEN CITRATE 10MG TABLET	GENERIC ONLY			1				
97 043532		ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)		T		TAMOXIFEN CITRATE 10MG TABLET				1				
	1/1T													
07 000675			131	Y	TAMOXIFEN CITRATE 20 MG/10 ML SOLN		SOLTAMOX			20				
97 080675	5 V11	ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT	132	Y	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET	TAZVERIK			8				
97 043010	V11 V1A	ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT ANTINEOPLASTIC - ALKYLATING AGENTS	132 133	Y Y	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE 5MG CAPSULE	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE 5MG CAPSULE	TAZVERIK TEMODAR			8 3				
97 043010 97 043011	V11 V1A V1A	ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - ALKYLATING AGENTS	132 133 134	Y Y Y	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE 5MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE 5MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE	TAZVERIK TEMODAR TEMODAR			8 3 4				
97 043010 97 043011 97 043012	V11 V1A V1A V1A V1A	ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - ALKYLATING AGENTS	132 133 134 135	Y Y Y Y	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE SMG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 100, 140, 180, 250MG CAPSULE	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE 5MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 100MG CAPSULE	TAZVERIK TEMODAR TEMODAR TEMODAR			8 3 4 2				
97 043010 97 043011 97 043012 97 043013	6 V11 0 V1A V1A 2 V1A 8 V1A	ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT ANTINEOPLASTIC - ALXYLATING AGENTS ANTINEOPLASTIC - ALXYLATING AGENTS ANTINEOPLASTIC - ALXYLATING AGENTS ANTINEOPLASTIC - ALXYLATING AGENTS	132 133 134 135 136	Y Y Y Y Y	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE SMG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 200, I40, 180, 250MG CAPSULE TEMOZOLOMIDE 250MG CAPSULE	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE SMG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 100MG CAPSULE TEMOZOLOMIDE 250MG CAPSULE	TAZVERIK TEMODAR TEMODAR TEMODAR TEMODAR			8 3 4 2 1				
97 043010 97 043011 97 043012 97 043013 97 043013 97 081894	V11 V1A	ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT ANTINEOPLASTIC - ALXYLATING AGENTS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	132 133 134 135 136 137	Y Y Y Y Y Y	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE SMG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 100, 140, 180, 250MG CAPSULE TEMOZOLOMIDE 250MG CAPSULE TEPOTINIB HCL 225 MG TABLET	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE SMG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 100MG CAPSULE TEMOZOLOMIDE 250MG CAPSULE TEPOTINIB HCL 225 MG TABLET	TAZVERIK TEMODAR TEMODAR TEMODAR TEMODAR TEPMETKO	21	28	8 3 4 2				
97 043010 97 043011 97 043012 97 043013 97 081894 97 079734	V11 V1A	ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	132 133 134 135 136 137 138	Y Y Y Y Y Y	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE SMG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 100, 140, 180, 250MG CAPSULE TEMOZOLOMIDE 250MG CAPSULE TEPOTINIB HCL 225 MG TABLET TIVOZANIB CAPSULES	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE 5MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 100MG CAPSULE TEMOZOLOMIDE 250MG CAPSULE TEPOTINIB HCL 225 MG TABLET TIVOZANIB 0.89 MG CAPSULE	TAZVERIK TEMODAR TEMODAR TEMODAR TEMODAR TEPMETKO FOTIVDA	21	28	8 3 4 2 1				
97 043010 97 043011 97 043012 97 043013 97 043013 97 081894 97 079734 97 064410	V11 V1A V1A	ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC - SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS	132 133 134 135 136 137 138 139	Y Y Y Y Y Y Y Y	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE 5MG CAPSULE TEMOZOLOMIDE 50MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 100, 140, 180, 250MG CAPSULE TEMOZOLOMIDE 250MG CAPSULE TEPOTINIB HCL 225 MG TABLET TIVOZANIB CAPSULES TOPOTECAN HCL CAPSULES	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE 5MG CAPSULE TEMOZOLOMIDE 50MG CAPSULE TEMOZOLOMIDE 100MG CAPSULE TEMOZOLOMIDE 100MG CAPSULE TEPOTINIB HCL 225 MG TABLET TIVOZANIB 0.59 MG CAPSULE TOPOTECAN HCL 0.25 MG CAPSULE	TAZVERIK TEMODAR TEMODAR TEMODAR TEMODAR TEPMETKO FOTIVDA HYCAMTIN	21 10	28	8 3 4 2 1 2				
97 043010 97 043011 97 043012 97 043013 97 043013 97 081894 97 079734 97 064410 97 027544	V11 V1A	ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC C SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)	132 133 134 135 136 137 138 139 140	Y Y Y Y Y Y Y Y	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE SMG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 100, 140, 180, 250MG CAPSULE TEMOZOLOMIDE 250MG CAPSULE TEPOTINIB HCL 225 MG TABLET TIVOZANIB CAPSULES TOPOTECAN HCL CAPSULES TOPOTECAN HCL CAPSULES	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE 5MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 100MG CAPSULE TEMOZOLOMIDE 250MG CAPSULE TEPOTNIB HCL 225 MG TABLET TIVOZANIB 0.89 MG CAPSULE TOPOTECAN HCL 0.25 MG CAPSULE TOPOTECAN HCL 0.25 MG CAPSULE TOREMIFENE CITRATE 60MG TABLET	TAZVERIK TEMODAR TEMODAR TEMODAR TEMODAR TEPMETKO FOTIVDA HYCAMTIN FARESTON	10		8 3 4 2 1 2 				
97 043010 97 043011 97 043012 97 043013 97 081894 97 079734 97 064410 97 027544 97 071036	V11 V1A V1A	ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS ANTINEOPLASTIC - TOPOISOMERASE INHIBITORS ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) ANTINEOPLASTIC - MEXI AND MEX KINASE INHIBITORS	132 133 134 135 136 137 138 139 140 140	Y Y Y Y Y Y Y Y Y	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE SMG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 200MG CAPSULE TEMOZOLOMIDE 250MG CAPSULE TEPOTINIB HC. 225 MG TABLET TIVOZANIB CAPSULES TOPOTTECAN HCL CAPSULES TOREMIFENE CITRATE 60MG TABLET TRAMETINIB DIMETHYL SULFOXIDE 0.5MG TABLET	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE 5MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 250MG CAPSULE TEOTOIIB HC. 225 MG TABLET TIVOZANIB 0.89 MG CAPSULE TOPOTTECAN HCL 0.25 MG CAPSULE TOREMIFENE CITARTE 60MG TABLET TOREMIFENE DIMETHYL SULFOXIDE 0.5MG TABLET	TAZVERIK TEMODAR TEMODAR TEMODAR TEMODAR TEPADETKO FOTIVDA HYCAMTIN FARESTON MEKINIST	10 90	30	8 3 4 2 1 2 3 3 3				
97 043010 97 043011 97 043012 97 043013 97 043013 97 043014 97 079734 97 064410 97 027544 97 071036 97 071037	V11 V1A V3U	ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC - SYSTEMIC STROGEN RECEPTOR MODULATORS (SERMS) ANTINEOPLASTIC - MEXLA NO MEXC XINASE INHIBITORS ANTINEOPLASTIC - MEXLA NO MEXC XINASE INHIBITORS ANTINEOPLASTIC - MEXLA NO MEXC XINASE INHIBITORS	132 133 134 135 136 137 138 139 140 140 140	Y Y Y Y Y Y Y Y Y	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE SMG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 100, 140, 180, 250MG CAPSULE TEMOZOLOMIDE 250MG CAPSULE TEPOTINIB HCL 225 MG TABLET TIVOZANIB CAPSULES TOPOTECAH HCL CAPSULES TOREMIFENE CITRATE 60MG TABLET TRAMETINIB DIMETHYL SULFOXIDE 20.5 MG TABLET	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEM020LOMIDE SMG CAPSULE TEM020LOMIDE 20MG CAPSULE TEM020LOMIDE 20MG CAPSULE TEM020LOMIDE 100MG CAPSULE TEPOTINIB HCL 225 MG TABLET TIV0ZANIB 0.89 MG CAPSULE TOPOTECAH HCL 0.25 MG CAPSULE TOREMIFENE CITRATE 60MG TABLET TRAMETINIB DIMETHYL SULFOXIDE 2.5MG TABLET	TAZVERIK TEMODAR TEMODAR TEMODAR TEMODAR TEPMETKO FOTIVDA HYCAMTIN FARESTON MEKINIST MEKINIST	10		8 3 4 2 1 2 3 3 3 1				
97 043010 97 043011 97 043013 97 043013 97 043014 97 064894 97 064410 97 027544 97 071036 97 071037 97 074821	V11 V1A V1B	ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS ANTINEOPLASTIC - SELECTVE ESTROGEN RECEPTOR MODULATORS (SERMS) ANTINEOPLASTIC - MEXI AND MEXX KINASE INHIBITORS ANTINEOPLASTIC - MEXI AND MEXX KINASE INHIBITORS	132 133 134 135 136 137 138 139 140 140 140 140	Y Y Y Y Y Y Y Y Y Y	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE SMG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 250MG CAPSULE TEPOTNIB HCL 225 MG TABLET TIVOZANIB CAPSULES TOPOTECAN HCL CAPSULES TOPOTECAN HCL CAPSULES TOREMIFENE CITRATE 60MG TABLET TRAMETINIB DIMETHYL SULFOXIDE 0.5MG TABLET TRAMETINIB DIMETHYL SULFOXIDE 2MG TABLET TRAMETINIB DIMETHYL SULFOXIDE 2MG TABLET	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE 5MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 25MG CAPSULE TEOTONIB HCL 225 MG TABLET TIVOZANIB 0.89 MG CAPSULE TOPOTECAN HCL 0.25 MG CAPSULE TOPOTECAN HCL 0.25 MG CAPSULE TOREMIFENE CITRATE 60MG TABLET TRAMETINIB DIMETHYL SULFOXIDE 2.MG TABLET TRAMETINIB DIMETHYL SULFOXIDE 2.MG TABLET TRAMETINIB DIMETHYL SULFOXIDE 2.MG TABLET	TAZVERIK TEMODAR TEMODAR TEMODAR TEMODAR TEPNETKO FOTIVDA HYCAMTIN FARESTON MEKINIST MEKINIST LUNSURF	10 90	30	8 3 4 2 1 2 3 3 3 1 6				
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97 043010 97 043011 97 043012 97 043012 97 043012 97 043013 97 043012 97 079734 97 064410 97 07036 97 071036 97 071036 97 074821 97 074821 97 075268 97 075268 97 075885 97 075883 97 075883 97 065578 97 065575 98 079934 98 078453 98 078453 98 09575 98 09575 98 09575 98 005258	V11 V1A V10 V11 V10 V10 V10 V10 V11 V3X V3X	ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT ANTINEOPLASTIC - ALKYLATING AGENTS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) ANTINEOPLASTIC - VIEXI AND MEX2 KINASE INHIBITORS ANTINEOPLASTIC - MEXI AND MEX2 KINASE INHIBITORS ANTINEOPLASTIC - MEXI AND MEX2 KINASE INHIBITORS ANTINEOPLASTIC - MEXI AND MEX2 KINASE INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS CHEMOTHERAPY RESULFANTIOTE AGENTS ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS ANTINEOPLASTIC - BELL LYMPHOMA-2(BCL-2) INHIBITORS ANTINEOPLASTIC - BCLL LYMPHOMA-2(BCL-2) INHIBITORS ANTINEOPLASTIC & GLLL LYMPHOMA-2(BCL-2) INHIBITORS ANTINEOPLASTIC - BCLL LYMPHOMA-2(BCL-2) INHIBITORS ANTINEOPLASTIC - BCLC ENCYME INHIBITORS ANTINEOPLASTIC - BCLC ENCYME INHIBITORS ANTINEOPLASTIC - BCLC ENCYME INHIBITORS ANTINEOPLASTIC - BCLC ENTOR ENTINEOPLASTIC - HEXPELIC CLASS MYDRIATICS	132 133 134 135 136 137 138 139 140 140 140 140 140 140 141 142 143 144 145 146 147 148 150 151 152 0 1 2 6 7 8 9 10	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE SMG CAPSULE TEMOZOLOMIDE SMG CAPSULE TEMOZOLOMIDE 100, 140, 180, 250MG CAPSULE TEMOZOLOMIDE 100, 140, 180, 250MG CAPSULE TEMOZOLOMIDE 250MG CAPSULE TEOTINIB HCL 225 MG TABLET TIVOZANIB CAPSULES TOREMIFENE CITRATE 60MG TABLET TRACTENIB DIMETHYL SULFOXIDE 2.05 MG TABLET TRAMETINIB DIMETHYL SULFOXIDE 2.05 MG TABLET TRIFLURIDINE/TIPIRACIL HCL 15MG-6.14MG TABLET TRIFLURIDINE/TIPIRACIL HCL 15MG-6.14MG TABLET TRIFLURIDINE/TIPIRACIL HCL 20MG-8.19MG TABLET UCATINIB TABLETS UMBRALISIB TOSYLATE 200 MG TABLET VENTOCLAX 10MG TABLET VENTOCLAX 10MG TABLET VENTOCLAX 10MG TABLET VENTOCLAX 51MG TABLET VARIDES 150MG CAPSULE ZANUBRUTINIB 80 MG CAPSULE ZANUBRUTINIB 80 MG CAPSULE ZANUBRUTINIB 80 MG CAPSULE ZANUBRUTINIB 80 MG CAPSULE ENTORLASTA 10MG TABLET VARTOMBOPAG MALEATE 20 MG TABLET ENTORLASTA 10MG TABLET CILAGENQUE PH 250 MG TABLET CHLOROQUINE PH 250 MG TABLET CHLOROQUINE PH 250 MG TABLET CHLOROQUINE PH 250 MG TABLET COLLAGENQUE CLOSTRIDUM HIST OINTMENT	TAZEMETOSTAT HYDROBROMIDE 200 MG TABLET TEMOZOLOMIDE 5MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 20MG CAPSULE TEMOZOLOMIDE 25MG TABLET TIVOZANIB 0.89 MG CAPSULE TOPOTECAN HCL 0.25 MG TABLET TOPOTECAN HCL 0.25 MG CAPSULE TOREMIFENE CITRATE 60MG TABLET TRAMETINIB DIMETHYL SULFOXIDE 2.05 MG TABLET TRAMETINIB DIMETHYL SULFOXIDE 2.05 MG TABLET TRIFLURIDINE/TIPIRACIL HCL 15MG-6.14MG TABLE TRIFLURIDINE/TIPIRACIL HCL 15MG-6.14MG TABLE TUCATINIB 50 MG TABLET UMBRALISIB TOSYLATE 200 MG TABLET UMBRALISIB TOSYLATE 200 MG TABLET UMBRALISIB TOSYLATE 200 MG TABLET VENTOCLAX 10MG 10MG 10MG 10MG 10MG 10MG 10MG 10MG	TAZVERIK TEMODAR TEMODAR TEMODAR TEMODAR TEMODAR TEMOTAR TEMOTAR TEPNETKO FOTIVDA HYCANTIN FARESTON MEKINIST MEKINIST MEKINIST MEKINIST UDNSURF LONSURF TUKYSA UKONIQ VISTOGARD VANDETANIB ZELBORAF VENCLEXTA VENCLEXTA VENCLEXTA VENCLEXTA VENCLEXTA VENCLEXTA VENCLEXTA VENCLEXTA VENCLEXTA VENCLEXTA VENCLEXTA REVIENGE ZOLINZA BRAND GENERIC ONLY OPTELET ORLADOR GENERIC ONLY GENERIC ONLY GENERIC ONLY GENERIC ONLY	10 90 30 20 20 120 60 30 42 20 120 120 120 120 120 120 100 5 5 5 5	30 30 30 30 30 30 30 999 30 Until Refiil 30	8 3 4 4 2 1 2 2 3 3 3 1 1 6 4 4 4 4 4 2 1 1 8 8 4 4 2 1 1 1 2 1 1 1 1 1 1 1 4 4	Max Days	Refilis P R I I I <tr td=""> I I<</tr>	Pkg Bill Y Y	Updated

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	7269	H6L	DRUGS TO TREAT MOVEMENT DISORDERS	13	Y	DEUTETRABENAZINE 6 MG TABLET		AUSTEDO			1				
	7270	H6L	DRUGS TO TREAT MOVEMENT DISORDERS	14	Y	DEUTETRABENAZINE 9 MG TABLET		AUSTEDO			3				
98 07-	4933	S7F	AGENTS TO TX PERIODIC PARALYSIS	15	Y	DICHLORPHENAMIDE 50 MG TABLET		KEVEYIS			4				
	2226	C50	DILUENT SOLUTIONS	16	Y	DILUENT, NALTREXONE MICROSPHERE	DILUENT, NALTREXONE MICROSPHERE	GENERIC ONLY	4						
98 02	1715	L3P	ANTIPRURITICS, TOPICAL	17	Y	DOXEPIN 5% CREAM	DOXEPIN 5% CREAM F	PRUDOXIN	45	30				Y	
98 06	5367	A2A	ANTIARRHYTHMICS	18	Y	DRONEDARONE HCL 400 MG TABLET	DRONEDARONE HCL 400 MG TABLET	MULTAQ			2				
98 08	0343	BOF	CYSTIC FIBROSIS-CFTR POTENTIATOR-CORRECTOR COMBIN	19	Y	ELEXACAFTOR/TEZACAFTOR/IVACAFT TABLETS	ELEXACAFTOR/TEZACAFTOR/IVACAFT 100/50/75 N T	TRIKAFTA	84	30	3				1/1/2022
98 07	9397	N1F	THROMBOPOIETIN RECEPTOR AGONISTS	20	Y	ELTROMBOPAG OLAMINE SUSPENSION PACKETS	ELTROMBOPAG OLAMINE 12.5MG SUSPENSION PA	PROMACTA			1				
98 08	2499	R1H	POTASSIUM SPARING DIURETICS	21	Y	FINERENONE 10 MG TABLET	FINERENONE 10 MG TABLET K	KERENDIA			1				1/1/2022
98 07	8381	Z24	SPLEEN TYROSINE KINASE INHIBITORS	22	Y	FOSTAMATINIB DISODIUM TABLETS	FOSTAMATINIB DISODIUM 100 MG TABLET T	TAVALISSE			2				
98 05	4261	W4A	ANTIMALARIAL DRUGS	23	Y	HYDROXYCHLOROQUINE 100 MG TABLET	HYDROXYCHLOROQUINE 100 MG TABLET	GENERIC ONLY			4				1/1/2022
98 00	9580	W4A	ANTIMALARIAL DRUGS	24	Y	HYDROXYCHLOROQUINE 200 MG TAB	HYDROXYCHLOROQUINE 200 MG TAB	PLAQUENIL			2				1/1/2022
98 08	2625	W4A	ANTIMALARIAL DRUGS	25	Y	HYDROXYCHLOROQUINE 300 MG TABLET	HYDROXYCHLOROQUINE 300 MG TABLET	GENERIC ONLY			1				1/1/2022
98 07	9122	P9B	AMYLOIDOSIS AGENTS-TRANSTHYRETIN (TTR) SUPPRESSION	26	Y	INOTERSEN SODIUM 284MG/1.5 ML SYRINGE	INOTERSEN SODIUM 284MG/1.5 ML SYRINGE	TEGSEDI	6						
98 08	0130	W9E	PLEUROMUTILIN DERIVATIVES	27	Y	LEFAMULIN ACETATE 150 MG/15 ML VIAL		KENLETA			30	7			
	0129	W9E	PLEUROMUTILIN DERIVATIVES	28	Y	LEFAMULIN ACETATE 600 MG TABLET		KENLETA			1	5			
	8704	BOE	CYSTIC FIBROSIS-CFTR POTENTIATOR-CORRECTOR COMBIN	31	Y	LUMACAFTOR/IVACAFTOR GRANULE PACKETS	LUMACAFTOR/IVACAFTOR 100-125MG GRANULE P				4				
	8683	N1F	THROMBOPOIETIN RECEPTOR AGONISTS	32	Y	LUSUTROMBOPAG 3MG TABLET		MULPLETA	7		1	7			
	8687	D4B	ANTACIDS	33	Y	MAGNESIUM OXIDE 400MG TABLET		GENERIC ONLY			2				
	9607	W4L	ANTHELMINTICS	34	Y	MEBENDAZOLE 100 MG CHEWABLE TABLET		EMVERM	1		_	21	1		
	1226	J9A	INTESTINAL MOTILITY STIMULANTS	36	Ŷ	METOCLOPRAMIDE HCL 15 MG NASAL SPRAY		GIMOTI	9.8				-		
	7590	Z1S	PHARMACOLOGICAL CHAPERONE-ALPHA-GALACTOSID.A STABZ	37	Y	MIGALASTAT HCL 123MG CAPSULE		GALAFOLD	15	30					
	2164	W4K	ANTIPROTOZOAL DRUGS, MISCELLANEOUS	38	Y	MIGALASIAI NEE 125MG CAPSULE		IMPAVIDO	84	30	3				
	0448	W7W	ALLERGENIC EXTRACTS, THERAPEUTICS	39	Y		MIXED POLLENS ALLREGAN EXTRACT 300MG SUBL		30	30	1				
	0448	W7W	ALLERGENIC EXTRACTS, THERAPEUTICS	40	Y	MIXED POLLENS ALLREGAN EXTRACT SOUND SOBEINGUA	MIXED POLLENS ALLREGAN EXTRACT SOUND SOBL		30	365	1			v	
	6156	D7E	FARNESOID X RECEPTOR (FXR) AGONIST, BILE AC ANALOG	40	Y			DRALAIR DCALIVA	3	365	1			Ŷ	
	1277		SOMATOSTATIC AGENTS		Y Y	OBETICHOLIC ACID TABLETS			30	30	-				
		P1B	ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITOR	42		OCTREOTIDE ACETATE 20 MG CAPSULE		MYCAPSSA DR			4				. /. /
	2530	D7F	. ,	43	Y	ODEVIXIBAT 1200 MCG PELLET		BYLVAY			5				1/1/2022
	2527	D7F	ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITOR	44	Y	ODEVIXIBAT 200 MCG PELLET		BYLVAY			30				1/1/2022
	2529	D7F	ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITOR	45	Y	ODEVIXIBAT 400 MCG PELLET		BYLVAY			15				1/1/2022
	2528	D7F	ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITOR	46	Y	ODEVIXIBAT 600 MCG PELLET		BYLVAY			10				1/1/2022
	0814	P1G	ADRENAL STEROID INHIBITORS	47	Y	OSILODROSTAT PHOSPHATE 1 MG TABLET		STURISA			8				
	0816	P1G	ADRENAL STEROID INHIBITORS	48	Y	OSILODROSTAT PHOSPHATE 10 MG TABLET		STURISA			6				
	0815	P1G	ADRENAL STEROID INHIBITORS	49	Y	OSILODROSTAT PHOSPHATE 5 MG TABLET		STURISA			2				
	9872	N1C	LEUKOCYTE (WBC) STIMULANTS	50	Y	PEGFILGRASTIM 6MG/0.6ML SYRINGE		NEULASTA	1.2	30				Y	
	7451	S2K	ANTI-ARTHRITIC AND CHELATING AGENTS	51	Y	PENICILLAMINE 125 MG TABLET		D-PENAMINE 125 MG TABLET			32				
	7032	Z1M	ANTIFIBROTIC THERAPY - PYRIDONE ANALOGS	52	Y	PIRFENIDONE 267MG TABLET		ESBRIET			6				
98 07	7034	Z1M	ANTIFIBROTIC THERAPY - PYRIDONE ANALOGS	53	Y	PIRFENIDONE 801MG TABLET		ESBRIET			3				
	5816	C6F	PRENATAL VITAMINS	54	Y	PNV 112/IRON/FOLIC/OM3/DHA/EPA		VITAFOL GUMMIES			3				
98 06	9225	C6F	PRENATAL VITAMINS	55	Y	PRENATAL 48/IRON/FOLIC ACID/B6 PRENATAL COMBO PA	PRENATAL 48/IRON/FOLIC ACID/B6 PRENATAL COM	VINACAL B			3				
98 08	0112	W1G	ANTITUBERCULAR ANTIBIOTICS	56	Y	PRETOMANID 200 MG TABLET	PRETOMANID 200 MG TABLET	GENERIC ONLY			1				
98 02	1416	B3A	MUCOLYTICS	57	Y	DORNASE ALFA 1 MG/ML AMPUL	PULMOZYME 1 MG/ML AMPUL F	PYLMOZYME			5			Y	
98 08	1371	Z1T	GENETIC D/O TX - SMN PROTEIN DEFICIENCY TREATMENT	58	Y	RISDIPLAM 60 MG/80 ML	RISDIPLAM 60 MG/80 ML E	EVRYSDI				30			
98 07	9643	P4Q	BONE FORMATION AGENTS - SCLEROSTIN INHIBITOR, MONO	59	Y	ROMOSOZUMAB-AQQG SYRINGES	ROMOSOZUMAB-AQQG 105MG/1.17 ML SYRINGE	EVENITY	2.34	30					
98 08	1724	J8F	ANTI-OBESITY - MELANOCORTIN 4 RECEPTOR AGONISTS	60	Y	SETMELANOTIDE ACETATE 10 MG/ML VIAL	SETMELANOTIDE ACETATE 10 MG/ML VIAL	MCIVREE			0.3				
98 07	9562	Q5B	TOPICAL PREPARATIONS, ANTIBACTERIALS	61	Y	SILVER NITRATE WOUND GEL	SILVER NITRATE WOUND GEL S	SOLOX GEL	45						
98 02	6631	D9A	AMMONIA INHIBITORS	62	Y	SODIUM PHENYLBUTYRATE POWDER	SODIUM PHENYLBUTYRATE POWDER E	BUPHENYL			20				
98 07	9710	P9A	PROTEIN STABILIZERS	63	Y	TAFAMIDIS 61 MG CAPSULE	TAFAMIDIS 61 MG CAPSULE	VYNDAMAX			1				
	3210	P9A	PROTEIN STABILIZERS	64	Y	TAFAMIDIS MEGLUMINE 20MG CAPSULE		VYNDAQEL			4				
98 07	9924	BOF	CYSTIC FIBROSIS-CFTR POTENTIATOR-CORRECTOR COMBIN	65	Y	TEZACAFTOR/IVACAFTOR 50/75MG - 75MG TABLETS	TEZACAFTOR/IVACAFTOR 50/75MG - 75MG TABLE	SYMDEKO			2				
	0279	W4P	ANTILEPROTICS	66	Y	THALIDOMIDE 100MG CAPSULE		THALOMID			4				
	2444	W4P	ANTILEPROTICS	67	Y	THALIDOMIDE 150, 200MG CAPSULE		THALOMID			2				
98 04	0296	W4P	ANTILEPROTICS	68	Y	THALIDOMIDE 50 MG CAPSULE		THALOMID			8				
	1054	R1N	ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS	69	Ŷ	TOLVAPTAN 15-15MG and 30-15MG TABLETS		IYNARQUE	14		2				
	1525	R1N	ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS	70	Y	TOLVAPTAN 15. 30 MG TABLET		IYNARQUE			4				
	5047	R1N	ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS	70	Y	TOLVAPTAN 45-15MG, 60-30MG, 90-30MG TABLETS		IYNARQUE			2				
	7294	H6L	DRUGS TO TREAT MOVEMENT DISORDERS	72	Y	VALBENAZINE TOSYLATE CAPSULES		INGREZZA			1				
	9676	H6L	DRUGS TO TREAT MOVEMENT DISORDERS	73	Y	VALBENAZINE TOSTLATE CALIBOLES		INGREZZA	28		1	28			
	1860	Z1Z	SOLUBLE GUANYLATE CYCLASE (SGC) STIMULATOR	74	Y	VERICIGUAT TABLETS		VERQUVO	20		1	20			
50 08	1000	£1£		/4		Pendidora (Ableto					-				

Exhibit BT 0011

		Females on		
	Males	Testosterone		
	on	(Including	Females or	n testosterone
	estrogen	Oxandrolone)	(Excluding	Oxandrolone)
2012	1	4		0
2013	2	5		0
2014	2	2		0
2015	2	6		0
2016	0	4		1
2017	19	20		14
2018	39	48		41
2019	44	65		56
2020	61	79		71
2021	114	139		121



DHHRBMS021563

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IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA HUNTINGTON DIVISION

CHRISTOPHER FAIN; ZACHARY MARTELL; and BRIAN MCNEMAR, Individually and on behalf of all others similarly situated,

Plaintiffs,



Civil Action No. 3:20-cv-00740 Hon. Robert C. Chambers, Judge

v.

WILLIAM CROUCH, in his official capacity as Cabinet Secretary of the West Virginia Department of Health and Human Resources; CYNTHIA BEANE, in her official capacity as Commissioner for the West Virginia Bureau for Medical Services; WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES; TED CHEATHAM, in his official Capacity as Director of the West Virginia Public Employees Insurance Agency; and THE HEALTH PLAN OF WEST VIRGINIA, INC.

DEFENDANTS' SIXTH SUPPLEMENTAL RESPONSE TO PLAINTIFF'S FIRST SET OF REQUESTS FOR PRODUCTION TO DEFENDANTS WILLIAM CROUCH, CYNTHIA BEANE, AND WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES

DOCUMENT REQUESTS

2. All documents relating to Plaintiff's communications, injuries, requests for coverage,

requests for prior authorization, requests for reimbursement and/or complaints regarding

coverage for Gender-Confirming Care through the West Virginia Medicaid Program. This

Request includes but is not limited to:

- a. All communications to and from Plaintiff relating to coverage for Gender-Confirming Care;
- b. All Documents and communications regarding Plaintiff's requests for Gender-Confirming Care, including but not limited to communications among Defendants, and/or the employees, entities, agents, representatives, contractors, vendors, and/or consultants of Defendants and/or West Virginia Department of Health and Human Resources, Bureau of Medical Services;
- c. All Documents and communications relating to consideration or processing by third-party administrators, contractors, and/or vendors of requests for Gender-Confirming Care by Plaintiff.

SUPPLEMENTAL RESPONSE: See attached excel spreadsheet with claim information for hormones for Plaintiffs Fain and Anderson, attached as Exhibit 97, Bates No. DHHRBMS016224. With regard to Plaintiff Fain, see the attached audio recording regarding request for approval for medication, attached as Exhibit 98, Bates No. DHHRBMS016225; West Virginia Controlled Substance Report from Board of Pharmacy records, attached as Exhibit 99, Bates No. DHHRBMS016226-16228; and Member Notes attached as Exhibit 100, Bates No. DHHRBMS016229-16230. All materials are CONFIDENTIAL.

- 4. All Documents and communications relating to the Exclusion, including but not limited to:
 - a. All Documents and communications relating to the decision to maintain the Exclusion in the Health Plans in any plan year.
 - b. All Documents and communications relating to the decision to permit coverage for hormone therapy for the purpose of treating gender dysphoria.

c. All Document and communications relating to evaluating, examining, analyzing, and/or considering the Exclusion in any way.

SUPPLEMENTAL RESPONSE: See attached West Virginia Model Member Handbook, attached as Exhibit 105, Bates No. DHHRBMS016291-16320.

24. To the extent not requested above, all Documents that Defendants may rely upon to support their defenses against Plaintiff's claims in this action.

SUPPLEMENTAL RESPONSE: See the attached 2019-2020 Aetna Member Handbook attached as Exhibit 101, DHHRBMS016231-16278; See email with subject: Enrollment Data – Health Equity/SDOH Accreditation, attached as Exhibit 102, Bates No. DHHRBMS016279-16283 ; email with subject: Enrollment Data - Health Equity / SDOH Accreditation, attached as Exhibit 103, Bates No. DHHRMBS016284-16287; and email with subject: Health Equity Follow Up, attached as Exhibit 104, Bates No. DHHRBMS016288-16290; Please note, confidential attorney/client privileged communication redacted.

> WILLIAM CROUCH, CYNTHIA BEANE, and WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES, By counsel

/s/Kimberly M. Bandy Lou Ann S. Cyrus, Esq. (WVSB #6558) Roberta F. Green, Esq. (WVSB #6598) Caleb B. David, Esq. (WVSB #12732) Kimberly M. Bandy, Esq. (WVSB #10081) SHUMAN MCCUSKEY SLICER PLLC P.O. Box 3953 Charleston, WV 25339 (304) 345-1400; (304) 343-1826 (fax) lcyrus@shumanlaw.com rgreen@shumanlaw.com kbandy@shumanlaw.com Case 3:20-cv-00740 Document 252-7 Filed 05/31/22 Page 203 of 210 PageID #: 4042 Case 3:20-cv-00740 Document 208 Filed 02/24/22 Page 1 of 3 PageID #: 1360

IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA HUNTINGTON DIVISION

CHRISTOPHER FAIN; ZACHARY MARTELL; and BRIAN MCNEMAR, Individually and on behalf of all others similarly situated,

Plaintiffs,

Civil Action No. 3:20-cv-00740 Hon. Robert C. Chambers, Judge

v.

WILLIAM CROUCH, in his official capacity as Cabinet Secretary of the West Virginia Department Of Health and Human Resources; CYNTHIA BEANE, in her official capacity as Commissioner for the West Virginia Bureau for Medical Services; WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES; TED CHEATHAM, in his official Capacity as Director of the West Virginia Public Employees Insurance Agency; and THE HEALTH PLAN OF WEST VIRGINIA, INC.

Defendants.

CERTIFICATE OF SERVICE

Now come Defendants William Crouch, Cynthia Beane and West Virginia Department of Health and Human Resources, by counsel, and do hereby certify that on the 24th day of February, 2022, a true and exact copy of **DEFENDANTS'** SIXTH SUPPLEMENTAL RESPONSE TO **PLAINTIFF'S FIRST SET OF REQUESTS FOR PRODUCTION TO DEFENDANTS WILLIAM CROUCH, CYNTHIA BEANE, AND WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES** was served on counsel via electronic means as follows: Case 3:20-cv-00740 Document 252-7 Filed 05/31/22 Page 204 of 210 PageID #: 4043 Case 3:20-cv-00740 Document 208 Filed 02/24/22 Page 2 of 3 PageID #: 1361

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/s/Kimberly M. Bandy Lou Ann S. Cyrus, Esq. (WVSB #6558) Roberta F. Green, Esq. (WVSB #6598) Caleb B. David, Esq. (WVSB #12732) Kimberly M. Bandy, Esq. (WVSB #10081) Counsel for William Crouch, Cynthia Beane, and West Virginia Department of Health and Human Resources, Bureau for Medical Services SHUMAN MCCUSKEY SLICER PLLC P.O. Box 3953 Charleston, WV 25339 (304) 345-1400; (304) 343-1826 (fax) lcyrus@shumanlaw.com rgreen@shumanlaw.com cdavid@shumanlaw.com

IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA HUNTINGTON DIVISION

CHRISTOPHER FAIN; ZACHARY MARTELL;BRIAN MCNEMAR, SHAWN ANDERSON a/k/a SHAUNTAE ANDERSON; and LEANNE JAMES, individually and on behalf of all others similarly situated,

Plaintiffs,

Civil Action No. 3:20-cv-00740 Hon. Robert C. Chambers, Judge

v.

WILLIAM CROUCH, in his official capacity as Cabinet Secretary of the West Virginia Department of Health and Human Resources; CYNTHIA BEANE, in her official capacity as Commissioner for the West Virginia Bureau for Medical Services; WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES; JASON HAUGHT, in his official Capacity as Director of the West Virginia Public Employees Insurance Agency; and THE HEALTH PLAN OF WEST VIRGINIA, INC.

Defendants.

DEFENDANTS WILLIAM CROUCH, CYNTHIA BEANE, AND WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES' SECOND SUPPLEMENTAL RESPONSES TO PLAINTIFFS' SECOND <u>SET OF REQUESTS FOR PRODUCTION OF DOCUMENTS AND THINGS</u>

DOCUMENT REQUESTS

25. To the extent not already produced, all Documents related to Plaintiff Christopher

Fain, and proposed Plaintiff Shauntae Anderson.

SUPPLEMENTAL RESPONSE: Please see three excel spreadsheets regarding Plaintiff

Fain's medical information attached as Exhibit 87, 88, and 89, Bates Nos.

DHHRBMS016069; DHHRBMS016070 and DHHRBMS016071, respectively. Additionally,

Exhibit BT 0017 please see other patient information regarding Plaintiff Fain, attached as Exhibit 90, Bates No. DHHRBMS016072-16077.

With regard to Plaintiff Anderson, please see two excel spreadsheets with medical information, attached as Exhibits 91 and 92, Bates No. DHHRBMS016078 and DHHRBMS016079.

WILLIAM CROUCH, CYNTHIA BEANE, and WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES,

By counsel

/s/ Caleb B. David Lou Ann S. Cyrus, Esquire (WVSB #6558) Roberta F. Green, Esquire (WVSB #6598) Caleb B. David, Esquire (WVSB #12732) Kimberly M. Bandy, Esquire (WVSB #10081) SHUMAN MCCUSKEY SLICER PLLC P.O. Box 3953 Charleston, WV 25339 (304) 345-1400; (304) 343-1826 (fax) lcyrus@shumanlaw.com rgreen@shumanlaw.com cdavid@shumanlaw.com

IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA HUNTINGTON DIVISION

CHRISTOPHER FAIN; ZACHARY MARTELL; and BRIAN MCNEMAR,

Individually and on behalf of all others similarly situated,

Plaintiffs,

Civil Action No. 3:20-cv-00740 Hon. Robert C. Chambers, Judge

v.

WILLIAM CROUCH, in his official capacity as Cabinet Secretary of the West Virginia Department Of Health and Human Resources; CYNTHIA BEANE, in her official capacity as Commissioner for the West Virginia Bureau for Medical Services; WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES; JASON HAUGHT, in his official Capacity as Director of the West Virginia Public Employees Insurance Agency; and THE HEALTH PLAN OF WEST VIRGINIA, INC.

Defendants.

CERTIFICATE OF SERVICE

Now come Defendants William Crouch, Cynthia Beane and West Virginia Department of Health and Human Resources, by counsel, and do hereby certify that on the 1st day of February, 2022, a true and exact copy of DEFENDANTS WILLIAM CROUCH, CYNTHIA BEANE, AND WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES' SECOND SUPPLEMENTAL RESPONSES TO PLAINTIFFS' SECOND SET OF REQUESTS FOR PRODUCTION OF DOCUMENTS AND THINGS was served on counsel via electronic means as follows: Walt Auvil (WVSB#190) *Counsel for Plaintiffs* The Employment Law Center, PLLC 1208 Market Street Parkersburg, WV 26101-4323 (304) 485-3058 (304) 485-6344 (fax) auvil@theemploymentlawcenter.com

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/s/ Caleb B. David

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